

DONALD J. SCHERL
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To: Bill Wycko
Environmental Review Officer
SF Planning Dept.

From: Donald J. Scherl, MD

Subject: Draft EIR, CPMC, case 2005.055E; state clearinghouse #:2006062157

Oct. 15, 2010

Identifying Information

I write as the former President (equivalent to a UC Chancellor) of an academic medical center in New York City, the State University of New York (SUNY) Downstate Medical Center. The campus, of which I was President for 12 years, included a University Hospital, as well as a medical school, school of nursing, school of allied health and PhD programs in the basic medical sciences. Thus, I am fully familiar with the unique characteristics and difficulties of running a hospital and, as it happens, of major construction (which took place during my tenure).

I am also the former Chairman of the Greater New York Hospital Association and served as well on its executive committee for over five years. I also served as a member of the Board of the NY Sate Hospital Association. I am therefore familiar with both hospital operations and with community health planning.

74-1 OTH

I include this background information in an attempt to establish credibility for the remarks that follow.

General remarks Regarding the Draft EIR/CPMC with particular relevance to the Cathedral Hill and St. Luke's Campuses.

1.0 The draft EIR is remarkably well done, notwithstanding the many disagreements I have with it.

2.0 Alternatives Not Considered (pg. S-30): The logical place for the new hospital is at the Davies Campus. Why was this alternative eliminated from further analysis?

74-2 ALT

3.0 Alternatives Considered: The summary at pages S30-35 would appear to make clear the superiority of Alternative 3A to other alternatives and to the LRDP.

3.1 3A, as noted in the draft EIR, is the “environmentally superior alternative” other than the Alternatives 1A & 1B which are not feasible. Alternative 3A would accomplish a lot:

3.1.1: it would bring to St. Luke’s a viable hospital complex in contrast to the construction of a free-standing 80 bed hospital which would make no sense in today’s medical/hospital world. The notion of a free-standing Children’s Hospital or of a free-standing Women’s and Children’s hospital is one repeated all around the country. In this instance, there would also be an acute care hospital adjacent. In fact, the Children’s Hospital generally considered the best in the country, the Harvard affiliated Children’s Hospital in Boston is free standing.

74-3 ALT3A

3.1.2: As noted in the summary, 3A would reduce (to a variable extent) some of the undesirable consequences were the LRDP as proposed be implemented with all the disruptions it would cause at Cathedral Hill. As stated in the draft EIR, under this alternative, “...there would be fewer [“significant and unavoidable”] impacts at Cathedral Hill Campus and its immediate vicinity, including with respect to construction, traffic and transit compared to the LRDP.” The impacts at the St. Luke’s campus would be slightly greater, but not significantly so.

3.1.3: While the summary indicates this alternative “...would not meet all of the project objectives,” it is unclear what objectives would not be met other than having the Women’s and Children’s Hospital be part of the Cathedral Hill Campus as currently proposed. It need not be part of the Cathedral Hill hospital from a medical/functional point of view. Indeed, the added ground space at St. Luke’s would be an attractive benefit for the Women’s and Children’s Hospital.

3.1.4: Notwithstanding the above, as the draft EIR notes, there are numerous impacts that would occur if any hospital were to be built at Cathedral Hill. Listed among these is: the traffic snarl that would increase unavoidably at Market and

74-4 TR

Van Ness Ave., neighborhood noise and air pollution, the numerous Traffic and Transportation impacts listed on pages S-42-46, and subsequent pages, as “significant and unavoidable”, and a “significant impact” (TR-44) involving “potentially hazardous conditions on Franklin St.” CPMC complains that changing sites would delay the process beyond the State deadline, but this is a difficulty CPMC has only itself to blame and should not place the Commission in the position of feeling forced by circumstances not of its creation to approve the meritless CPMC LRDP, nor the draft EIR, as they pertain to Cathedral Hill and St. Luke’s.

74-4 TR

3.1.5. “ Noise Sensitive Receptors:” With all due respect, it is insulting to refer in the noise section to “noise sensitive receptors,” when the “receptors” referred to are PEOPLE whose lives and tranquility will be severely upset by the construction and operation of this huge hospital at Cathedral Hill. There are very large numbers of elderly among those in the noise “receptor” area. No mitigation factor proposed would in fact alter significantly the noise that would ensue from the proposed construction and operation of the hospital. Under alternative 3A, with the amount of construction reduced a bit, the noise of construction at least would presumably be slightly less.

74-5 NO

4.0: Additional Matters Not Considered in the Draft EIR

4.1: Taxes: In allowing CPMC to build at the old Jack Tarr site, the city is relinquishing the taxes that site might yield were it used for private purposes (e.g., a condominium tower).

74-6 PH

4.2 St. Francis Hospital: No explanation is offered for how it makes sense to build a huge acute care hospital at the chosen Cathedral Hill site when literally five (5) blocks away there already exists a 239 bed acute care hospital complete with emergency room. In terms of distribution of access to medical care across the city, this makes no sense.

74-7 HC

4.3 Community Service: It may be well for the Planning Commission and Planning Department to consider the community service record of CPMC.

In an article published in the SF Chronicle, Jan. 29, 2008 (page D-1), it is reported that in 2007, CPMC received “close to \$70 million in tax breakswhile spending \$5.2 million on charity care.” No other SF hospital save Chinese Hospital (“where the difference amounted to about \$3.8 million”) received more in tax breaks than it provided in charity care. CPMC complained

74-8 HC

to the Chronicle that there were supposed mitigating factors. Even when these were taken into account (though some pertained equally to all the private non-profit hospitals that had actually expended more than they received), CPMC “still fell \$4.6 million short on spending compared to its tax benefits.” [All quotations are from the San Francisco Chronicle].

74-8 HC

Note: The Chronicle states that “St. Luke’s was broken out separately in the [city] charity care report because California Pacific did not own it until last year. St. Luke’s received \$630,000 in tax benefits and spent \$2.5 million on charity care”. Even if one gave CPMC the benefit of the St. Luke’s achievement, it would still fall \$2,730,000 short on spending compared to its tax benefits.

4.4 Cost of Services: Of course the cost of medical care with the new hospital will increase relative to the existing one. This is to be expected since the bonds must be paid off and there will be new high tech equipment, etc. However, the history at CPMC is already one of high costs. In an article in the San Francisco Chronicle, August 22, 2010, at pages D1 and D7, Section D, it states that “Sutter Health prices [are] higher than others.” In an accompanying table illustrating charges to Aetna for select procedures, CPMC exceeds in unit costs of procedures Seton Medical Center, UCSF Medical Center, St. Mary’s Medical Center and St. Francis (i.e., each of the chosen comparison hospitals). The article lists a number of routine procedures for which CPMC already charges the most of SF hospitals, including colonoscopies and abdominal CT scans to cite but two.

74-9 HC

Thus, allowing the construction of this new facility at 550 beds could be expected to further raise the unit costs of procedures at the hospital that is already the most expensive in unit costs of those in the city, with resulting increase in cost to patients through their charges or cost of insurance, and to government through Medicare and Medicaid.

5.0 St. Luke’s Hospital: It bears repeating that no one in today’s medical world, would actually build an 80 bed stand alone acute care hospital in a large urban setting. It makes no financial or medical sense. Proceeding under alternative 3A alleviates this problem (though not others).

74-10 HC

6.0 Specific Responses to Summary Subsections with particular reference to Cathedral Hill Campus (cited by EIR section):

74-11 LU

4.1: Land Use and Planning:

Impact LU-3 (“The project would not have a substantial impact on the existing character of the vicinity.”): To claim that the insertion of this massive and tall hospital in the middle of a community of elderly housing, free standing residential condominiums and small businesses will not be severely disruptive is to ignore and belittle the obvious. The hospital would of course completely change and dominate the local community, much to the neighborhood’s detriment as following sections in the draft EIR and further comments will make clear. Notwithstanding the EIR’s summary sentence (above), LU-3 is labeled a clear “SU” by the Planning Department (“significant and unavoidable impact”). Indeed, it would destroy the neighborhood.

74-11 LU

4.2: Aesthetics

Impact AE-3: Under this heading, the draft EIR states that the Cathedral Hill Campus (Hospital and MOB) “would not substantially degrade the existing visual character or quality of the site [perhaps true] and surroundings...” As noted above, the character and quality of the “surroundings” will be severely and negatively affected by the construction and operation of the proposed hospital and MOB.

74-12 AE

Impact AE-4: The notion that lighting and glare in the neighborhood would not be adversely affected by the new 24 hour hospital is totally without foundation. Common sense would tell one that this cannot be so.

74-13 AE

4.5: Transportation and Circulation: In this section, the impacts are multiple and severe, with numerous impacts labeled SU (“significant and unavoidable”).

Impacts TR-1, TR-12, TR-20, TR-23, TR-26, TR-105, TR-111, TR-118, TR-121, TR-124: As noted in the draft EIR, “Implementation of the Cathedral Hill Campus would result in a significant impact at the intersection of Van Ness/Market.” The report correctly notes that there are “no feasible mitigation measures” for this calamity (my word). Were this not sufficient, the report notes the adverse and substantial impacts the proposed Cathedral Hill Campus (Hospital and MOB) would have at the intersection of Post/Geary (e.g., Impacts TR-2, TR-6&7, TR-19, Tr-22, TR-25, TR-108, TR-123), as well as Franklin and Bush (Impact-8, TR-106) - none of which can be mitigated or avoided.

74-14 TR

In addition, Impact-100 identifies unavoidable and severe impacts at Polk/Geary (TR-19,TR-108, TR-113, TR-117, TR-120) and possibly Franklin/Bush, Van Ness/ Pine (TR-107, TR-112), and Gough/Geary (TR-104).

Impacts TR-29, Tr-30, TR-31 +TR-32-36, TR-99, TR-133-147: The Cathedral Hill campus project would “increase congestion and ridership along Van Ness Ave., which would increase travel times...” for both cars and buses. While the draft report says this is serious and unavoidable, it suggests CPMC could somehow mitigate this by financially compensating the SFMTA for the cost of “providing... additional services” as if this would resolve either the bus or auto problems. It could not. In fact, it might make it worse.

74-15 TR

Impact TR-42: Proceeding with the project would even create a “pedestrian hazard...”

74-16 TR

Impacts-44 and 48: Last but by no means least, implementation and operation of the project at Cathedral Hill could “result [in] potentially hazardous conditions on Franklin St.” In an attempt to mitigate this potential hazard, CPMC is to conduct an unsupervised study the results of which will be reported to the Planning Department and the SFMTA. Given no city on-site supervision, there is no reason to believe the results of such a “study.”

74-17 TR

The list of unavoidable and serious problems continues:

Impact-55: Refers to project impact from construction vehicle traffic and construction activities on the transportation network in the vicinity. Although enumerated as “SU” (significant and unavoidable impact), there is a lengthy “mitigation” procedure. Essentially, CPMC is to develop a Construction Management plan (TMP) which would “inform” contractors, require use of best practices, coordinate with and require approval of SFMTA, SFDPW, and the Planning Department.

74-18 TR

However, the point is that the Dept. of Planning has NOW already determined that there are NO mitigation measures that will actually deal with the real world problem, hence the assignment of an “SU” code (significant and unavoidable impact). Under these circumstances, it would be poor public policy to approve this project with these severe adverse impacts on the community and the city.

Impact-58: With respect to the pedestrian tunnel under Van Ness Ave., the EIR correctly notes the unavoidable and severe impact this would have on transportation in the project vicinity. This tunnel is a CPMC convenience luxury that offers little if any public benefit compared to the construction chaos it would create.

74-19 TR

Impact TR-152 summarizes that construction of the Cathedral Hill Campus, all variants, “would contribute to cumulative construction impacts in the project vicinity.”

74-20 TR

4.6: Noise

The Planning Department and I have very significant differences over the matter of Noise. The noise the Cathedral Hill Hospital and MOB will generate during construction will be immense and is completely unavoidable. There will also be continuing substantial noise from hospital mechanical, delivery, and rubbish removal operations, to name but three.

74-21 NO

As noted earlier, the “noise-sensitive receptors” to which the draft EIR makes repeated reference, are actually human beings living and working in that neighborhood. As stated, a high proportion of these people live in projects of various kinds for the elderly. The draft EIR, if approved as written, would impose on these seniors all the elements of loud and serious noises over both short and long term; first the construction and then the functioning facilities.

74-22 NO

This is completely unreasonable for a relatively quiet, mostly residential neighborhood as Cathedral Hill is presently. As the draft EIR states, “short-term noise generated by project-related construction and/or demolition could [would] expose” local residents “to substantial increases in ambient noise levels.” While the draft EIR calls this “possibly significant,” that considerably understates the case. It is highly significant and unavoidable if construction is permitted.

The draft conceives that the huge increase in noise that will occur is less than significant given the suggested mitigation steps (Impact NO-1). This is simply absurd. None of the listed mitigators would in real life make the slightest dent in the noise levels. For example, it is suggested that stationary equipment be located as far from neighboring residents as possible. Exactly where could that possibly be? The site is virtually surrounded by condominium towers, large housing projects for the elderly and small businesses.

74-23 NO

The draft suggests that neighbors complain to a “community liaison” when feeling bothered. Exactly what would such a complaint accomplish? (S-60).

74-24 NO

The draft suggests at NO-2, that the permanent increase in traffic noise is less than significant. Not if you’re living there. Further, at NO-3, the draft concedes that “...noise levels...would result in a substantial increase in ambient noise.”

74-25 NO



The recourse offered the neighbors is to complain to the “noise liaison” who, if the complaints are “excessive” (undefined), might warrant “further action” (undefined). Here are a few ideas: require the beds of trucks removing the debris from demolishing the hotel to have padded bottoms to decrease the noise of dumping the debris into the trucks; require idling cement mixers to be stationed completely outside the neighborhood; do not permit any construction before 8 AM or after 5 PM nor at all on Saturdays, Sundays and holidays; enclose generators and the like in sound proofed structures built for this purpose. There are more real world possibilities that persons trained in these matters could suggest if CPMC were required to collect such ideas.

74-25 NO

Impact NO-5. “Groundborne vibration levels attributable to construction activities...could...” expose land uses sensitive to vibrations (i.e., residential and small businesses) to “levels that exceed acceptable thresholds.” Again, the mitigation proposed is to locate vibrations away from neighbors (clearly impossible in the real world) and establish a community liaison to listen to, but have no authority to act upon, community complaints. This is not mitigation; in real life, this is absolutely nothing.

74-26 NO

What mitigation is actually possible? Were the project allowed to proceed, which I do not believe it should, then the only real mitigation is to reduce the size of the project at Cathedral Hill as proposed in alternative 3A (without any implication this alternative is itself acceptable. It is simply the best of the alternatives presented).

74-27 ALT3A

4.7: Air Quality

Impact AQ-1: The draft EIR states that construction “fugitive dust” will not increase. However, in the accompanying table, this is listed as PS (potentially significant). Common sense would tell you there will be a large increase in ambient dust. Among the mitigation actions listed is limiting idling time of machines to 5 or 2 minutes “to the extent feasible [who decides what is feasible?].” This really means that CPMC construction can pollute the air with fugitive dust at will. That is not acceptable.

74-28 AQ

Impacts AQ-2 and 3: AQ-2 simply states that construction activities would expose the people living and working in the neighborhood to “substantial concentrations of toxic air contaminants,” and that operations “would exceed ...significance thresholds for mass emission of criteria pollutants and would contribute to a projected air quality violation at full buildout.” Similar

74-29 AQ

statements recur at Impacts AQ-7-11. These, in summary and in lay language, say the people in the neighborhood would be subjected to levels of criteria air pollutants exceeding “thresholds for mass criteria pollutant emissions,” and would expose people “to substantial concentrations of toxic (emphasis added) air contaminants”that would “contribute to an existing or projected air quality violation at full buildout.” There are no mitigation actions that would reduce these problems in real world terms.

74-29 AQ

Were construction on the LRDP to proceed as requested by CPMC, simply put, people in the neighborhoods would be breathing contaminated and toxic air. There is no criteria under which this can be viewed as acceptable.

The same holds for Impact GH-3 which states that the project would have a significant negative impact on the environment or conflict with existing rules.

74-30 GH

4.13: Biological Resources: The “amusing” element in this section is that greater concern is expressed for birds et. al., than there is for “significant receptors,” - in other words, for people, in this section and throughout the draft EIR.

74-31 BI

7.0: Conclusions

74-32 OTH

7.1: The draft EIR for CPMC should be rejected as it pertains to Cathedral Hill and St. Luke’s.

7.2: Use of Property: From the perspective of the city, this property would be better used by an entity that paid real estate taxes.

74-33 PH

7.3: Suitability of Site: The Cathedral Hill portion of the LRDP proposes the construction of structures (hospital and MOB) ill-suited to the neighborhood both by virtue of size (height and bulk) and by virtue of function. Multiple waivers would be required.

74-34 LU

7.4: LRDP Harm: Both the construction of the buildings and the subsequent operation of the hospital will bring substantial daily harm (e.g., air pollution, noise, traffic congestion) to residents and small businesses, particularly in the Cathedral Hill neighborhood.

74-35 AQ

7.5: Location: The placement of a hospital on Cathedral Hill is ill--chosen since an existing full service acute care hospital (St. Francis) sits just 5 blocks away. The new hospital creates hospital overload for the area.

74-36 HC

7.6: 3A: Were the Planning Commission to accept the construction of a hospital at the Cathedral Hill site, alternative 3A is the preferred option. While it eliminates none of the downsides of the project from a neighborhood point of view, it would reduce virtually all the negatives a small amount and further, would create a viable medical entity at the St. Luke's site, large enough to serve as a real hospital.

74-37 ALT3A

7.7: St Luke's: The idea of building an 80 bed full service hospital in an urban center verges on the absurd. An 80 bed free-standing acute care hospital is simply not viable. There would not be enough beds to support all the ancillary functions needed by a modern acute care institution. It would be virtually impossible for a hospital of this size to support itself and to adequately serve the local community. While alternative 3A solves some of these problems, it is the basic concepts underlying the Cathedral Hill/St. Luke's LRDP proposal that are fundamentally flawed and these cannot be corrected by nibbling at the margins.

74-38 HC

7.8: CPMC has a documented record of well below average community service and a cost structure per procedure exceeding that of any other non-profit hospital in the city. This will only be worse with the new hospital.

74-39 HC

7.9: I recommend the Planning Commission reject the draft EIR as it pertains to the entire CPMC LRDP. While this would force CPMC to receive a temporary waiver and time extension under the State's retrofit regulations, given the significance of the decisions involved here, the flaws in the current plan (only some of which have been cited in this memorandum), and the good intentions of CPMC to comply with State regulations, I believe it would be possible to work it out with the CA DOH. Surely this would be better than destroying one neighborhood (Cathedral Hill) and short changing another (St. Luke's).

74-40 OTH

Thank you for this opportunity to respond to the draft EIR regarding the CPMC LRDP.



NIHONMACHI TERRACE

J. A. R. F. HOUSING, INC.

October 4, 2010

Bill Wycho
Environmental Review Officer
1650 Mission Street, Suite 400
San Francisco, CA 94103

Subject: CPMC EIR

Dear Mr. Wycho,

We, the residents of Nihonmachi Terrace Apartments, write this letter to raise concerns about the deficiencies of the draft CPMC EIR. Our major concerns are in regards to traffic, parking, air quality, and noise pollution to our residents. The DEIR only addresses peak commute period impacts during demolition and construction. We have an objection to the increase in traffic as well as the parking impact after construction to our neighborhood.

Traffic is already a serious problem with regard to speed and inadequate yielding from the drivers. Pedestrian right of way is too often ignored at the intersections of Octavia/Sutter and Octavia/Post Streets. We believe that the CPMC must make every effort to mitigate these affects. Although we have some off-street parking for our residents, many visitors to our community will be seriously impacted in their quest for parking. The garages in this neighborhood are already at capacity and will be severely stressed during demolition and construction. There must be a serious look at mitigation measures that will address some kind of off-site parking for the Construction Company and sub-contractor as they come to work and return home in the evenings. Sub-contractors in particular are most insensitive to neighborhood concerns. The general contractor must establish an enforceable agreement from all sub-contractors that require them to abide by traffic and parking mitigation measures.

75-1 TR

Air quality for our senior residents is also of major concern since our buildings are not part of a closed circulation system. Those with respiratory and other medical problems could have their situation seriously compromised. Therefore mitigation measures to assure healthy air quality for our residents is essential.

75-2 AQ

Enclosed please find a petition signed by residents of Nihonmachi Terrace looking for your help in finding a reasonable solution. We hope that you will recognize our need and take serious consideration in assisting our community.

Should you have any questions, please feel free to contact the management office at (415) 346-1200. We look forward to your response.

Sincerely,

Nihonmachi Terrace Residents

NIHONMACHI TERRACE
PETITION FOR CPMC TO MITIGATE TRAFFIC AND HEALTH MEASURES

Addressed to Bill Wycho

WE THE UNDERSIGNED WOULD LIKE TO REQUEST MITIGATION MEASURES ADDRESSING TRAFFIC AND HEALTH CONCERNS AS PART OF CPMC EIR.

AGREED UPON BY THE FOLLOWING PEOPLE:

NAME	ADDRESS	PHONE #
1. Najmeh Seraji	16201 Laguna Street	817-1071
2. Mitsu Yamada	1615 Sutter St #301	359-1683
3. Mehdi Spaher	1661 Sutter St	567-1088
4. Keiko Fujimoto	1649 Sutter St.	346-1657
5. Mithun Eshwar	1615 SUTTER ST. #1207	921-3507
6. Kay S Morioki	1 APT 605	567-9243
7. Shinjiro Factora	1615 Sutter St. #1212	673-3982
8. Kipuka Kibye	11 # 712	991-5969
9. Melinda Hamm	1615 Sutter St #1207 1804	346-0433
10. Seiba Gudner	# 212	991-7104
11. Miki Yamamoto	912	931-0690
12. Edwin Estrada	1572 Post St	415-948-8783
13. Bob Melendez	1570 312	415-948-9621
14. Rik S	213 E Richmond Ave PT Richmond	510-237-1458
15. Tamara Carlier	1633 SUTTER ST.	415-346-0181

NIHONMACHI TERRACE

PETITION FOR CPMC TO MITIGATE TRAFFIC AND HEALTH MEASURES

NAME	ADDRESS	PHONE #
16. JETSUKO Suzuki	1615 1615 Sutter # 1105	922-5551
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Devyani Jain/CTYPLN/SFGOV
10/20/2010 10:16 AM

To Chelsea Fordham/CTYPLN/SFGOV@SFGOV
cc
bcc
Subject Fw: Comments for CPMC EIR



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----- Forwarded by Devyani Jain/CTYPLN/SFGOV on 10/20/2010 10:16 AM -----



Li Chapman
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10/19/2010 11:39 PM

To devyani.jain@sfgov.org
cc
Subject Comments for CPMC EIR

FOR: Bill Wycko, Environmental Review Officer
FROM: Linda Chapman
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Comments for CPMC EIR

1. Consistency with General Plan, area plan, zoning, other policies. The CPMC proposal is inconsistent with applicable policies of the Van Ness Area Plan (VNAP). It flies in the face of a long-established area plan that is progressively achieving objectives. A traffic-inducing medical use is precluded for the Van Ness Corridor by a plan that considered traffic impacts, the special role of Van Ness as a transit corridor for Muni and Golden Gate Transit, and conflicts for a city street with inter-city traffic from Highway 101.

Exemption from the zoning for housing and limited commercial uses envisaged by the area plan is a huge demand, where that plan comprises a well integrated set of policies that further interdependent objectives. VNAP objectives include: Transform a commercial corridor into an imposing boulevard, by adding residential development and landscaping; Use height limits to create the consistent profile appropriate for a grand boulevard, following topography by stepping up building heights from the waterfront to a mid-rise profile along the high ridge of the boulevard; Allow sufficient height to encourage dense housing while avoiding traffic-inducing high rise development;

Foster preservation of architecturally significant commercial buildings, and

76-1 LU

76-2 LU

CONSIDER permitted heights to avoid visual incongruity with classic buildings;

Promote residential development on a transit corridor (especially affordable housing), by encouraging high density and small units;

Prevent traffic-generating commercial development, such as offices;
Limit new commercial space to lower stories of residential development, where it buffers street noise;

Limit bulk and potential wind/shadow/view impacts of mid-rise buildings, using design features like set-backs and podiums;

Break up wide building frontages;

Improve traffic circulation and transit on a major highway and transit artery (contemplating subway construction as the long-range goal to avoid transit conflicts).

The current project undermines the purpose of an area plan elegantly designed to

produce housing instead OF business that generates housing demand. The proposed

use creates housing demand that will put pressure on availability and prices in

surrounding neighborhoods.

There could be consistency with other planning policies not in the area plan (which should be treated as the governing document in case of conflict).

Locating a hospital where it will not displace existing housing and where there

is transit access could be arguments for the proposal. If a change of use is therefore allowed (in what is designed to be a residential-commercial district),

then maximum adherence to other objectives and policies of the area plan must be sought.

The Housing Mitigation strategy proposed below could address an overarching VNAP

objective to produce centrally located affordable housing. In addition to new construction, funding for nonprofit CDCs to acquire and manage existing buildings as affordable housing would be appropriate ways to mediate the 3:1 housing requirement established for the Special Use District (SUD). Funding rehabilitation is consistent with later policies encouraging sustainable development.

Removal of residential hotel units to make way for the MOB is governed by the Residential Hotel Unit Demolition and Control Ordinance. Reducing scarce housing resources is a situation where renovation cannot substitute for funding

construction of replacement SRO units or efficiency apartments. Mitigation for

a few dwelling units proposed for demolition together with the SRO could also fund the same project.

The EIR notes that exceeding the 130-foot height limit would exacerbate environmental impacts (which include traffic and transportation, housing and economic impacts).

Additionally, it must be acknowledged that the 130-foot limit for this section of the Van Ness Corridor implements these VNAP policies:

Allows building envelopes intended to meet a city-wide need for large numbers of housing units;

Aims to prevent overdevelopment of housing where high rises could exacerbate traffic problems;

76-2 LU

76-3 LU

76-4 LU

76-5 LU

76-6 LU

Promotes a consistent profile for one of the city's two grand boulevards; Aims to prevent out-of-scale buildings that would dwarf historic commercial buildings.

76-6 LU

Visual effects, wind and shadow impacts of the proposed hospital should be compared to neighborhood impacts of the Holiday Inn (which VNAP policies were designed to prevent in new development).

2. Housing demand and economic impacts.

The proposed campus would take land in the Van Ness Corridor from uses that benefit the area. A hotel provided customers for two commercial districts and placed less pressure on neighborhood housing stock. The Van Ness Plan identified this area as an ideal location to supply future housing demands, where new construction will not cause significant residential displacement.

Development of this residential-commercial district is intended to focus on small households and favor affordable housing. Residential development allows commercial space only at lower stories. The VNAP accommodates retail, or local services, not traffic inducing institutional development.

76-7 LU

The CPMC proposal defeats the purpose of the SUD, which mandates 3:1 square feet (minimum) of housing to commercial space for development in the Van Ness Corridor. Generally, new construction will accommodate this requirement. If housing is not built on site (e.g., existing commercial building is expanded), then the same 3:1 ratio mandates housing construction elsewhere in the SUD. The proposed campus reduces potential sites for housing construction (the area plan's primary objective). Moreover, it concentrates new workers in an institutional use that VNAP land use policies do not accommodate. It multiplies the impacts of commercial enterprises because this nonconforming use will schedule hundreds of workers around the clock. A purpose of the area plan was to limit non-residential use.

CPMC operations must be considered for housing impacts, not only city-wide, but those likely to intensify local demand. Workers in small households, especially those expecting to come and go at night, will likely put pressure on the housing stock of central city neighborhoods, where prevalent forms are studios and 1-2 bedroom units. Rental tenure dominates most neighborhoods near the site, with condominiums an increasing proportion of new construction.

76-8 PH

Historic impacts on Nob Hill housing of St Francis Hospital, documented over a number of years, demonstrated significant effects, even from a smaller hospital.

The hospital acquired rental buildings, on 2-3 blocks, to demolish for an office building; to house specialties like Sports Medicine (illegally); then (defeating enforcement actions) to house residents and interns when on call at night. Tenants, if not forced out, endured years of pressure. Hospital and office staff doubtless competed with other residents for centrally located rental housing in the regular market. An independent laboratory located near the hospital likewise reduced potential housing supply.

76-9 PH

Households in neighborhoods near the proposed campus (lower Nob Hill, Civic Center, Tenderloin) have average incomes lower than the city-wide average. Competition from CPMC staff will result in reduced housing opportunities for current and prospective residents: fewer units available to rent; upward pressure on rents; pressures to terminate tenancies. Households with higher incomes will experience housing pressure in increased rents and competition for apartments available for purchase.

76-10 PH

Housing Mitigation:

Housing impacts near a Cathedral Hill campus (or in neighborhoods easily accessible by transit) can be reduced, but not eliminated, by relocating some proposed operations to the existing campuses, thereby reducing staff concentration at one problem site.

The area plan's intent to meet housing requirements within SUD boundaries cannot

be met for a development like CPMC (even environmentally preferred Alternative 3). Van Ness Plan policies for affordable housing must be adapted to mitigate development—else the Cathedral Hill project must not proceed. CPMC has the option to build hospital facilities on existing campuses, or to accept requirements applied to development of the Van Ness Corridor for decades since adoption of the area plan.

Mitigation through payment for new housing construction must be required at ratios reasonably related to VNAP objectives. Both rental and for-sale housing should be produced, taking into consideration needs generated by CPMC for its own staff.

Funding non-profit developments on the many in-fill sites in Polk Gulch, Tenderloin, and South of Market should be the priority. New construction and the

rehabilitation of needed housing (such as SROs) in districts where non-profits can acquire structures or infill sites can partly mitigate impacts from altering

the permitted use and housing ratio mandated for the Van Ness Corridor. One of the few advantages of an institutional use is the opportunity to direct funding

to below-market ownership and rental housing.

76-11 LU

Because this developer has no objective to profit from housing, the ratio of below-market units does not affect project feasibility like the ratio of affordable to market-rate units in for-profit residential development. It is therefore appropriate to fund a high proportion of rental housing and plan other units for sale at "affordable" rates.

Requirements to contribute substantial housing elsewhere must be imposed in return for exemptions from policies limiting the Van Ness Corridor to residential construction. Funding needed housing and amenities like parks in surrounding areas could in part mitigate the more intense environmental and economic impacts of nonresidential development, when they cannot be eliminated.

(However, housing contributions cannot obviate efforts to reduce significant neighborhood impacts like traffic and noise.)

Funding predominantly affordable housing and green spaces could justify reducing

the VNAP 3:1 ratio for housing (the minimum required in for-profit residential-commercial development). A rationale to reduce the 3:1 ratio would be funding housing types that the private market does not support (e.g., SROs, studios, apartments with "efficiency" kitchens suited for one or two occupants).



VNAP objectives to produce affordable housing, with high-density small units (two bedrooms or less), can be met-- in substance-- by means not specified in the area plan: Fund a large number of small units, for construction or rehabilitation by non-profit developers, outside the SUD. As a proxy for the 3:1 square foot ratio imposed for residential-commercial construction in the Van Ness Corridor, this alternative can efficiently produce and manage housing for long-term affordability.

A community proposal for Nob Hill Senior Housing exemplifies how funding that multiplies community benefits can justify reducing the 3:1 ratio predicated on market-rate housing. Numerous infill sites for affordable housing can be identified in the vicinity of Polk Gulch: Among them, in a neighborhood lacking community facilities, is an abandoned church with adjacent parking lot, suitable for a senior housing development to incorporate space for community activities and a senior center or children's program. Tenderloin Neighborhood Development Corporation will evaluate the proposal for low-income housing and community amenities. An identified funding source could encourage the property owner to reconsider a previous stalled development plan.

76-11 LU

3. Economic impact of development at Van Ness and Geary on neighborhood retail and services. Impacts that a hospital "monoculture" can have on the economy of surrounding neighborhoods require attention.

Based on observations elsewhere, neighbors and merchants suggest that staff and visitors to a hospital and its medical office buildings will purchase subsidized food, instead of walking to restaurants and other local food vendors. From family experience, I expect a hospital's subsidized public food service to take some local customers for convenience meals away from small businesses.

76-12 PH

Hospital visitors and staff are expected to generate less retail traffic for the Polk Gulch/Van Ness shopping districts, where small businesses were patronized by guests of a hotel the project would supplant. Compared to housing development, proposed rezoning for institutional use can be predicted to generate low customer traffic for neighborhood businesses. The Van Ness Area Plan would allow construction for hundreds of residents on the land proposed for a hospital and related uses.

Mitigation

Measures that directly reduce economic impacts for neighborhood businesses are not easy to identify. Mitigation could include funding to improve pedestrian experiences on shopping streets beyond project perimeters, but near enough for businesses and residents to experience impacts. Neighborhood residents, and visitors from beyond the Van Ness and Polk residential/commercial districts, would increasingly frequent the two shopping areas if street environments were more inviting.

76-13 PH

Sidewalk beautification for the Van Ness and Polk commercial corridors (greening, and attractive street furniture) would enhance pedestrian environments.

Funding for small parks and plazas in a neighborhood that offers no

recreational

open space could transform underused public land in Polk Gulch alleys, and some underutilized commercial sites, to outdoor living rooms. Pedestrians would be encouraged by opportunities to pass public art or green space that would relieve the experience of a dense urban environment.

76-13 PH

Public spaces located in shopping areas would attract people to meet out of doors, relax with food or reading matter, gather for scheduled performances. Sites to create significant open space were identified in public alleys, and at large lots with minimal private improvements (one by the intersection of Polk and Geary; two adjacent lots close to Polk on the California Street cable car line).

4. Traffic and transportation

The stated purpose for building on Van Ness Avenue is easy access for drivers from the North Bay, patients and doctors. Adding Highway 101 drivers to the Van

Ness Corridor is sufficient reason to downsize a hospital campus, if it is to locate there at all.

From my experience, traffic congestion on Highway 101 spills over from Van Ness

to Polk Street, clogging two Muni preferential streets. Traffic circulating around a hospital, medical office buildings, and garages will impede through traffic on Van Ness (Highway 101), on Geary Boulevard, and other major automobile routes like Franklin, Gough and Post.

76-14 TR

Circulation on streets of the Polk Street Neighborhood Commercial District (NCD), lower Nob Hill, and the Tenderloin will be affected by cars driving to the hospital and MOB, by adding emergency vehicles, by increasing service vehicles at the site, including trucks.

The campus is ideally situated for its vehicle traffic to impede transit service: Golden Gate Transit and two major Muni lines on Van Ness; the 38 on Geary and O'Farrell (the nation's most heavily traveled line); two lines running

on Post and Sutter. Autos that slow traffic as they enter and exit garages, or execute turns onto streets with garage entries, cannot fail to affect transit on the same streets.

76-15 TR

EXAMPLE OF EXISTING CONDITIONS:

Absent CPMC impacts, one morning this year when Van Ness was congested, it took

me two hours to catch a 49 at Pine and travel to 22d Street. With traffic at a

standstill, the driver advised passengers heading for Market Street to get off and walk several blocks in the rain. After waiting about an hour to board at Pine, I saw the driver of this packed vehicle leave passengers stranded at subsequent stops-- maybe waiting an hour for the next 49 (after waiting the hour

I'd waited for this one).

76-16 TR

Regardless of traffic studies based on LOS (selected intersections at a particular point in time), those who regularly travel city streets can report that tremendous transit delays, due to congestion around the Van Ness Corridor,

are not uncommon. Viewing intersections a few times may be sufficient to

76-17 TR

estimate normal conditions (but only for hours studied). Congestion that is irregular, but not infrequent, is evidence that the proposed location cannot tolerate traffic inducing uses.

Where seemingly insignificant temporary conditions (like rain, illegal parking, or holiday events) cause paralyzing congestion, the result shows how vulnerable

the Van Ness Corridor is to traffic disruption. Inadequate impact analysis could saddle the area with permanent results from hospital development.

Drivers converging on the campus will circulate through surrounding streets, some hoping to park at off-site garages or curbside, others navigating the one-way street patterns to reach hospital and MOB entries. The more drivers depend on campus garages, the more those garages will tie up traffic when cars waiting for entry back up into the street, and the more drivers will circle surrounding streets when unable to stop in traffic waiting for garage entry.

A

Polk Gulch resident recounted this condition at an existing CPMC garage, which results in his circling through the neighborhood. Absent other evidence, it is reasonable to assume that conditions at a location already more congested than CPMC's problem garage will be worse.

Garage entries on Geary require drivers approaching from the west to navigate various one-way streets. Drivers forced to turn onto Van Ness or Polk in order to head west at Geary will add congestion to several transit preferential streets.

Converting Cedar Alley to garage access creates traffic conflicts. This street is narrow, now lightly used--and accessed from two transit preferential streets

that are sometimes congested, without added traffic from a CPMC campus. Cars turning east from the garage would enter Polk at midblock, interrupting traffic

flow (including buses) on a relatively narrow street. Results could be delays, and unexpected conflicts confusing drivers, as cars emerge in mid-block.

Drivers

exiting on Polk intending to head east or north would circulate among one-way streets in Polk Gulch.

Similar conflicts are predictable if significant numbers of cars use the mid-block alley at Van Ness for garage access. Alleys running between Van Ness and Polk are little used for auto traffic.

Mitigation

Converting Cedar Alley to access for the MOB garage cannot be allowed. Alternative 3 proposes reducing the Cathedral Hill campus-- essential for traffic

impacts. However, with proposed garages, traffic impacts will inevitably remain significant.

Traffic impacts can be reduced by limiting CPMC parking, on-site and off-site.

CPMC proposes spaces for 1,055 cars at the Van Ness/Geary site-- where the existing hotel and office building total 405. Two large garages are not needed,

in addition to spaces for CPMC at the Sutter Street MOB.

The Legislative Analyst found that Manhattan limits hospitals to 100 parking spaces. Therefore: What is the rationale for this city to require many times more spaces for any hospital campus? What medical need could justify outsized garages in a transit-rich area with severe traffic impacts? What conditions made it possible for hospitals in other cities to offer less public parking?

76-17 TR

76-18 TR

76-19 TR

76-20 TR

76-21 TR

76-22 TR

Even the reduced Alternative 3 proposes more than one-third increase in square footage for parking, compared to existing conditions. This is unacceptable in the transit-rich central city-- when city policy has advanced to contemplating auto use limited to out of town trips and grocery shopping. The Planning Code eliminated obsolete 1:1 residential requirements for downtown and additional parts of the northeast quadrant, Octavia Boulevard, and some other transit-rich

76-23 TR

areas. The VNAP should be updated consistent with newer area plans (inasmuch as its intent was to produce a transit-rich residential district). Meanwhile, it is inconsistent with recent policy direction for a planning rule to impose minimum parking spaces for new medical campuses. For the Cathedral Hill campus, there should be no approval to build parking, beyond replacing spaces from the hotel and office site. If CPMC wants suburban amenities, they cannot locate a campus in the central city. Attracting autos disrupts not just transit and circulation, but the pedestrian environment and living environment of residents already subjected to urban density and commute traffic.

CPMC articulated a desire to relocate to a transit-rich area. They need to encourage customers and staff to use this amenity. CPMC argues (inconsistently)

that people need auto transport to get medical care. The reality for this transit-rich area is that residents found about two-thirds of Nob Hill households had no vehicle. People living in such areas take public transit to medical providers-- including Kaiser and CPMC, where garages invite car owners to drive regardless of need (like that Polk Gulch resident who described circling all over another neighborhood when he uses a CPMC garage).

76-24 TR

Parking to serve Cathedral Hill construction must not exceed 405 spaces. Further

reduction is desirable, to reduce adverse impacts in the overburdened Van Ness Corridor and surrounding neighborhoods. Compared to hotel and office use, auto traffic to CPMC garages could drive through our neighborhood many more times (for patient appointments all day, for staff turnover day and night). In contrast to this intense use for round-the-clock medical operations, commuters are likely to enter and leave the neighborhood once a day, hotel guests may just store cars overnight, hotels rarely rent rooms to capacity, and garage spaces rented for evening events likely won't turn over like CPMC garages.

5. Pedestrian environment, neighborhood livability: wind, shadow, noise, pollution

For wind, shadow, and aesthetic impacts, the proposed hospital calls for comparison to neighborhood impacts of the Holiday Inn.

76-25 WS

Impacts of increasing ambient traffic noise on pedestrians and residents of our dense neighborhoods, already subjected to downtown commute traffic, must be considered, in addition to the concerns raised about sirens. Using sidewalks, or rooms with windows facing the street, is a different quality of experience, at times of heavy traffic. Economic impacts of traffic congestion and noise for

76-26 NO

small businesses and the already stressed NCD require consideration. As the pedestrian environment declines, customers from outlying neighborhoods can take their business elsewhere.

76-27 PH

Automobile noise and air pollution will multiply when cars are trapped in ↓

76-28 TR

congestion, or circulate in residential areas



76-28 TR

6. Impact on service availability, public safety. Supporters of the current proposal argued prompt medical intervention for birthing and emergency conditions as justification for locating a campus in the Van Ness Corridor. In view of congestion impacts described above, public safety could be the best reason to decentralize emergency and critical care units.

76-29 TR

Transportation impediments between the Cathedral Hill campus and the city's southern sector include long Muni trips, traffic delays and meltdowns like an experience described above, which would equally affect patients (or the all important doctors) heading for Cathedral Hill from Marin.

In the event of a disaster, it threatens public safety to concentrate medical services on the north side of the city. After the 1906 earthquake, people resorted to traversing the city on foot. CPMC proposes to build seismically safe hospitals that much of the population may be unable to reach.

76-30 HC

7. Pedestrian tunnel

The proposal conflicts with the long-range VNAP goal for a subway to reduce traffic conflicts and transit delays. The CPMC plan would divide the right-of-way and could pose conflicts for subway entries near the Van Ness/Geary intersection.

76-31 TR

MTA's current proposal for "Bus Rapid Transit," is a cheaper, less effective alternative. The VNAP is still the planning document that identifies long-range goals for the corridor.

The BRT alternative, still in the planning stage, is dismissed by some transportation planners, and observers of traffic conditions in the corridor. BRT cannot fix street networks paralyzed by congestion. A subway could avoid notorious problems transit riders face on Van Ness.

A pedestrian tunnel would affect a published goal for resolving conflicts affecting Highway 101, traffic in densely populated central city neighborhoods, heavily travelled arteries, Muni and Golden Gate Transit. CPMC's plan cannot be allowed to prejudice the outcome, when a published long-range goal was deferred for funding consideration.

76-32 TR

Tunnels for Muni Metro and BART make a subway now considered for Stockton Street expensive to build and less practical for users because a deep route is required to avoid underground structures. The same impediment to a VNAP goal is posed by a pedestrian tunnel.

76-33 TR



awer cie
<qaz159@hotmail.com>
10/19/2010 12:51 PM

To <devyani.jain@sfgov.org>, <chelsea.fordham@sfgov.org>,
<bill.wycko@sfgov.org>
cc
bcc

Subject Public Comment on California Pacific Medical Center

Thank you for the opportunity to comment on the CPMC EIR. I have public comments related to the Cathedral Hill campus. Please confirm receipt of these comments.

The EIR does not adequately address impacts to Muni transit service on Geary Street. Due to the proposed new driveways on Geary, the project would relocate the existing 38 Geary bus stop to the far side of Van Ness. This would cause a significant transit impact to transit, for the following reasons:

- 1) Moving the bus to the far side would add delay to Muni because it now has to sit through the light before stopping again on the far side
- 2) Cars entering the hospital garage will have to turn in front of the bus. This will lead to collisions with Muni vehicle
- 3) The bus would have to start from a much steeper grade, which decreases the acceleration of the bus, and also causes undue wear on the bus motor and transmission

77-1 TR

These three factors will cause a significant impact to Geary transit service, which the EIR fails to disclose.

The appropriate mitigation for this impact would be to remove the driveways for both the hospital and the Medical Office Building, which would allow the bus stop to stay where it is currently located. This would prevent the three impacts listed above.

Thank you for your consideration.

Sincerely,

Quivner Zabeles
Cathedral Hill



Devyani
Jain/CTYPLN/SFGOV
10/19/2010 02:46 PM

To Chelsea Fordham/CTYPLN/SFGOV@SFGOV
cc
bcc
Subject Fw: Comments on the CPMC Draft EIR

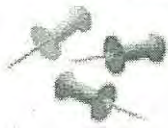


DEVYANI JAIN, Senior Planner
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----- Forwarded by Devyani Jain/CTYPLN/SFGOV on 10/19/2010 02:46 PM -----



Bill Wycko/CTYPLN/SFGOV
10/19/2010 02:44 PM

To Devyani Jain/CTYPLN/SFGOV@SFGOV
cc
Subject Fw: Comments on the CPMC Draft EIR

----- Forwarded by Bill Wycko/CTYPLN/SFGOV on 10/19/2010 02:44 PM -----



Arthur Cimento
<artcimento@msn.com>
10/19/2010 02:29 PM

To <bill.wycko@sfgov.org>
cc <janet@janetreilly.com>, <info@markfarrell.com>, <cpmcneighbors@pw-sc.com>, <paulhwermer@speakeasy.net>, <marlayne16@gmail.com>, <shyam_lal@mckinsey.com>, <jackiecimento@msn.com>
Subject Comments on the CPMC Draft EIR

Dear Mr. Wycko,

Earlier today, I delivered a letter with our comments on the CPMC draft EIR to your attention at the San Francisco Planning Department office. I am attaching an electronic copy of the letter with this email, for your convenience.

My wife and I are very interested in working with the City and CPMC toward a project at the Pacific campus that improves the quality of life in our neighborhood. We look forward to seeing in the final EIR additional mitigation measures to help achieve this goal.

If we can be of assistance to you and your staff, please contact me at (415) 269-3542 or artcimento@msn.com

Regards,



Art Cimento CPMC Draft EIR Comments - Oct 19, 2010.pdf

October 19, 2010

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

SUBJECT: Draft Environmental Impact Report for California Pacific Medical Center Long Range Development Plan, Planning Department Case No. 2005.0555E – Pacific Campus

Dear Mr. Wycko,

We are responding to the invitation for public comment on the draft Environmental Impact Report (EIR) for the California Pacific Medical Center (CPMC) Long Range Development Plan.

For over 20 years, my family and I have owned our home on Washington Street which shares the northern property line of CPMC's Pacific campus. In reviewing the draft EIR, there appear to be glaring inconsistencies between the facts presented and the intentions of the project. In particular, there is a disconnect between the size of the proposed North of Clay aboveground parking facility and its stated usage. Given the primary (construction-related) and secondary (long term project induced) impacts of this parking structure, we request that further alternatives be considered. It is not apparent whether the purpose of the parking facility is to support the hospital's staff and patients or introduce a commercial development in violation of existing land use policies for our neighborhood. Further, the project as currently defined fails to achieve the CEQA requirement of reducing impacts to the point of insignificance.

78-1 TR

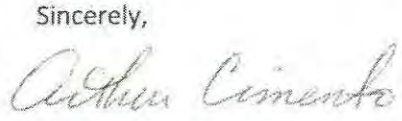
Specific comments on the draft EIR are attached. We request that the project sponsors address these comments and provide adequate answers before the City makes its determination on the EIR.

It is unfortunate that the project sponsors have chosen to introduce a negative amenity into our neighborhood. While we support the overall mission of CPMC, we wish they would take the opportunity to provide more open space and improve the quality of life in our area.

78-2 OTH

Please contact us if you need any clarification and keep us informed as this project develops. Thank you for the opportunity to comment.

Sincerely,



Arthur and Jacqueline Cimento
2317 Washington St.
San Francisco, CA 94115

COMMENTS ON THE DRAFT EIR FOR THE CPMC LONG RANGE DEVELOPMENT PLAN

The following are comments on the draft EIR. These comments are focused on the proposed changes to the Pacific campus, which is adjacent to our home. We request that the final EIR adequately address the issues outlined below and provide further mitigation of impacts than currently proposed. Since the EIR is vague in its assessment of many aspects of the Pacific campus project, we also request that a project level, focused EIR be conducted for the Pacific campus modifications before they are approved.

1) Project Violates Existing Conditional Use Permits

The draft EIR contains several references to the current conditional use permit under which the medical center is permitted to operate in a residential zone. This conditional use permit has been in place in the 1960's (page 3-16). The applicable planning code section permits this conditional use if inpatient care is the primary use (page 4.1-53). It is the stated intent of the long-range plan to convert this campus to outpatient care, which violates the terms of the existing conditional use permit. There is no analysis or discussion of why the inpatient use restrictions were originally put in place. Perhaps they were to preserve the unique character of our neighborhood. Furthermore, there is no discussion of whether a change in the permitted use would apply to similar facilities in other residential zones in the City or just to our neighborhood.

78-3 LU

Later in the EIR, the Pacific Heights neighborhood is described as an "Outstanding and Unique Area" (page 4.2-34). The proposed project would result in a campus with "denser more intense development than exists at present" (page 4.2-149). Why isn't this change considered a potentially significant impact? We believe there is inadequate discussion of this change to the conditional use restrictions which have been in place for 50 years. The project sponsors are well aware of the neighborhood opposition to the intensification of development associated with this project. Presumably the restrictions in the existing conditional use permit were intended to protect against just such development.

Further on, on page 5-8, the draft EIR states "all construction and renovation at the Pacific, Davies, and St. Luke's campus would occur entirely within the existing campus footprint; medical uses would continue on these campuses, and therefore **no change in land use would occur.**" Since the proposed changes to the Pacific campus will violate its existing conditional use permit, this statement is inaccurate and misleading. We request that the conditional use permit for the Pacific campus not be modified until the full impact of this development on our neighborhood's essential character is understood and our community's position is considered.

2) Long-term Secondary Impacts of the Project Are Not Adequately Addressed

The draft EIR does not adequately address any induced development from the project. Such development could arise from a shift from inpatient to outpatient care (discussed above) and the addition of 688 new parking spots in the middle of a residential neighborhood (Table 2-7b).

The project is located two blocks off of the commercial district of Fillmore Street, which sees many visitors on most weekends and evenings. The availability of a large parking facility close to this district will undoubtedly attract more traffic into the neighboring streets, well above what is required for the medical facility. Also, it is of concern that the character of this traffic may differ from the traffic associated with an in-patient facility, since many users of the facility will be patronizing bars and restaurants at night. In addition, the facility is located on transit lines that are convenient to downtown, making the parking facility a magnet for commuter automobiles. The EIR is inadequate in that it does not consider such changed usage patterns.

78-4 TR

According to the EIR, the San Francisco Planning Code incorporates the Accountable Planning Initiative which includes "protection of neighborhood character" and "discouragement of commuter automobiles" (page 3-19). Residents of our neighborhood are entitled to quiet enjoyment of our homes. This facility has significant potential to become an attractive nuisance. The EIR needs to reconcile the apparent conflicts of the project with existing land use, zoning, and City Codes and identify specific mitigation measures to reduce its negative impacts to insignificance.

78-5 LU

As a minimum, we expect the facility will comply with existing noise regulations at the property boundary. We would also request additional mitigation measures such as limiting the parking facility's hours of operation to exclude evenings and weekends or restricting its use to bona fide users of the medical facility.

78-6 NO

78-7 TR

3) Oversized Parking Requirement; No Alternatives Considered

The draft EIR's analysis of the parking requirements and visitation patterns is inconsistent with the addition of 688 parking spots on the Pacific campus. On page 4.5-49, the draft EIR states that 1,095 parking spaces for CPMC employees and 410 parking spaces for visitors already exist. This parking supply is adequate for the existing use (pages 4.5-47 to 4.5-49).

78-8 TR

In the traffic analysis, there is an estimated reduction in net new parking demand at the Pacific campus of 229 parking spaces (Table 4.5-13) and an expected reduction of trips by 4,700 as a result of the proposed change in usage (Table 4.5-10). Even at peak hours, there are only 71 new vehicle trips at the Pacific campus (Table 4.5-11). This analysis is used to support the premise that there will be little impact on surface street traffic from the project.

The EIR cannot have it both ways. It is inconsistent to state that current parking provisions are adequate, there is a reduction in parking demand, and the proposed project reduces the number of trips, but then propose 688 additional parking spaces at the campus. Yet the project calls for excavation of two city blocks and construction of a seven story parking facility across an entire city block. We request that a revised EIR be issued that addresses a reduction, not an increase, in parking capacity to reflect the draft EIR's stated reduction in auto trips.

78-8 TR

We question whether the motive of the project sponsor is to support the medical mission of the campus or run a commercial parking business. There are no alternatives to this scheme considered in the EIR. Alternatives could include no parking facility at all or addition of additional underground parking which could eliminate the need for an above ground structure.

In particular, we would like consideration of using this footprint for more open space in our neighborhood as opposed to the current plan which reduces open space (page 4.2 -149). This project represents a rare opportunity to create open space. One viable alternative that should be considered is the elimination of the above ground portion of the garage entirely and the creation of an open space and park. Given the primary and secondary impacts of the parking facility, we believe that these are reasonable alternatives that should be considered.

78-9 RE

4) Primary Impacts Cannot Be Mitigated

There are numerous project impacts at the Pacific campus where no mitigation is provided. Construction noise could reach 90 Vdb in our home, which the draft EIR notes "could be significant" (page 4.6-95). The EIR notes additional primary impacts associated with construction (e.g., air quality) which are "significant and unavoidable" (section 4.7).

In addition, several primary impacts from the facility are noted without any mitigation provided. These include light from vehicle head lamps which will shine into homes (page 4.2-89) and noise from ventilation units. There are other impacts which are not discussed such as the noise from traffic entering and leaving the above ground parking facility and the increase in CO2 from vehicles idling in the garage.

78-10 OTH

Again, our understanding of CEQA is that project impacts must be mitigated to the point of insignificance. The draft EIR does not attain this standard.

5) Inadequate Detail on Project Definition

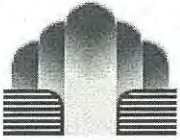
In numerous places, the draft EIR does not go into detail on the Pacific campus, using the rationale that the design on this campus is not finalized (e.g., pages 4.2-149, 4.6-80, and 4.9-31). Therefore, we would like clarification as to what entitlements CPMC would receive for the Pacific campus should this EIR be certified.

78-11 PD

Since many of the mitigation measures associated with the Pacific campus are vague and depend on the final design (e.g., page 4.6-82), we believe that CPMC should not have any entitlements to proceed with the Pacific campus portion of the long range plan until a Project EIR is completed. This EIR should address all of the primary and secondary impacts of the project and provide adequate mitigation.



78-11
PD-PA



Devyani
Jain/CTYPLN/SFGOV
10/19/2010 10:44 AM

To Chelsea Fordham/CTYPLN/SFGOV@SFGOV
cc
bcc
Subject Fw: CPMC Comment letter



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----- Forwarded by Devyani Jain/CTYPLN/SFGOV on 10/19/2010 10:44 AM -----



Bill Wycko/CTYPLN/SFGOV
10/19/2010 10:43 AM

To Devyani Jain/CTYPLN/SFGOV@SFGOV
cc
Subject Fw: CPMC Comment letter

----- Forwarded by Bill Wycko/CTYPLN/SFGOV on 10/19/2010 10:42 AM -----



"cbfreas22@netzero.net"
<cbfreas22@netzero.net>
10/19/2010 10:38 AM

To Bill.Wycko@sfgov.org
cc charlie.freas@flysfo.com
Subject CPMC Comment letter

Please note my comments about proposed project. Thank you for your consideration.

\$13/Month Car Insurance?

Insurance deal just passed now allows you to get car insurance for \$13



GoGetAutoInsurance.com B Wycko 10 19 cbf.pdf

PO Box 283044
San Francisco, CA 94128
October 19, 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 - Alternative 3A

Dear Mr. Wycko,

The EIR for the CPMC project contains too many convenient assumptions that will come back to haunt the City if implemented. The gargantuan Cathedral Hill Hospital as Sutter prefers is too problematic and it's environmental impacts too great.

The EIR acknowledges that a significant number of traffic problems are significant, unavoidable (SU) and impossible to mitigate. Further, these issues impact a concentration of critical east/west and north/south arterials –Geary, Van Ness (Hwy 101), Franklin, and Gough. The streets surrounding this area that are expected to drain off this impacted flow are not efficient distributors and will simply exacerbate the problem.

79-1TR

Parking challenges are given short shrift and yet what will be their real traffic friction flow impact?

79-2TR

Construction impacts are particularly challenging, such as the proposed 185 truck trips per day which averages over 20 trucks per hour or 3 minutes per load time – an efficiency I have never seen in my over 30 years of engineering and construction management – is fiction. Particularly true for such a congested and compact construction site.

79-3 TR

While well detailed in some respects, the EIR contains recurring statements about the CEQA process not needing to address certain environmental aspects which are all too real to the surrounding Cathedral Hill community. The EIR analysis appears to conveniently support the desired outcome in too many instances, while making assumptions that may not come true.

79-4 OTH

The EIR discusses Alternate 3A which reduces the Cathedral Hill building by a third and increases the size at St. Luke's. This will reduce the number of cars and trucks by 1/3. The EIR indicates that this is the environmentally preferred option but then goes on to say that it is rejected by CPMC.

79-5
ALT3A

I believe that Alternative 3A is an effective solution. I would urge the City to require CPMC to redesign the project to stay within the existing zoning restrictions and to effectively mitigate those most challenging outcomes.

Sincerely,

Charles B. Freas BSCE



Devyani
Jain/CTYPLN/SFGOV
10/19/2010 10:36 AM

To Chelsea Fordham/CTYPLN/SFGOV@SFGOV
cc
bcc
Subject Fw: Cathedral Hill Hospital



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 10:36 AM -----



Bill Wycko/CTYPLN/SFGOV
10/19/2010 10:33 AM

To Devyani Jain/CTYPLN/SFGOV@SFGOV
cc
Subject Fw: Cathedral Hill Hospital

----- Forwarded by Bill Wycko/CTYPLN/SFGOV on 10/19/2010 10:33 AM -----



Beth Pewther
<artcrazy@artfools.com>
10/19/2010 08:32 AM

To bill.wycko@sfgov.org
cc
Subject Caathedral Hill Hospital

Bill Wycko
SF Planning Dept.

I support the position of the Unitarian Church and as a member of that church am very concerned about the hospital plan which does not provide enough off street parking for it's activities.

Beth Pewther



awer cie
 <qaz159@hotmail.com>
 10/19/2010 02:36 PM

To <devyani.jain@sfgov.org>, <chelsea.fordham@sfgov.org>, <bill.wycko@sfgov.org>
 cc
 bcc

Subject RE: Public Comment on California Pacific Medical Center

My apologies, I have an additional comment on the CPMC EIR.

The EIR says that the Geary street driveways for both the hospital and the MOB are "revocable". What does this mean? Who would revoke them, and under what circumstances? Does Cpmc waive it's right to sue if the driveways are revoked?

81-1 TR

Thank you
 Quivner Zabeles

From: qaz159@hotmail.com
 To: devyani.jain@sfgov.org; chelsea.fordham@sfgov.org; bill.wycko@sfgov.org
 Subject: Public Comment on California Pacific Medical Center
 Date: Tue, 19 Oct 2010 19:51:23 +0000

Thank you for the opportunity to comment on the CPMC EIR. I have public comments related to the Cathedral Hill campus. Please confirm receipt of these comments.

The EIR does not adequately address impacts to Muni transit service on Geary Street. Due to the proposed new driveways on Geary, the project would relocate the existing 38 Geary bus stop to the far side of Van Ness. This would cause a significant transit impact to transit, for the following reasons:

- 1) Moving the bus to the far side would add delay to Muni because it now has to sit through the light before stopping again on the far side
- 2) Cars entering the hospital garage will have to turn in front of the bus. This will lead to collisions with Muni vehicle
- 3) The bus would have to start from a much steeper grade, which decreases the acceleration of the bus, and also causes undue wear on the bus motor and transmission

81-2 TR

These three factors will cause a significant impact to Geary transit service, which the EIR fails to disclose.

The appropriate mitigation for this impact would be to remove the driveways for both the hospital and the Medical Office Building, which would allow the bus stop to stay where it is currently located. This would prevent the three impacts listed above.

Thank you for your consideration.

Sincerely,

Quivner Zabeles
 Cathedral Hill

Dewyani Jain /CTYPLN/SFGOV
10/19/2010 12:30 PM

To Chelsea Fordham/CTYPLN/SFGOV@SFGOV
cc
bcc

Subject Fw: Case 2005.0555E - CPMC Long Range Development Plan



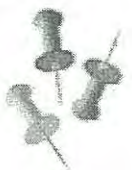
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----- Forwarded by Dewyani Jain/CTYPLN/SFGOV on 10/19/2010 12:30 PM -----

Bill Wycko /CTYPLN/SFGOV
10/19/2010 12:26 PM

To Dewyani 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 12:26 PM -----

Hossein Sepas <sseeppaass@yahoo.com>
10/19/2010 11:00 AM

To Bill.Wycko@sfgov.org
cc

Subject Case 2005.0555E - CPMC Long Range Development Plan



Dear Mr. Wycko and S.F. Planning Commissioners,

c/o Bill.Wycko@sfgov.org

Re: Case 2005.0555E – CPMC Long Range Development Plan

CMPC's proposes to consolidate many services from its five campuses into one new site on Cathedral Hill and downgrade several of their other properties. Heaven help anyone who has a heart attack or other serious problem who has to take an ambulance all the way to Cathedral Hill; they might die on the way to the enormous traffic jams in the already congested Van Ness Avenue, Gough, and Franklin corridor. It is not fair to the people of the Mission to lower the services and bed count at St. Luke's Hospital and make those CPMC patients go all the way to Van Ness and Geary. St. Luke's should be increased over what CPMC proposes and Cathedral Hill hospital should be decreased. They should be more in alignment in regard to the number of beds. A high concentration of hospital beds in one part of town and a lower number in other parts cannot be a good plan. We need more balance. CPMC says it is good for their business operation to consolidate services and since they provide a public service they should be allowed to do so, if PG&E, Pac Bell (AT&T), any bank or other private corporation which "provides a public service" were to suggest the same logic to have a larger building they would be laughed out of town.

82-1 HC

Alternate 3A of the DEIR, concludes that the "least amount of negative environmental impact" would come from "reducing" the size of the Cathedral Hill project to 400 beds and increasing the size of the St. Luke's Hospital in the Mission by 160 beds. Please have them go in that direction and submit a plan which explores and improves upon that idea.

82-2
ALT3A

Cathedral Hill already has the huge Mt Zion and Kaiser campus' nearby and ambulances are non stop, to have a huge hospital at Geary & Van Ness when Geary & Divisadero (a few blocks away) is already the home of major medical facilities is just too much medical care in a small area. Plus there is St. Francis Hospital a few blocks to the east; there is simply too high concentration of medical care in one area to the detriment and other parts of San Francisco.

82-3 HC

It is too windy on Cathedral Hill and the Van Ness area below it now; it will become even windier after the construction of such a large hospital. The draft E.I.R states: "In San Francisco, wind strength is generally greater along

82-4 WS

streets that run approximately east-west because buildings along those streets tend to act as a channel for winds." That is certainly true of Geary and O'Farrell Streets, the west-east wind is already very strong, and coming down from the top of Cathedral Hill it is even stronger. It is sometimes difficult to walk down Geary or Starr King now with the strong winds swirling around the existing high rises; it will be even worse if the hospital is built to the mass they propose. The draft EIR also states that wind speeds at many points "around the campus site and vicinity are currently in exceedance of the pedestrian-comfort value ...as established by Section 148 of the San Francisco Planning Code (Planning Code)".

Jefferson Square Park is large, is used by many birds, and is only a quarter of a mile away from the proposed tower. The "bird issue" was used in part to stop the 555 Washington tower next to the Transamerica Pyramid yet the proposed 555 Washington tower was only half as tall as its immediate neighbor and much shorter than many other buildings nearby. If this rule applied at 555 Washington then it will surely apply at CPMC since it would be the only glass high rise in that area (and they are proposing blue glass). The closeness of the park ensures that migrating birds will be in the vicinity of the proposed glass tower.

82-5 BI

Traffic is already grid locked on Van Ness. Gough and Franklin are not much better. It will not be easy to get there quickly when traffic is frequently at a

82-6 TR

stand still. O'Farrell already has a great deal of traffic to the point it is often a standstill (especially with the new 38 Geary dedicated traffic lane) and more than its share of ambulance noise.

82-6 TR

Concentrating so many medical services in one area will have a huge impact on noise in an already noisy area. The dense residential corridor surrounding the Geary/O'Farrell corridor is already very noisy, as is the Van Ness, Franklin, Gough corridor. These areas take more than their fair share of noise from ambulances traveling back and forth.

82-7 NO

The Van Ness corridor is supposed to be a residential corridor with activated streets which cater to the residents. A huge medical center is not a relaxing neighbor; all of the ambulance noise is to contrary to quiet living. Pedestrian life will not be vibrant at night when the hospital is closed, it will be dead zone except the occasional visitor to a patient, but most of those visitors will use the garage and not activate the streets of use restaurants, coffee shops, stores or the local cinemas. The existing hotel on the site (which is now closed) was a much more compatible neighbor as it brought people to activate the streets and shops at all hours of the day or night. Furthermore the hospitals proposed mass does not match the goal of a grand unified boulevard; the tall buildings are supposed to go on top of the hills to make San Francisco's famous hills seem taller; Van Ness' residential corridor is supposed to be lower in height than the buildings on the surrounding hills. Van Ness is supposed to be somewhat of a gracious residential boulevard with buildings of a similar height and use.

82-8 LU

Regards,

Hossein Sepas

1200 Gough 21A

San Francisco, CA 94109



Devyani
Jain/CTYPLN/SFGOV
10/19/2010 10:36 AM

To Chelsea Fordham/CTYPLN/SFGOV@SFGOV
cc
bcc
Subject Fw: CPMC - DEIR



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 10:36 AM -----



Bill Wycko/CTYPLN/SFGOV
10/19/2010 10:33 AM

To Devyani Jain/CTYPLN/SFGOV@SFGOV
cc
Subject Fw: CPMC - DEIR

----- Forwarded by Bill Wycko/CTYPLN/SFGOV on 10/19/2010 10:32 AM -----



"Patrick Carney"
<PatC@hellermanus.com>
10/19/2010 09:21 AM

To <Bill.Wycko@sfgov.org>
cc
Subject CPMC - DEIR

Dear Mr. Wycko and S.F. Planning Commissioners,
c/o Bill.Wycko@sfgov.org

Re: Case 2005.0555E –CPMC Long Range Development Plan

Attached are comments regarding CPMC's draft EIR.

Too much concentration of medical care in one area:

Alternate 3A of the DEIR, concludes that the "least amount of negative environmental impact" would come from "reducing" the size of the Cathedral Hill project to 400 beds and increasing the size of the St. Luke's Hospital in the Mission by 160 beds. Please have them go in that direction and submit a plan which explores and improves upon that idea.

83-1 ALT3A

CMPC's proposes to consolidate many services from its five campuses into one new site on Cathedral Hill and downgrade several of their other properties. St. Luke's should be increased over what CPMC proposes and Cathedral Hill hospital should be decreased. They should be more in alignment in regard to the number of beds. A high concentration of hospital beds in one part of town and a lower number in other parts cannot be a good plan. We need more balance. CPMC says it is good for their business

83-2 HC

operation to consolidate services and since they provide a public service they should be allowed to do so, if PG&E, Pac Bell (AT&T), any bank or other private corporation which "provides a public service" were to suggest the same logic to have a larger building they would be laughed out of town. Heaven help anyone who has a heart attack or other serious problem who has to take an ambulance all the way to Cathedral Hill; they might die on the way to the hospital in the enormous traffic jams in the already congested Van Ness Avenue, Gough, and Franklin corridor. It is not fair to the people of the Mission to lower the services and bed count at St. Luke's Hospital and make those CPMC patients go all the way to Van Ness and Geary.

83-2 HC

Cathedral Hill already has the huge Mt Zion and Kaiser campus' nearby and ambulances are non stop, to have a huge hospital at Geary & Van Ness when Geary & Divisadero (a few blocks away) is already the home of major medical facilities is just too much medical care in a small area. Plus there is St. Francis Hospital a few blocks to the east; there is simply too high concentration of medical care in one area to the detriment and other parts of San Francisco.

83-3 HC

Wind:

It is too windy on Cathedral Hill and the Van Ness area below it now; it will become even windier after the construction of such a large hospital. The draft E.I.R states: *"In San Francisco, wind strength is generally greater along streets that run approximately east-west because buildings along those streets tend to act as a channel for winds."* That is certainly true of Geary and O'Farrell Streets, the west-east wind is already very strong, and coming down from the top of Cathedral Hill it is even stronger. It is sometimes difficult to walk down Geary or Starr King now with the strong winds swirling around the existing high rises; it will be even worse if the hospital is built to the mass they propose. The draft EIR also states that wind speeds at many points *"around the campus site and vicinity are currently in exceedance of the pedestrian-comfort value ...as established by Section 148 of the San Francisco Planning Code (Planning Code)"*.

83-4 WS

Birds:

Jefferson Square Park is large, is used by many birds, and is only a quarter of a mile away from the proposed tower. The "bird issue" was used in part to stop the 555 Washington tower next to the Transamerica Pyramid yet the proposed 555 Washington tower was only half as tall as its immediate neighbor and much shorter than many other buildings nearby. If this rule applied at 555 Washington then it will surely apply at CPMC since it would be the only glass high rise in that area (and they are proposing blue glass). The closeness of the park ensures that migrating birds will be in the vicinity of the proposed glass tower.

83-5 B1

Traffic:

Traffic is already grid locked on Van Ness. Gough and Franklin are not much better. It will not be easy to get there quickly when traffic is frequently at a stand still. O'Farrell already has a great deal of traffic to the point it is often a standstill (especially with the new 38 Geary dedicated traffic lane) and more than its share of ambulance noise.

83-6 TR

Noise:

Concentrating so many medical services in one are will have a huge impact on noise in an already noisy area. The dense residential corridor surrounding the Geary/O'Farrell corridor is already very noisy, as is the Van Ness, Franklin, Gough corridor. These areas take more than their fair share of noise from ambulances traveling back and forth.

83-7 NO

The CPMC plan is contrary to the long established goals for the Van Ness corridor:

The Van Ness corridor is supposed to be a "residential corridor" with activated streets which serve the residents. A huge medical center is not a relaxing neighbor; all of the ambulance noise is contrary to quiet living. Pedestrian life will not be vibrant at night when the hospital is closed, it will be dead zone except for the occasional visitor to a patient, but most of those visitors will use the garage and not activate the streets or use restaurants, coffee shops, stores or the local cinemas. The existing hotel on the site (which is now closed) was a much more compatible neighbor as it brought people to activate the streets and shops at all hours of the day or night. Furthermore the hospital's proposed mass does not match the goal of a grand

83-8 LU

unified boulevard with similar setbacks and heights. Van Ness is supposed to be somewhat of a gracious residential boulevard with buildings of a similar height and use. The tall buildings are supposed to go on top of the hills to make San Francisco's famous hills seem taller; Van Ness' residential corridor is supposed to be lower in height than the buildings on top of the surrounding hills. CPMC will spring up from the bottom of Cathedral Hill and be as tall as buildings on top of the hill, contrary to a long established precedent intended to preserve San Francisco's unique scale and topography.

83-8 LU

Best,
Patrick Carney
631 O'Farrell Street #607
San Francisco, CA 94109
(415) 929-0250



Devyani
Jain/CTYPLN/SFGOV
10/19/2010 03:11 PM

To Chelsea Fordham/CTYPLN/SFGOV@SFGOV
cc
bcc
Subject Fw: CPMC Draft EIR Comment Letter from the Chinese
Progressive Association



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 03:11 PM -----



Emily Lee <emily@cpasf.org>

10/19/2010 03:07 PM

To Devyani.Jain@sfgov.org, bill.wycko@sfgov.org
cc
Subject CPMC Draft EIR Comment Letter from the Chinese
Progressive Association

Dear Mr. Wycko and Ms. Jain,

Please find attached the Chinese Progressive Association's comment letter for the CPMC Draft EIR. Please let me know if there are any questions.

Thank you,
Emily Lee

--

Emily Jieming Lee ☐☐☐
Youth Organizer
Chinese Progressive Association
415.391.6986 x303
emily@cpasf.org



20101019_CPMC_DEIR_Comment.pdf



Chinese Progressive Association
1042 Grant Ave. 5th Floor
San Francisco, CA 94133
Tel: (415) 391-6986 Fax: (415) 391-6897 justice@cpasf.org

San Francisco Planning Department
Attn: Mr. Bill Wycko & Ms. Devyani Jain
1650 Mission St., Suite 400
San Francisco, CA 94103

Re: Case 2005.0555E – CPMC Long Range Development Plan

Dear Mr. Wycko and Ms. Jain,

I am writing this letter to state the Chinese Progressive Association's position regarding Sutter/CPMC's Draft EIR which was heard at the September 23, 2010 Planning Commission hearing. We urge the San Francisco Planning Department and the Planning Commission to ensure that the following community concerns are adequately addressed in the Final EIR. We will base our decision to support or oppose the project on whether the following concerns are adequately addressed.

Community Concerns:

1. **Clustering health services in northern sector of SF.** The EIR fails to analyze how the reduction of health care services at St. Luke's Hospital, and the construction of a larger hospital at Cathedral Hill, will result in a clustering of health services in the northern sector of the city and limit access of residents in the south east sector of the city. Currently the south east sector of San Francisco has only 2 hospitals – St. Luke's and SF General – while the northern sector has 10 hospitals. Additionally, CPMC plans to reduce patient beds at St. Luke's from 229 beds to 80 beds, and San Francisco's only public hospital, SF General is already overcrowded.

84-1 HC

The Draft EIR does not adequately address the General Plan's Commerce & Industry Element, Objective 7, Policy 7.3 to: "Promote the provision of adequate health and educational services to all geographical districts and cultural groups in the city. The General Plan acknowledges that the clustering of major health care facilities in relatively few areas creates problems such as limiting the access of residents in other parts of the City to the health care and employment opportunities which these large institutions offer. The city should actively encourage the decentralization of major institutional facilities to other areas of San Francisco, particularly those presently without adequate services."

84-2 HC

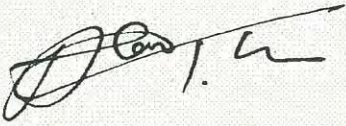
2. **Alternative 3A as a starting point.** Our community supports the environmentally superior alternative of a larger St. Luke's Hospital with a variety of services and a smaller Cathedral Hill Hospital. The Draft EIR is incomplete in failing to adequately analyze the health care implications of rejecting an environmentally superior alternative. CPMC's dismissal of Alternative 3A fails to consider the disadvantages to San Francisco of a St. Luke's facility that is too small to be viable.

84-3 ALT3A

Additionally, we believe that Alternative 3A is a good start because it shifts 160 beds and a significant core of services to St. Luke's Hospital, but it does not go far enough in creating equitable distribution of services for communities living in south east San Francisco. While Alternative 3A distributes some services to St. Luke's, we want to see CPMC commit to anchoring a variety of services at St. Luke's to ensure long term viability and investment.

84-3 ALT3A

Sincerely,

A handwritten signature in black ink, appearing to read "Alex T. Tom", is written over a light gray rectangular background.

Alex T. Tom
Executive Director



Chinatown Community
Development Center
華協中心

1525 Grant Avenue
San Francisco, CA 94133
TEL 415.984.1450
FAX 415.362.7992
TTY 415.984.9910
www.chinatowncdc.org

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.

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.

85-1 PH



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.”

85-2 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 constitute a significant source of affordable housing (see subsection (c)), and
- that residential hotels are “endangered housing resources and must be protected” (see subsection (f)).

85-3 PH

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.

85-4 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.”

85-5 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.

85-6 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.

85-7 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."

85-8 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).

85-9 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.

85-9 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).

85-10 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.

85-11 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

85-12 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.

85-12 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.

85-13 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.

85-14 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.

85-15 PH

Respectfully Submitted on Behalf of the Chinatown Community Development Center.

Sincerely,

Malcolm Yeung
Public Policy Manager
1525 Grant Ave
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17 October 2010

347 Oak Park Drive

San Francisco, CA 94131

Mr. Bill Wycko, Environmental Review Officer

San Francisco Planning Department,

1650 Mission Street, Suite 400

San Francisco, CA 94103

Re: Case 2005.0555E – CPMC: Draft Environmental Impact Report

Dear Mr. Wycko:

The proposed building, presented at the recent public review of the CPMC-DEIR before the Planning Commission at City Hall, depicts a new structure at the Cathedral Hill site that would be grossly oversized and functionally ineffective. Its main bulk is depicted at just over 300 feet in height or approximately twice current zoning restrictions for that property on Franklin and Van Ness,

86-1 LU

Usually, zoning aspects of projected properties are reviewed separately from environmental considerations; however the aspects may be closely related. Certainly that is true of this proposal. The new hospital, projected to accommodate 550 patient beds, would be congested with several thousand employees in the course of each day, plus hundreds of visitors, suppliers, *et al.* The site bounded by Van Ness, Geary, Franklin and Post would be the single most densely inhabited city block (24 hours a day, 365 days a year) in San Francisco.

86-2 LU

The fact that this structure would be imposed on three of our most traffic-congested streets would affect adversely every aspect of the neighborhood (noise, air quality, safety, aesthetics.) The present mid-rise zoning established has been considered carefully for prior developments proposed for this neighborhood. The conclusions have been that the height and scale are appropriate for a successful blending of housing and diverse functions,

86-3 TR

86-4 LU

Whatever the outcome of the Draft Environmental Impact Report in interpretation of technical rules, evident zoning violations will be cause for civil charges from distressed and affronted neighbors. I urge the professional staff of SF City Plan to consider the larger picture of what such a colossal CPMC endeavor would create for the Cathedral Hill community.

86-5 LU

Sincerely,


Wallace B. Cleland, AIA, Architect



Devyani
Jain/CTYPLN/SFGOV
10/19/2010 05:11 PM

To Chelsea Fordham/CTYPLN/SFGOV@SFGOV
cc
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Subject Fw: Comments on CPMC DEIR



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----- Forwarded by Devyani Jain/CTYPLN/SFGOV on 10/19/2010 05:11 PM -----



"Barbara E. Kautz"
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To 'Bill Wycko' <Bill.Wycko@sfgov.org>,
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Subject Comments on CPMC DEIR

Attached are comments on the CPMC EIR from our clients, the Bernal Heights
Neighborhood Center and the Cathedral Hill Neighbors Association. A hard copy
will follow by mail. We appreciate your assistance.

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Analysis of CPMC's DEIR.PDF

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M David Kroot **October 19, 2010**

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**RE: DRAFT ENVIRONMENTAL IMPACT REPORT – CALIFORNIA
PACIFIC MEDICAL CENTER (CPMC) LONG RANGE
DEVELOPMENT PLAN
(Planning Case No. 2005.0555E)**

Dear Mr. Wycko:

This letter transmits the comments of our clients, the Cathedral Hill Neighbors Association (CHNA) and the Bernal Heights Neighborhood Center (Bernal) regarding the Draft Environmental Impact Report (DEIR) prepared by the City of and County of San Francisco for the proposed California Pacific Medical Center (CPMC) Long Range Development Plan. CHNA supports sustainable urban development in the 36-square block neighborhood bounded by Grove, Sacramento, Polk, and Fillmore Streets that includes over 44,000 dwellings, churches, schools, and many large and small businesses. Bernal is a membership based, nonprofit public benefit corporation formed in 1978 with an all-volunteer board of directors elected from its membership base of over 1,000 and works to preserve and enhance the ethnic, cultural, and economic diversity of Bernal Heights and surrounding neighborhoods, promoting community action to build a just and equitable community for all and focusing on the needs of people with low and moderate incomes. Despite their diverse geographical locations and missions, CHNA and Bernal are united in their view of the proposed Long Range Development Plan and the deficiencies of the DEIR.

In our view, the DEIR is seriously deficient, fundamentally flawed, and fails to comply with long-established principles relating to review under the California Environmental Quality Act (Public Resources Code §§ 21000 – 21177) (CEQA) and adopted implementing regulations (14 California Code of Regulations §§ 15000 – 15387) (CEQA Guidelines). The DEIR is "so fundamentally and basically inadequate and conclusory" as to preclude meaningful public review and comments. It should be redrafted in conformance with CEQA and recirculated so that the public may have the opportunity to understand the environmental impacts of the CPMC Long Range Plan and, in particular, to develop serious mitigation measures and alternatives that will

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87-2 INTRO

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10/19/2010

mitigate *devastating impacts on health care* provided to underserved communities located south of Market Street and *devastating impacts on the communities* near the proposed monster Cathedral Hill hospital.

87-2 HC

The DEIR's most serious deficiencies can be summarized as follows:

1. The DEIR contains such a detailed and constrained list of project objectives that only CPMC's proposed project could possibly satisfy those objectives, effectively precluding any project alternatives.
2. The DEIR contains no substantial evidence to support its findings that the environmentally superior alternatives to CPMC's project are infeasible, or fail to comply with project objectives.
3. The DEIR does not consider public health impacts of the Long Range Plan.
4. The DEIR's analysis of the consistency of CPMC's plans with existing planning and zoning makes a mockery of CEQA by finding that a proposal to amend the plans eliminates the inconsistencies.
5. The DEIR does not adequately analyze many environmental impacts. In particular, its analysis of transportation impacts does not meet the requirements of CEQA.
6. Mitigation measures contained in the DEIR often do not actually mitigate project impacts.
7. The DEIR limits its consideration of significant impacts to City-defined "criteria of significance," which in many cases omit potentially significant impacts or permit significant impacts to occur.

87-3 PD

87-4 ALT

87-5 HC

87-6 LU

87-7 TR

87-8
INTRO

87-9
INTRO

CEQA requires that EIRs be redrafted and recirculated when a DEIR is "so fundamentally and basically inadequate and conclusory in nature that meaningful public review and comments were precluded" (CEQA Guidelines section 15088.5(a)(4)). Despite the length of the DEIR, its analysis of the project impacts is inadequate and does not provide an opportunity for meaningful public review of the *CPMC Long Range Plan*. The DEIR should be redrafted in conformance with CEQA and recirculated so that the public may have the opportunity to understand the environmental impacts of the CPMC Long Range Plan.

87-10 INTRO

Detailed Comments on the DEIR

A. The Defined Project Objectives Are Too Narrow and Seek to Preclude the Consideration of Environmentally Superior Projects.

The DEIR on pages 2-7 to 2-9 (repeated on pages 6-5 to 6-7) contains such a detailed list of project objectives as to preclude any project alternatives inconsistent with the Long Range Plan proposed by CPMC. While the "Overarching Objectives," to construct seismically safe hospital facilities and provide the highest quality of patient care, may be appropriate, many of the "Specific Objectives" simply describe the plan that CPMC is proposing, such as:

87-11 PD

- Consolidating a long list of specialty services with the Women’s and Children’s Center.
- Rebuilding St. Luke’s as a “community hospital” with limited defined specialties.
- Locating facilities on sites owned or easily purchased by CPMC consistent with the mandates of SB 1953. (Note that SB 608, effective January 1, 2011, will extend the former SB 1953 limits by up to five additional years.)
- Locating facilities on a site big enough to accommodate the consolidation of services proposed by CPMC.

When a project and its objectives are defined too narrowly, the EIR may fail to examine a reasonable range of alternatives. (*See City of Santee v. County of San Diego* (1989) 214 Cal. App. 3d 1438, 1455 (alternatives inadequate and unduly narrow because project objectives inaccurate)). A project sponsor like CPMC may not seek to limit the scope of environmental review by proceeding with investments in a project (such as the purchase of land) and then declaring that any change in its proposal is infeasible. " 'The CEQA reporting process is not designed to freeze the ultimate proposal in the precise mold of the initial project . . . ' Otherwise, CEQA's mandate to consider alternatives would be meaningless." (*Kings County Farm Bureau v. City of Hanford* (1990) 221 Cal. App. 3d 692, 736-37 (citing *County of Inyo v. City of Los Angeles* (1977) 71 Cal. App.3d 185, 199)).

The constrained nature of these objectives severely limits the consideration of alternatives. No objectives are included relating to access to health services by target populations, the highest priority in the Public Health Department's strategic plan. The project objectives should be redefined in the EIR so that they do not “freeze the ultimate proposal in the precise mold” of the proposed CPMC Long Range Plan and include broader community objectives for the provision of health services.

87-11 PD

B. No Substantial Evidence is Provided to Support the DEIR’s Conclusions that the Environmentally Superior Alternative, Alternative 3A, Does Not Meet Project Objectives.

Alternative 3A is identified in the DEIR as the environmentally superior alternative. As proposed, it would relocate Women’s and Children’s Services to St Luke’s. The DEIR concludes (pages. 6-399 – 6-400) that Alternative 3A does not meet project objectives because, if Women’s and Children’s Services are relocated, the project:

- Will not provide “the most high-quality, cost-effective, and efficient patient care.”
- Will not “efficiently consolidat[e] specialized services.”
- Will not be “appropriately located.”
- Will not rebuild St. Luke’s as a “community hospital” (i.e., St. Luke’s will be larger than CPMC wants).

87-12
ALT3A

- Will not “optimize patient safety and clinical outcomes.”
- Will not “minimize redundancies.”

The rejection of Alternative 3A can be summarized as: unless the Cathedral Hill Hospital is as large as proposed in the Long Range Plan, and St. Luke’s is as small as proposed in the Long Range Plan, project objectives are not met. Yet no evidence is included in the DEIR to demonstrate that the combination of a 555-bed hospital and an 80-bed hospital would maximize patient outcomes; improve quality of care; provide greater patient access; be more centrally located; provide greater efficiencies; or achieve other benefits to a greater extent than the combination of a 400-bed hospital at Cathedral Hill and a 240-bed hospital at St Luke’s. Although the DEIR repeatedly states that the Cathedral Hill campus is more “centrally located” and “more accessible,” no data is provided to support these contentions.

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ALT3A

Clearly, achieving high-quality care does not require that all specialties be located at one campus. Even CPMC itself proposes to locate neuroscience-related treatment at the proposed 201-bed Davies Medical Center. Within the Kaiser Permanente system, an integrated health maintenance organization which includes numerous specialized centers, no hospital in the Bay Area has more than 398 licensed beds.¹ None of Kaiser's hospitals have fewer than 117-120 licensed beds, and those are located in much less densely populated Sonoma and Marin Counties.

87-13 HC

In addition, the constrained nature of the project objectives analyzed in the DEIR eliminates all consideration of equitable provision of health services. If added to the project objectives, Alternative 3A would be far more consistent with the project objectives than the proposed Long Range Plan.

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ALT3A

Under the CEQA Guidelines, “[s]ubstantial evidence shall include facts, reasonable assumptions predicated upon facts, and expert opinion supported by facts.” (§ 15384(b)) The conclusions regarding the feasibility of Alternative 3A in the DEIR are “at best. . . an irrelevant generalization, too vague and nonspecific to amount to substantial evidence of anything.” (*See Lucas Valley Homeowners Assn. v. County of Marin* (1991) 233 Cal.App.3d 130, 157.)

C. Modifications to Alternative 3A Consistent with the Recommendations of the Blue Ribbon Panel Should Be Reviewed in the FEIR

Alternative 3A, as proposed, relocated the Women’s and Children’s Center to St. Luke’s. The Blue Ribbon Panel, however, which completed its study in 2008, recommended that a different mix of services be located at St. Luke’s, including:

- Center of Excellence in gynecology and low-intervention obstetrics
- Medical/Surgical Services (e.g., cardiology, respiratory)
- Emergency Department

87-15
ALT3A

¹ California Hospital Association, 2008 Member Hospitals (January 2008). That facility is the Oakland Medical Center, which is being replaced and will include only 349 licensed beds upon completion.

- ICU
- Urgent Care
- Pediatrics
- Center of Excellence in Senior Health Care (e.g., orthopedics, diabetology, oncology, rehab)
- Skilled Nursing beds to serve orthopedics, Senior Health, and Med/Surg

Alternative 3A is environmentally superior primarily because the number of licensed beds is reduced at the proposed Cathedral Hill Hospital and is increased at St. Luke's. It is also environmentally superior because it will provide substantial benefits to the public by distributing services more equitably and making more services available in underserved neighborhoods. However, these benefits can be obtained with a different distribution of services than proposed in Alternative 3A. If the DEIR concludes that relocating the Women's and Children's Center to St. Luke's may not meet the constrained and limited project objectives listed in the DEIR, then an alternative must be proposed that both reduces environmental impacts *and* meets project objectives, so that the examination of alternatives is not an empty exercise. One alternative may be to provide services at St. Luke's that are consistent with the recommendations of the Blue Ribbon Panel. (A broader list of project objectives may well demonstrate that Alternative 3A better meets those objectives than the proposed Long Range Plan.)

87-15
ALT3A

D. The DEIR Does Not Examine Physical Public Health Impacts Created by the Proposed Project.

The DEIR does not examine foreseeable public health impacts created by the proposed Long Range Plan, many of which Bernal and CHNA asked to have reviewed in their letter submitted in September 2009 in response to the Notice of Preparation:

87-16 HC

- Reduction in access to medical care from underserved neighborhoods near St. Luke's Hospital, including increased travel time to emergency and hospital rooms, caused by a reduction in licensed beds at St. Luke's from 229 to 80 and removal of all obstetric and skilled nursing services from the campus.
- Effects of overall reductions of licensed inpatient beds (from 1,273 to 854) on emergency services, including the ability to respond to epidemics or disasters such as earthquakes.
- Reasonably foreseeable need for construction of additional public health facilities caused by reductions in licensed skilled nursing beds (from 218 to 38), while demand for these services is increasing in the City. *San Francisco's Strategy for Excellence in Dementia Care*² found that San Francisco is "facing a crisis in dementia care," and estimated that, in the next 20 years, there will be a 49 percent increase in the number of people with Alzheimer's related dementia. Yet, the *Strategy* also found that there is now a shortage of skilled nursing

87-17 HC

87-18 HC

² Department of Aging and Adult Services, Alzheimer's/Dementia Expert Panel (December 2009).

facilities (SNFs), especially those with specialized Alzheimer's units that accept Medi-Cal, and no new SNF facility has been built in San Francisco in the last 25 years. Further, the new Laguna Honda, another SNF, will have fewer licensed beds than the existing facility. The loss of an additional 180 beds as proposed in the Long Range Plan creates a foreseeable need for the construction of additional skilled nursing facilities.

87-18 HC

- Reasonably foreseeable need for construction of additional public health facilities caused by reductions in inpatient psychiatric beds (from 40 to 18). The number of inpatient psychiatric beds in San Francisco has steadily declined, from 87 to 42 at San Francisco General, for example, and mentally ill persons are four times as likely to be housed in jails as in inpatient facilities.³ The loss of additional inpatient psychiatric beds creates a foreseeable need for the construction of additional facilities to serve this population.

87-19 HC

E. The DEIR's Analysis of the Consistency of CPMC's Plans With Existing Planning and Zoning Makes a Mockery Of CEQA by Finding That a Proposal to Amend the Plans Eliminates the Inconsistencies.

The proposed CPMC Long Range Plan is entirely inconsistent with current planning and zoning provisions applicable to the Cathedral Hill site, including the Van Ness Avenue Area Plan and the Planning Code. Among the significant inconsistencies are these (Table 2-3; pages 3-10 to 3-11; 3-15 to 3-16; 4.1-47 to 4.1-48):

- Proposed height more than double that permitted, 265 feet where 130 feet are permitted.
- 30% increase in permitted floor area ratio, from 7:1 to 9:1.
- Maximum permitted parking for Cathedral Hill Hospital increased from 96 spaces to 1,055 spaces.
- Bulk limits increased by a factor of 3, from 110 to 140 feet, to 265 to 405 feet.
- Exemption from requirement that residential uses be developed at a ratio of 35 sq. ft. of residential uses for each 15 sq. ft. of nonresidential uses.⁴
- Zoning code amendments allowing numerous additional exemptions.

87-20 LU

Yet, the DEIR concludes that the project would *not* conflict with any applicable plan or policy because, *if all of these changes are approved*, the project would then be consistent.

Such a finding makes a mockery of the requirement in CEQA Guidelines § 15125(d) that the EIR discuss any inconsistencies between the proposed project and applicable

³ "Mentally Ill Californians Most Likely Jailed, Not Hospitalized," Treatment Advocacy Center (June 2, 2010).

⁴ The DEIR does not even calculate the amount of housing that would be provided by a conforming project as opposed to the absence of any housing in the proposed Long Range Plan, so that the effects of this inconsistency cannot be examined

plans, since no inconsistency would ever be found where the project proposed to amend the applicable plans. Consistency with approved plans, like all environmental impacts is to be determined based on comparing the project with conditions existing *at the time the Notice of Preparation is issued*. (CEQA Guidelines § 15125(a), (d), and (e).) To meet the requirements of CEQA, the DEIR must acknowledge those inconsistencies and then examine the environmental effects of each inconsistency in the appropriate section of the DEIR. Inconsistency of the plan's height and bulk limits would be examined in the land use section; inconsistencies with parking limitations in the transportation section; reduced housing production in the population and housing section. By not providing this analysis, the DEIR fails completely to evaluate the environmental effects of the project's inconsistency with adopted plans.

87-20 LU

F. The DEIR's Analysis of Transportation Impacts Is Incomplete and Not Supported by Substantial Evidence.

1. Incomplete Peak Hour Analysis.

The DEIR analyzes traffic impacts only during the evening peak hour (5-6 pm), except at the proposed Cathedral Hill Hospital, where traffic impacts are also analyzed during the morning peak hour (8-9 am) (Page 4.5-15). Yet nothing in the DEIR identifies the daily pattern of traffic generated by hospitals and medical office buildings (MOBs) to determine whether higher levels of traffic generated by the hospitals and MOBs at other times may also have significant effects. The examined "peak" hours do not coincide with the pattern of hospital traffic, which peaks at shift changes (7 am, 3 pm, 11 pm; see page 4.5-73), or MOB traffic, which peaks at key appointment times (mid-morning and mid-afternoon). The effect of this differential pattern of peak traffic may be to extend periods of congestion, or, on some streets, to reduce traffic levels of service at periods other than those studied. The analysis of traffic impacts needs to extend to periods that coincide with the peak periods of the medical facilities and extends beyond the limited peak periods identified.

87-21 TR

2. Outdated Data.

The key surveys of employees, patients, and visitors were completed in 2001. Travel surveys and counts were completed in 2002 and 2003. (Page 4.5-72). Pedestrian and bicycle counts were taken in 2006. Numerous changes in street configurations, transit service, bicycle access, etc. have occurred since this outdated data was generated, and all need to be redone.

87-22 TR

3. Baseline for Analysis Inconsistent with CEQA.

Rather than determining traffic and transportation impacts based on existing conditions, the DEIR determined these impacts using an illusory "Modified Baseline" *projected* for 2015, 2020, and/or 2030. This "Modified Baseline" also assumed the implementation of the Cesar Chavez Street Streetscape Plan and the SF Muni Transit Effectiveness Project (pp. 4.5-61-67), despite evidence in the DEIR itself regarding Muni cuts to *existing* service, let alone Muni's ability to implement the Effectiveness Project (page 4.5-17).

87-23 TR

Section 15125(a) the CEQA Guidelines provides: "An EIR must include a description of the physical environmental conditions in the vicinity of the project, *as they exist at the time the notice of preparation is published*, . . . This environmental setting will normally constitute the baseline physical conditions by which a lead agency determines whether an impact is significant." As stated by the California Supreme Court, "a long line of Court of Appeal decisions holds. . . that the impacts of a proposed project are ordinarily to be compared to the actual environmental conditions existing at the time of CEQA analysis, rather than to allowable conditions defined by a plan or regulatory framework. . . . [T]he baseline for CEQA analysis must be the 'existing physical conditions in the affected area,' that is, the 'real conditions on the ground'. . . . An approach using hypothetical allowable conditions as the baseline results in 'illusory' comparisons that 'can only mislead the public as to the reality of the impacts and subvert full consideration of the actual environmental impacts,' a result at direct odds with CEQA's intent." *Communities for a Better Environment v. South Coast Air Quality Management Dist.* (2010) 48 Cal. 4th 310, 320-322 (citations omitted).

87-23 TR

By using *projected* rather than *existing* traffic as the baseline, the DEIR minimizes the actual impacts of the Long Range Plan. For instance, traffic generated by the Long Range Plan, if added to existing traffic, may cause intersection levels of service to deteriorate from D to E or F, a significant impact. But if both Long Range Plan traffic and projected 2015 traffic (which may or may not occur) are added to existing traffic, the effect of Long Range Plan traffic may be masked by projected traffic. Hence, the analysis provides only the "illusory" comparisons that the Supreme Court found unacceptable.

87-24 TR

Similarly, the DEIR cannot include proposals for *future* improvements in transit service or street design as part of the baseline. Only conditions *existing* when the Notice of Preparation was issued can be used to determine project impacts.

87-25 TR

4. No Effort to Identify Feasible Mitigation Measures.

The DEIR identifies numerous significant traffic and transportation effects yet makes no effort to identify feasible mitigation measures for these impacts. For instance, pages 4 4.5-93 to 4.5-116 identify 26 significant impacts yet identify only *one* mitigation measure, declaring the rest of the impacts to be "significant and unavoidable." There is no serious discussion of potential mitigation. Instead, the same language is repeated throughout: that physical modifications would require narrowing of sidewalks or demolition of buildings, which is infeasible; and that changes in signal timing would "likely" be infeasible. No analysis whatsoever of either of these mitigations is included in the DEIR, nor of any other typical measures to mitigate traffic impacts, such as changes in lane configurations, removal of on-street parking, etc. More importantly, the DEIR utterly fails to consider mitigations that would reduce trip generation—additional shuttles provided by CPMC, reduced parking, greater incentives for transit use, etc.

87-26 TR

The failure to identify any serious mitigation for traffic impacts carries over into the analysis of impacts on transit. Numerous significant and unavoidable transit impacts are related to the increased traffic congestion created by the Long Range Plan; yet, the

87-27 TR

87-28 TR

DEIR identifies no mitigation measures that could reduce traffic generation from the project.

87-28 TR

A fundamental purpose of an EIR is to identify how significant effects can be mitigated or avoided. (Public Resources Code § 21001.1(a).) The DEIR makes no effort to do this. "A gloomy forecast of environmental degradation is of little or no value without pragmatic, concrete means to minimize the impacts." *Environmental Council of Sacramento v. City of Sacramento* (2006) 142 Cal. App. 4th 1018, 1039.

87-29
INTRO

5. No Substantial Evidence to Support Conclusions Regarding Pedestrian Impacts.

The DEIR states that the proposed project would have no significant impacts on pedestrians or pedestrian safety, yet the evidence in the DEIR belies those conclusions. The DEIR reveals that:

- Virtually the entire street frontage along Franklin and Post Streets adjacent to the proposed Cathedral Hill Hospital will be used for loading docks, passenger drop-offs, ambulance bays, parking garage entrances, and shuttle drop-offs. A large drive-through extends from Geary Blvd. to Post St.
- The proposed Cathedral Hill MOB proposes to convert virtually its entire Van Ness frontage to a passenger drop-off, extending around the corner to Cedar Street.

87-30 TR

The DEIR's conclusion that these obvious conflicts between pedestrians and vehicles create no conflicts or safety hazards is unsupported by any analysis. It is also contrary to the numerous letters sent to the City regarding the number of seniors in the Cathedral Hill area and existing pedestrian hazards. CPMC proposes an underground pedestrian tunnel between its proposed MOB and the Cathedral Hill Hospital. Clearly CPMC itself recognizes that even crossing Van Ness Avenue poses a significant obstacle to pedestrians, made worse by the increasing congestion and traffic created by the proposed Hospital.

This absence of any substantial evidence to support conclusions regarding pedestrian safety and the pedestrian environment is repeated throughout in the analysis of pedestrian impacts at other facilities. For instance, at the Pacific Campus, although street frontage would be converted to a new shuttle stop, new driveway, and new parking garage entrance, the DEIR simply states that there will be no effects on pedestrians, without analysis.

87-31 TR

6. No Adequate Analysis or Mitigation of Loading Impacts.

At each proposed CPMC campus, there will be extensive loading and unloading activities on busy streets. At the proposed Cathedral Hill campus, during the peak loading period, up to 19 trucks will be loading and unloading at one time; at the Pacific campus, up to 9 trucks. However, these projections are based on implementation of a proposed master delivery plan designed to reduce the number of trucks that would otherwise enter the sites based on current use patterns. Such a plan has not been implemented by CPMC, and its success cannot be accurately predicted. A more

87-32 TR

conservative analysis should be provided indicating the impacts if delivery patterns mirror existing conditions at CPMC's existing campuses.

87-32 TR

Even assuming that these reductions in truck deliveries can be achieved, the analysis does not fully analyze all potential impacts. At the Cathedral Hill site, for instance, the DEIR indicates that trucks longer than 46 feet entering the loading dock from Franklin Street have the potential to significantly disrupt traffic, but provides no analysis of the impacts of smaller trucks, which undoubtedly will also slow down traffic considerably, especially during the peak demand when 19 trucks at one time will be loading and unloading. No analysis is provided of delays when trucks must wait for other trucks to enter or leave the facility. Mitigation Measure MM-TR-44 both creates new impacts and improperly defers mitigation. It requires only that CPMC submit a report on deliveries by large vehicles to the City, and neither provides a commitment to mitigation nor any performance standards that the mitigation must meet; nor does it provide alternative approaches to mitigation. Requiring that deliveries by large trucks occur between 10 pm to 5 am creates additional noise impacts, which are not analyzed in the DEIR.

87-33 TR

G. The DEIR Does Not Adequately Analyze Other Potentially Significant Impacts.

The DEIR either fails to analyze other significant impacts or concludes that impacts are insignificant when that conclusion is not supported by substantial evidence. Examples include the following.

87-34 PH

1. Population and Housing

The DEIR concludes that all housing and population impacts—those due to the removal of housing, those due to failure to comply with the 3:1 housing requirements of the Van Ness Specific Plan, and those due to increased employment—are mitigated by 17,000 vacant units and the availability of sites for 34,000 housing units. *Neither of these facts adequately mitigates the impact, because neither implies any commitment to actually providing housing.* Having sites available for housing construction does not guarantee that housing will be built, nor does it guarantee that the housing that will be built will be affordable to CPMC's employees or to those displaced by housing construction. There is no analysis of vacant units to determine if they are actually available for rent at all, or with rents that are affordable to the needs created by the project. CPMC has proposed no plan for replacing the rent-controlled housing that will be demolished if the Long Range Plan is implemented.

87-35 PH

87-36 PH

87-37 PH

2. Indirect Land Use Changes.

A large hospital, such as is proposed at Cathedral Hill, typically attracts numerous similar uses, such as additional medical and medical-related uses (as at "Pill Hill" in Oakland). Also, the increases in traffic, loading, noise, and disruptions to the pedestrian environment can all be expected to combine to make the area less desirable for pedestrians, residents, local-serving retail businesses, and nearby churches and schools. Community members have expressed concern about the viability of nearby St. Francis Medical Center. None of these potential land use changes induced by the Long Range Plan have been addressed in the DEIR.

87-38 PH

87-39 TR

87-40 HC

87-41 PH

3. Neighborhood Character.

The DEIR's conclusion that the Cathedral Hill Hospital would not be out of character with the neighborhood is not supported by substantial evidence. The discussion on page 4.1-57 considers only the number of stories of nearby buildings, not their *height*. Because *each* hospital story is much taller than stories in typical office buildings and high-rise residences, a 15-story hospital is much taller than a 15-story residence. Additionally, the discussion of scale does not include the substantial increases in bulk requested by CPMC. This discussion should include a map showing actual building *heights* (not the number of stories) in the surrounding area, as well as building bulk, to determine whether the Hospital is in character with the surrounding area.

87-42 LU

87-43 AE

Further, the DEIR does not analyze the project's inconsistency with the intended character of Van Ness Avenue as discussed in the Van Ness Avenue Area Plan. For example, the intent of the Plan was to have dense residential development over a podium of commercial uses (Policy 1.1) and to maximize the number of housing units (Policy 1.4); the proposed Long Range Plan includes no residential development and converts a large block to neither residential nor commercial development. The adopted height and bulk controls were intended to provide a "good proportion between [Van Ness Avenue] and that of its buildings," so that the street would be an interesting and pleasant place, to encourage definition of the 93-foot wide Avenue, and to create a coherent street wall along the Avenue through property line development at approximately the same height (Policies 5-3 and 5-4). However, the proposed Long Range Plan would double the building height limit and substantially increase the bulk limits adopted to meet these goals.

87-44 LU

87-45 LU

87-46 LU

87-47 LU

Objective 8 includes a variety of policies designed to turn Van Ness Avenue into a residential boulevard. The Cathedral Hill MOB, however, would utilize its entire Van Ness Avenue frontage for loading and unloading. The Cathedral Hill Hospital is at a scale and use that is not consistent with a residential boulevard. Finally, the Van Ness Area Plan requires that the east-west minor streets should provide safe and attractive pathways for pedestrian travel (Policy 9.11). Instead, the proposed Cathedral Hill Hospital would convert Post Street almost entirely to passenger and vehicle loading and unloading, while a large portion of Cedar Street would similarly be converted to passenger loading.

87-48 LU

87-49 LU

4. Stationary Noise Sources.

The analysis of noise generated by loading docks in Chapter 4.6 considers only loading docks at the proposed hospital facilities. Yet, the discussion of the need for loading docks on pages 4.5-80-83 reveals substantial use of loading docks at the MOB's and, in fact, a plan to use the loading docks at the Cathedral Hill MOB and the 1375 Sutter MOB 24 hours a day, with deliveries from CPMC's Burlingame facility purposefully scheduled *between 9:30 pm and 4:00 am* and numerous other deliveries scheduled before 7 am and after 7 pm. Trash pickup would occur between 4 am and 5 am. Vehicles longer than 55 feet would be prohibited from entering the hospital's loading dock and so would idle on the street and block traffic.

87-50 NO

Traffic impacts due to these policies and increases in night noise generation at sensitive receptors are nowhere discussed in Chapter 4.6.

87-51 NO

5. Impacts on Cultural Resources.

The DEIR does not analyze the impacts of the Cathedral Hill Hospital on the Unitarian Universalist Church, a locally significant historic resource, in particular, the effects of increased noise and traffic and reduced parking on the viability of the Church. The DEIR also has not analyzed impacts on Japantown, as referenced in the e-mail sent to the City on October 8, 2010 by the Japantown BNP Organizing Committee.

87-52 CP

87-53 PH

H. The DEIR Improperly Defers Mitigation of Numerous Impacts or Proposes Mitigation that Does Not Mitigate Project Impacts to a Level of Insignificance.

Mitigation measures must be fully enforceable or incorporated into a project (CEQA Guidelines section 15126.4(a)(2)). A DEIR can defer providing precise mitigation measures only when it: (1) commits itself to mitigation; (2) provides performance standards that the mitigation must meet; and (3) provides alternative approaches to mitigation (*Endangered Habitats League, Inc. v. County of Orange*, 131 Cal. App. 4th 777, 793-94 (2005)). Numerous mitigation measures in the DEIR do not meet these standards or rely on adopted plans that lack any commitment to implementation.

87-54
INTRO

We provide examples here.

1. Construction Noise.

The noisiest phase of construction includes site preparation, demolition, and excavation (page 4.6-41). During this period, CPMC proposes two shifts of construction, extending from 7 am to midnight on all work days, plus Saturday construction from 7 am to 5 pm (page 4.6-43). The DEIR accurately states that noise from construction would exceed the City's standard of 80 dB during the day at sensitive receptors, but provides no analysis of noise increases in the evening or on weekends. Mitigation Measure M-NO-N1a is proposed to mitigate this impact. Although, as discussed below, even the 80 dB standard is too high for sensitive receptors, the proposed mitigation measure *does not even require that noise levels be reduced to the City's 80 dB standard, or to the standard of 5 dB above ambient levels at night*. Reduction of construction noise is required only "where feasible." The "construction noise management plan" requires only that *nighttime* construction noise be evaluated, and even this plan for nighttime noise does not *require* that noise levels be reduced to 5 dB above ambient levels. An obvious mitigation measure—limiting construction exceeding noise standards to 7 am to 5 pm Monday through Friday—is not even examined. Unless the mitigation requires *actual* reduction of construction noise, rather than *attempts* to mitigate noise, the impact is not mitigated.

87-55 NO

2. Noise from Stationary Sources.

The City's standards for stationary sources require both that noise increases not exceed 8 dB (a standard we believe is too high; see below) and that interior spaces in sensitive receptors, such as nearby churches and residences, not exceed -specified standards. Yet,

87-56 NO

proposed Mitigation M- NO-N3a proposes only that noise generated by mechanical equipment be measured, not that noise within those sensitive receptors be verified. The impact is not mitigated to a level of insignificance unless it is sufficiently reduced in *all* sensitive receptors.

87-56 NO

Further, the DEIR reviews stationary noise sources at the proposed Cathedral Hill Hospital separately, rather than examining the cumulative noise environment from all sources. It fails to consider alternative mitigation measures to further reduce impacts, such as: building larger oxygen tanks so that deliveries may take place less frequently;⁵ restricting oxygen deliveries to Monday through Friday from 9 am to 5 pm; designing the loading dock with revolving turnarounds for trucks (as at the downtown Nordstrom's dock), eliminating beeping; constructing sound walls around the Aduromed equipment; relocating the loading dock to a less sensitive location. Given the size of the facility and peak hour loading demand of 19 delivery trucks at one time (Table 4.5-14), realistically the bay doors will be open most of the time, and mitigation measures should not assume that the bay doors will be closed.

87-57 NO

I. The DEIR Improperly Limits Its Consideration of Significant Impacts to City- Defined "Criteria of Significance," Thereby Failing to Consider Actual Impacts

The DEIR confines its evaluation of potential environmental impacts to City-defined "criteria of significance," which are often the same as the questions asked in Appendix G of the CEQA Guidelines. A threshold of significance, however, is not conclusive evidence of the level of impact (*Mejia v. City of Los Angeles*, 130 Cal. App. 4th 322, 342 (2005)); and Appendix G states specifically that the "sample questions *do not necessarily represent thresholds of significance*" (emphasis added). Nonetheless, the DEIR uses the Appendix G criteria and other City-defined criteria to limit its discussion of significant impacts. Examples follow.

87-58
INTRO

1. Construction Noise.

The City's adopted threshold of significance for daytime construction noise is 80 dB. Yet, for sensitive receptors such as churches and residences, noise levels above 65 dB are normally unacceptable. The 80 dB threshold does not recognize the significant increases in noise levels that would occur during construction, especially given that the noisiest phase of construction is intended to be done in two shifts, between 7 am and midnight, and on Saturdays between 7 am and 5 pm.

87-59 NO

2. Noise from Emergency Vehicles.

The DEIR (pages 4.6-70-71) states that ambulance sirens could generate up to 106 dB, but does not include any consideration of noise due to emergency sirens and horns in its calculations of traffic noise impacts because this noise is exempt from the noise provisions of the San Francisco Municipal Code (page 4.6-57 to 58). However, this exclusion does not mean that these noise sources have no physical impact! The analysis

87-60 NO

⁵ The proposed Oakland Kaiser facility anticipates oxygen deliveries only every 3 weeks due to use of larger tanks.

of traffic noise increases due to the Long Range Plan cannot accurately reflect future conditions unless it includes these significant sources of future noise.



87-60 NO

The DEIR should also indicate whether a helipad is proposed at any of the hospitals included in the Long Range Plan.

87-61 PD

3. Noise from Stationary Sources.

The DEIR assumes that a noise increase of 8 dB due to stationary equipment is acceptable and "insignificant" because that is the standard in the City's noise ordinance. However, Table 4.6-1 shows that an increase of 8 dB is somewhere between "clearly noticeable" and "twice as loud." For traffic noise, an increase of only 3 dB is sufficient to create a significant impact. From the viewpoint of an affected person, there is no justification for allowing greater increases in noise levels from mechanical equipment than from traffic, especially since the mechanical equipment and other stationary sources at the hospital will operate 24 hours per day.

87-62 NO

87-63 NO

4. Aesthetics.

The discussion of aesthetics considers only the loss of scenic vistas and not impacts on views from existing residences. As can be seen in Figure 4.2-2, the proposed Cathedral Hill Hospital would be substantially taller than existing nearby structures, more than double the height currently allowed, and would block views from existing nearby residences and other structures. CEQA requires that impacts to private views be reviewed as a potentially significant effect. (*See Ocean View Estates Homeowners Ass'n, Inc. v. Montecito Water Dist.* (2004) 116 Cal. App. 4th 396.)

87-64 AE

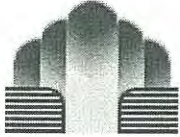
Conclusion

CEQA requires that EIRs be redrafted and recirculated when a DEIR is "so fundamentally and basically inadequate and conclusory in nature that meaningful public review and comments were precluded." The DEIR prepared for the CPMC Long Range Plan is fatally flawed. It rejects the environmentally superior alternative without substantial evidence, fails to analyze many impacts at all, defers mitigation, and fails to develop mitigation measures. It should be redrafted in conformance with CEQA and recirculated so that the public may have the opportunity to understand the environmental impacts of the CPMC Long Range Plan and be able to respond to the proposal as fully informed citizens.

87-65 INTRO

Sincerely,

Barbara E. Kautz



Devyani
Jain/CTYPLN/SFGOV
10/19/2010 05:11 PM

To Chelsea Fordham/CTYPLN/SFGOV@SFGOV
cc
bcc
Subject Fw: Comments on DEIR for CPMC LRDP



DEVYANI JAIN, *Senior Planner*
Major Environmental Analysis
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----- Forwarded by Devyani Jain/CTYPLN/SFGOV on 10/19/2010 05:11 PM -----



Sheila Mahoney
<sheilainsf@aol.com>
10/19/2010 04:20 PM

To Elizabeth.Watty@sfgov.org, Devyani.Jain@sfgov.org,
Bill.Wycko@sfgov.org
cc
Subject Comments on DEIR for CPMC LRDP

Please consider and enter the attached letter into public comments for the DEIR.

Thank you.

Sheila Mahoney
and James B. Frame
25 Duncan Street



SF 94110 CPMC DEIR from Mahoney and Frame.doc

Sheila Mahoney
James B. Frame
25 Duncan Street
San Francisco, CA 94110

October 19, 2010

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

Re: Comments from Two “Sensitive Receptors”
On the DEIR for the St. Luke’s Hospital Portion
Of the CPMC Long-Range Development Plan

Dear Mr. Wycko:

We own and live in our home just across the street from St. Luke’s Monteagle Building and parking garage. The DEIR so-called analysis of the impacts on Duncan Street is entirely inadequate. It even identifies our unit block as a “sensitive receptor,” but mislabels it as “1600-1700 Duncan” (see Tables 4.6-24 and 4.6-35). The various analyses mainly focus on the two busy (freeway-like) junctions of Cesar Chavez with Guerrero and Valencia – not our quiet residential block of Duncan.

88-1 NO

Frankly I’m not surprised, because from the convening of the Blue Ribbon Panel until recently (with the release of the DEIR), the adjoining neighbors have been ignored.

Because we are seniors, who probably won’t live to see the completion of the LRDP, our comments focus on the construction period impacts on our street: noise, vibration and air pollution.

88-2 NO

Housing Stock and Population

The eleven buildings on our block are mostly owner occupied. The houses date back 100 years, so our old foundations and leaky windows will have significant ground vibration damage issues. Ours was an ideal SF neighborhood with very little turnover--affordable for the middle-class, racially and ethnically diverse. Seniors, who won’t be able to escape the noise and the pollution, live in a quarter of the buildings. There is an infant living next door to us.

Construction Truck Route

At a recent neighborhood meeting a CPMC representative informed us that they hoped to underground their utilities on Duncan (excavating to a depth of 23') and that Duncan would be the route for all the construction trucks, which they estimated at 70 a day. Even excluding Alternative 3A, which would place more years of intensive construction literally on our doorstep, the impacts of the proposed—but not mentioned—construction circulation pattern will be significant and should have been studied from a Duncan Street perspective.

88-3 TR

Health Concerns

The secondary impacts on physical and mental health caused by the noise and air pollution also need to be better addressed and mitigated, considering the population affected.

88-4 NO

For example, Impact AQ-10 regarding short-term increases in emissions of diesel particulate matter (page 4.7-65) which is rated as significant and unavoidable with mitigation is paramount to this household of seniors, since one of us is asthmatic.

88-5 AQ

Urban Decay

This potential effect (p. 5-17) of the St. Luke's plan should not have been so cavalierly dismissed. Our neighbors have worked hard to improve our streets and linked up to create a neighborhood identity. This project will serve to segregate us again into a couple of isolated small streets.

88-6 LU

Recently renters on Duncan, San Jose, 27th and Guerrero have been moving out solely because they don't want to live in the middle of a construction zone. Owners aren't so lucky. We're stuck with homes that have become worthless and will remain so until CPMC's plans have been approved and executed, 20-some years from now. Personally Sheila has kept working so that we could pay for a lot of expensive deferred maintenance (like a new roof and paint job, stair repairs and utility porch replacement), before retiring. However, it doesn't make much sense putting good retirement money into a losing proposition. I know we are not alone in these considerations.

88-7 PH

In summation

Obviously, as an adjoining neighbor our preference would be for Alternative 1B, making St. Luke's a new non-acute care, outpatient facility. We think this is what's needed by the city and would be most financially beneficial to CPMC. However, it's long been obvious we're pawns in a political game.

88-8
ALT3A

Sheila Mahoney
James B. Frame

page 3

Looked at dispassionately, we don't think Alternative 3A, no matter how much the St. Luke's employees and the Cathedral Hill constituency like it, makes much sense. Segregating these specialized services from the proposed hospital on Van Ness Avenue would only make the California Campus clientele more likely to switch to UCSF's proposed Women's and Children's Hospital in Mission Bay.

88-9 ALT3A

This DEIR needs a lot more work! If this is the plan, our neighborhood should not be destroyed. There needs to be a much more inclusive analysis of all the impacts on the adjoining residential streets. Too often the DEIR says that impacts are substantial and unavoidable even with mitigation, but that it doesn't matter because they are "short-term." The cumulative effect of the 20+ years of construction proposed for our neighborhood is not "short-term."

88-10
INTRO

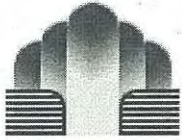
88-11 TR

Practically speaking, we feel the best path for the city in this depressed economic climate is to do it right by undertaking the proposed city-wide health-needs study now and make it apply to CPMC. To do otherwise is squandering a great opportunity.

88-12 HC

Very truly yours,

Sheila Mahoney
James B. Frame



Devyani
Jain/CTYPLN/SFGOV
10/19/2010 03:11 PM

To Chelsea Fordham/CTYPLN/SFGOV@SFGOV
cc
bcc
Subject Fw: CPMC Comments



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----- Forwarded by Devyani Jain/CTYPLN/SFGOV on 10/19/2010 03:11 PM -----



Sue Hestor
<hestor@earthlink.net>
10/19/2010 02:58 PM

To devyani.jain@sfgov.org
cc
Subject CPMC Comments



CPMC DEIR comments.doc

SUE C. HESTOR

Attorney at Law

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October 19, 2010

Devyani Jain
Planning Department
1650 Mission Street 4th fl
San Francisco CA 94103

2005.0555E - California Pacific Medical Center Long Range Development Plan DEIR

Dear Ms. Jain:

I am submitting these comments on the DEIR my own behalf.

Cathedral Hill Transportation Impacts

CPMC proposes to dramatically transform the intersection of two major arterials, one of them US Rte 101 and two major transit streets. Van Ness and Geary. The transportation analysis for Cathedral Hill is replete with Impact analyses that conclude as it does for **Impact TR-1** (significant impact at the intersection of Van Ness/Market - "no feasible measures are available for Impact TR-1.)

89-1 TR

Another "reply" is as for **Impact TR-29** (increase congestion and ridership along Van Ness Avenue, which would increase travel times and impact operations of the 49-Van Ness-Mission bus route) for which the response is "financially compensating the SFMTA for the cost of providing the service needed to accommodate the project at proposed levels of service. The financial contribution shall be calculated and applied in a manner that is consistent with the SFMTA cost/scheduling model. The amount and schedule for payment and commitment to application of service needs shall be set forth in a Transit Mitigation Agreement between CPMC and SFMTA." Similar language is used for the impacts on other streets with busses.

89-2 TR

There needs to be a much STRONGER analysis and requirement.

CPMC has decided ON ITS OWN to pick up and leave or reduce certain services that are currently provided in other neighborhoods and MOVE THEM TO ONE OF THE MOST CONGESTED and CRITICAL TRANSIT INTERSECTIONS IN THE CITY. The starting point for any CITY analysis of that decision must be resolution of serious problems that converge at this area.

89-3 TR

The City has had on its books for MANY years planned resolution of Van Ness Avenue congestion/delays by construction of the Van Ness Bus Rapid Transit. This route extends to **Van Ness and Market** (the intersection with "no feasible measures") and beyond to Mission Street.

89-4 TR

Similarly, Muni has problems on Geary Street/Boulevard for which the City knows that an important solution is construction of the Geary Street BRT.

Once CPMC made a PRIVATE decision to impose its PRIVATE facilities in the middle of these public transportation problems, it became responsible and should be required by the City to make sure that the SOLUTIONS ARE IMPLEMENTED. They are planning to change the circulation pattern around the west and east blocks on the north side of Van Ness and Geary. The project will not only affect busses running on Van Ness and Geary, but those on Post and Polk in the immediate area, and other lines that connect to Geary and Van Ness several blocks away.

89-4 TR

CPMC is not only planning to rip up those two blocks, they also want to tunnel under Van Ness.

89-5 PD

This EIR, as part of its analysis, must do the analysis for tying mandatory construction of the Van Ness BRT and the Geary BRT (at least as far west as Divisadero so that Geary busses can connect with north-south lines that connect to other campuses) to the massive work CPMC contemplates for their own benefits.

89-6 TR

The EIR - as insufficient as it may be - shows substantial impacts on transportation and transit. Shifting patients, visitors and staff around means that CPMC must take ENORMOUS steps to really encourage transit usage. Which best occurs when transit is accessible, reliable and fast. CPMC must make that happen, again because they have chosen to "blow out" the Geary and Van Ness intersection.

89-7 TR

The CPMC development project must be TIED TO and significantly FUND construction of the Van Ness and Geary BRT lines which shall be open at the same time CPMC opens on Cathedral Hill. Coordinating construction so that it occurs in the shortest amount of time possible will reduce construction impacts on nearby residents and businesses, on MUNI and other transit lines, and on traffic. [The EIR should discuss the impacts of serial construction of CPMC, then BRT(s) later.]

89-8 TR

89-9 TR

THIS SIMULTANEOUS or COORDINATED CONSTRUCTION of the BRT lines and CPMC BUILDINGS SHOULD BE A GOAL OF THE PROJECT AND REQUIREMENT ANALYZED IN THE EIR.

89-10 TR

Medical Services when Earthquake

The claimed project objective is to provide seismically safe hospital facilities that will remain operational in the event of a major disaster - to serve CPMC's patients and play an important role in San Francisco's disaster response and preparedness system.

89-11 PD

The EIR is clearly aimed at serving CPMC in facilities which serve CPMC's patient base. Please explain how the income level and residence location of that "patient base" matches that of the San Francisco population.

89-12 HC

The analysis of how the CITY is served is substantially lacking in regard to a major disaster, which in San Francisco means an earthquake. The distribution of health facilities - particularly the original plan which closed St Luke's, and currently includes closure of Children's/California campus - shifts hospital services to a smaller area in the eastern part of the City.

89-13 HC

Please provide two maps. One showing the location of hospitals and other medical facilities which will be available in an earthquake (Laguna Honda may be such) AFTER the CPMC is implemented. It will show the new UCSF hospital in Mission Bay as well. Then please provide one as a benchmark from whenever CPMC acquired its first facility in San Francisco (under whatever name CPMC functioned at the time of that acquisition.) The map will show the virtual abandonment of the western part of San Francisco. There is still a VA hospital, but the US Public Health hospital has closed. Please explain the TERRAIN problems and difficulties of circulation after an earthquake. To the extent the CPMC helps bleed available emergency and medical facilities to the east - so that it more convenient for physicians - the ability of the City to function after a disaster may be impaired.

89-13
OTH

This project is being sold as enabling BUILDINGS to survive an earthquake. Please discuss the City's ability to provide medical services throughout the City abstracted from THESE buildings. The reason St Luke's is so important - AND MUST BE STRENGTHENED BEYOND EVEN ALT 3A - is that it is located where it is ACCESSIBLE to a lot more people, in particular those in the southeast and southern parts of San Francisco who may be able to get to Mission and Cesar Chavez but would have physical impediments getting to other locations. Medical SERVICES, not just hospital buildings, are important in a major disaster.

89-14
HC

What is a "rational" system to CPMC, may not be a "rational" system to the broader public interest.

89-15a
HC

Please explain the amount of property taxes anticipated to be paid by the entirety of CPMC facilities in San Francisco. Which aspects of CPMC are for profit and which are non-profit?

89-15b
HC

Respectfully submitted,

Sue C. Hestor



Devyani
Jain/CTYPLN/SFGOV
10/20/2010 10:15 AM

To Chelsea Fordham/CTYPLN/SFGOV@SFGOV
cc
bcc
Subject Fw: CNA Comments on CPMC DEIR: Email 1



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----- Forwarded by Devyani Jain/CTYPLN/SFGOV on 10/20/2010 10:15 AM -----



Gloria D Smith
<gloria@gsmithlaw.com>

10/19/2010 09:39 PM

Please respond to
gloria@gsmithlaw.com

To bill wycko <bill.wycko@sfgov.org>, Devyani Jain
<Devyani.Jain@sfgov.org>
cc ngreen@calnurses.org
Subject CNA Comments on CPMC DEIR: Email 1

Please find attached comments from the California Nurses Association on the CPMC DEIR. Additional emails containing you have any questions, please do not hesitate to contact me.

The Law Offices of Gloria D. Smith



Please consider the environment before printing this e-mail.

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GDS CPMC DEIR comments.pdf

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October 19, 2010

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

Re: Preliminary Comments on the Draft Environmental Impact Report for the CPMC Long Range Development Plan

Dear Review Officer:

On behalf of the California Nurses Association/National Nurses United (“CNA”), this letter provides **preliminary** comments on the draft environmental impact report (“DEIR”) for the CPMC Long Range Development Plan (“Project”). These comments are preliminary because the applicant, California Pacific Medical Center, and the City’s Planning Department have failed to provide CNA with foundational data and information the City relied upon to draft its analyses and to support its conclusions in the DEIR. Requests for DEIR background data and studies were either greatly delayed by unnecessary back and forth or were denied altogether. As a result, CNA was unable to ascertain exactly what it is the City is proposing to do; it was in many instances impossible to verify many of the DEIR’s technical analyses, assumptions and conclusions. If and when we obtain the withheld data, we will supplement these comments accordingly.

90-1 AQ

I. INTRODUCTION

CNA has been actively involved in every aspect of CPMC’s long range planning efforts. Most recently, CNA spoke at the Planning Department’s June 9, 2009, scoping meeting and submitted written comments on June 26, 2010. CNA’s scoping comments pointed out the need for the City to properly address, among other things, project alternatives, cumulative impacts, traffic congestion and the need for the City to not present the public with an overly complicated EIR given its wish to combine both project-specific and programmatic issues into one CEQA document. Unfortunately, as explained below, the City’s DEIR did not reflect the myriad of substantive comments from numerous members of the public submitted after the Notice of Preparation for the DEIR. Nor did the DEIR comply with the requirements of the California Environmental Quality Act (“CEQA”).¹ Accordingly, the City may not approve the Project or grant any permits for it until it revises the EIR in a manner that makes it understandable to the reader and addresses all of the Project’s environmental impacts. The City must recirculate a revised EIR for public review and comment.

90-2
INTRO

90-3
INTRO

¹ Public Resources Code §§ 21000 *et seq.*

CNA is one of California's oldest nonprofit social welfare institutions. Founded in 1903, today CNA represents over 80,000 members throughout the country. CNA has represented its members on nursing and public health issues before municipal, county, and state bodies for over 100 years. CNA members provide professional care for patients in medical facilities in San Francisco and throughout the Bay Area. CNA's comments are made in its representative capacity of CNA members and their families who currently reside in San Francisco County, on behalf of its members and their families throughout California, and on behalf of health care consumers generally who are directly affected in their health and general welfare by the availability of, access to, and quality and safety of health care services.

In addition, like the public at large, CNA members are concerned about sane and sustainable land use and development in San Francisco. CNA members live in the communities that suffer the impacts of environmentally detrimental and poorly planned projects. Ill-conceived development, in turn, may jeopardize human health and safety. This is particularly true here because numerous CNA members work in or live near Project facilities and will be negatively impacted by, among other things, increased traffic, poor air quality, undisclosed and unmitigated ground water and soil contamination, and impacts on affordable housing. Finally, CNA members are harmed by the fact that the City failed to comprehensively address the Project's effects on various communities' access to safe and affordable medical care. CNA therefore has a strong interest in enforcing environmental laws such as CEQA to protect its members.

90-4 OTH

We have prepared these comments with the assistance of four technical experts: Dr. Petra Pless, Ms. Terrell Watt, Mr. Tom Brohard, P.E. and Mr. Matt Hagemann, P.E. The comments of each of these experts along with their *curriculum vitae* are attached herein. Please note that this letter merely discusses only a small portion of each expert's comments; therefore, each expert's letter should be addressed and responded to separately.

II. PROJECT DESCRIPTION

The DEIR is both a project-specific and 20-year, long range development plan that encompasses CPMC's multi-phased plan to meet state seismic safety requirements. In addition to changes at its four existing medical facilities, the DEIR proposes a new hospital complex, the Cathedral Hill Campus. The four existing CPMC medical campuses are the Pacific Campus in the Pacific Heights area, the California Campus in the Presidio Heights area, the Davies Campus in the Duboce Triangle area, and the St. Luke's Campus in the Mission District.

90-5 PD

A. Cathedral Hill Campus

At this site, the existing Cathedral Hill Hotel and 1255 Post Street Buildings would be demolished and CPMC would design, construct, and operate the proposed Cathedral Hill Campus. This campus would include a newly constructed 15-story, 555-bed hospital at the northwest corner of the intersection of Van Ness Avenue and Geary Boulevard and a medical office building ("MOB") at the northeast corner of the intersection of Van Ness Avenue and Geary Street, across Van Ness Avenue from the proposed Cathedral Hill Hospital site. A pedestrian tunnel beneath Van Ness Avenue would connect the hospital and MOB. An existing MOB at the intersection of Sutter and Franklin Streets, currently partially used as an MOB, would be fully converted for use as an MOB.

90-6 PD

B. Pacific Campus

At this campus, CPMC would convert an existing hospital into a new ambulatory care center, including a new building, additional underground parking, renovation of other existing buildings and demolition of four existing buildings. The existing acute-care services and Women's and Children's Center would be relocated to the proposed Cathedral Hill Hospital.

90-7 PD

C. Davies Campus

New development would include the construction of a new Neuroscience Institute building, a new MOB, and related parking improvements.

90-8 PD

D. St. Luke's Campus

Development would include demolition of the existing St. Luke's Hospital tower, Redwood Administration Building, and magnetic resonance imaging trailer; construction of the new 80-bed, acute-care St. Luke's Replacement Hospital; and construction of the proposed MOB/Expansion Building and associated underground parking.

90-9 PD

E. California Campus

The existing acute-care services and Women's and Children's Center would be relocated to the proposed Cathedral Hill Hospital. CPMC would sell the California Campus by 2020, after relocating that campus's inpatient services (*i.e.*, care of all patients staying longer than 24 hours) to the proposed Cathedral Hill Hospital and its other services to the Pacific Campus. Some existing on-site medical activities would continue at the California Campus in a relatively small amount of space that CPMC would lease back from the new property owner indefinitely.

90-10 PD

The DEIR/LRDP would be implemented in two phases: the *near-term* phase (Cathedral Hill Campus and St. Luke's Campus projects and Neuroscience Institute at Davies Campus) and the *long-term* phase, *i.e.*, projects that would commence significantly after 2015 or are contingent upon the completion of near-term projects (including projects the Pacific Campus and California Campus and Castro Street/14th Street MOB at Davies Campus).

90-11 PD

III. THE DEIR DID NOT COMPLY WITH CEQA

A. The DEIR Is So Poorly Organized and Poorly Written It Precludes Informed Decision Making

CEQA requires agencies to inform the public and responsible officials of the environmental consequences of their decisions *before* they are made, thereby protecting the environment and informed self-government.² A well-prepared and fully documented EIR is the “heart” of this requirement.³ The following are examples of how DEIR failed to satisfy these purposes:

- The DEIR is so poorly written and so poorly organized that it is largely comprehensible to even the most seasoned CEQA practitioners.
- The DEIR created confusing and unconventional terms to describe the significance of a particular environmental impact. In nearly 15 years of reviewing CEQA documents, our office has never seen, for instance, an EIR describe an environmental impact as “potentially significant and unavoidable.” This term is oxymoronic. Environmental impacts can only be deemed significant and unavoidable at the end of the process *after* the lead agency has imposed all feasible alternatives and/or measures to mitigate significant impacts.
- The City did not need to invent nine different ways to distinguish between significant and insignificant impacts. These terms served no other purpose than to confuse readers.
- The DEIR employed far too many acronyms for any reviewer to keep track of. There is no reason why the preparers could not take the time to spell out infrequently used terms.
- The DEIR’s structural and organizational flaws render the document nearly incomprehensible. For example, the DEIR’s Transportation and Circulation chapter is organized by topic such as roadway network, intersection operations, transit operations, bicycle facilities, parking, impact evaluations, and mitigation measures. Discussions of each campus are presented one after the other under the individual topic rather than continuously as a complete discussion of each campus. Such organization makes it extremely difficult and unnecessarily complex to follow the analysis of the individual projects proposed for each of the five campuses. This technique demonstrates nothing more than lazy drafting.
- The EIR omitted credible analysis and substantial evidence for its conclusions regarding the significance of Project impacts. Instead, conclusions are based on bare and unverifiable assertions.
- The DEIR omitted a mitigation monitoring and reporting plan (“MMRP”). Instead, mitigations measures lack specificity, performance objectives, enforceability and timelines for implementation.

90-12 INTRO

90-13 TR

90-14 OTH

90-15 OTH

² CEQA Guidelines § 15002(a)(1); *Berkeley Keep Jets Over the Bay Com. v. Board of Port Comrs.* (2001) 91 Cal.App.4th 1344, 1354.

³ *No Oil, Inc. v. City of Los Angeles* (1974) 13 Cal.3d 68, 84.

Given the intense public interest surrounding this project from all quarters of the City, as evidenced by the large turnouts at both the scoping and Planning Commission hearings, it is unconscionable for the City to issue a CEQA document that no one can understand.

90-16 OTH

Indeed, while the Project is large, and will affect numerous San Francisco communities, it is not a particularly complicated project *per se*. Had the City taken the time to prepare a decently organized CEQA document, it would not have precluded an untold number of interested residents from even understanding what it is CPMC is proposing to do. Shamefully, the City's substandard work has done just that. However, if, on the other hand, the City did view the Project as so complicated that it was unable to issue an EIR that anyone could comprehend, then the Project itself is too large and complicated to be considered under a single CEQA document and the Project requires several smaller actions. Either way, the City's EIR has made a mockery of informed decision making and must be withdrawn and properly revised.

Substantively, as best as we can discern given the DEIR's impenetrable nature, the document did not comply with CEQA because it:

- Failed to accurately describe the Project and its environmental setting;
- Failed to disclose all potentially significant environmental impacts;
- Employed misleading and illegal baselines;
- Deferred mitigation;
- Failed to identify effective and enforceable mitigation for each significant impact; and,
- Recommended that the City override some 100 significant Project impacts absent any attempt to mitigate these impacts.

90-17
INTRO

Based on the above deficiencies, the City failed, as a matter of law, to inform the public and decision makers about the Project's significant impacts on air quality, traffic and transit, land use, the loss of access to affordable health care, and soil and ground water contamination at the Project's various sites.

In addition, the DEIR identified a number of significant and unavoidable environmental impacts associated with the construction and operation of the Project. The City may adopt a statement of overriding considerations only *after* it has imposed all feasible mitigation and analyzed all feasible alternatives to reduce the Project's impact to less than significant levels.⁴ CEQA prohibits the City from approving the Project with significant environmental impacts when feasible mitigation measures or alternatives can substantially lessen or avoid its impacts.⁵

90-18 OTH

Finally, if a mitigation measure or alternative would itself cause one or more significant effects in addition to those that would be caused by the Project as proposed, the effects of the mitigation measure must be analyzed.⁶

⁴ CEQA Guidelines §§ 15126.4, 15091.

⁵ CEQA § 21002.

⁶ CEQA Guidelines, at § 15126.4(a)(1)(D).

A. THE EIR FAILS TO INCLUDE ALL THE RELEVANT DATA IN A SINGLE REPORT

An EIR must be “a compilation of all relevant data into a single formal report which would facilitate both public input and the decision making process.”⁷ The City failed to provide the public with the DEIR’s appendices and supporting documentation despite this data being an integral and inseparable component of the EIR itself. In our experience, DEIR appendices are physically attached to the DEIR and include traffic counts, air quality data and other supporting studies and information on which the preparers relied in their analyses and conclusions. Here, the City separated the supporting documentation from the DEIR and would only provide this information in compact disc (“CD”) format after a member of the public pre-paid \$10.00 per CD. Creating extra red tape and charging the public for information it is freely entitled to violates CEQA.

90-19 OTH

B. THE EIR DID NOT ADEQUATELY DESCRIBE THE PROJECT

An accurate, stable and finite project description is the *sine qua non* of an informative and legally adequate EIR.⁸ Without it, CEQA’s objective of fostering public disclosure and informed environmental decision-making is stymied. Only through an accurate view of the Project may affected outsiders and public decision-makers balance the proposal’s benefit against its environmental cost, consider mitigation measures, assess the advantage of terminating the proposal and weigh other alternatives in the balance. “An accurate, stable, and finite Project Description is the *sine qua non* of an informative and legally sufficient EIR.”⁹ The adequacy of an EIR’s project description is closely linked to the adequacy of the EIR’s analysis of the project’s environmental effects. “If the description is inadequate because it failed to discuss the complete project, the environmental analysis will probably reflect the same mistake.”¹⁰

90-20 PD

More specifically, an EIR must include a description of the physical environmental conditions in the vicinity of the Project.¹¹ Conversely, an EIR violates CEQA if the description of the Project’s environmental setting, including the surrounding area, is inaccurate, incomplete or misleading.¹² The DEIR omitted an overall description of the Project’s environmental setting within San Francisco and the relevant Bay Area communities. The DEIR was required to describe the Project in regional terms for all of the relevant resource areas such as land use, air quality, traffic and transit, access to safe and affordable health care and public services, to name a few. Instead, the DEIR narrowly discussed the environmental setting, regulatory framework, cumulative conditions, significance criteria, and impact evaluations for each impact evaluation. This approach denied the reader of an understanding of the entire Project’s overall impacts on the City and surrounding communities outside San Francisco.

⁷ *Russian Hill Improvement Association v. Board of Permit Appeals* (1975) 44 Cal.App.3d 158, 168.)

⁸ *County of Inyo v. City of Los Angeles* (1977) 71 Cal.App.3d 185, 192.

⁹ *Id.*

¹⁰ Kostka and Zischke, “Practice Under the California Environmental Quality Act.”

¹¹ CEQA Guidelines § 15125

¹² *Bakersfield Citizens for Local Control v. City of Bakersfield* (2004) 124 Cal.App.4th 1184.

Then, within the DEIR's narrow impact evaluations, it first provided a summary of the level of significance for each campus including mitigation, if required, and then discussed impacts associated with construction and operation of the Project components and their mitigation measures separately for *Near-Term Projects* at the Cathedral Hill, Davies, and St. Luke's Campuses and *Long-Term Projects* at the Pacific and Davies Campuses.¹³ In some sections project-specific individual and cumulative impacts were discussed in separate sections (e.g., land use), in other instances they are discussed in the same paragraph (e.g., air quality). In short, the DEIR contains an impermissibly narrow description of the Project's environmental setting depriving readers of the Project's regional impacts.

90-21 OTH

1. The DEIR Omitted a Description of Changes in Access to Health Care in San Francisco and the Bay Area

Most troublesome is the DEIR's complete silence on a description of CMPC's current regionalization process that permeates all aspects of access to healthcare in San Francisco and the Bay Area at large. CPMC is affiliated with Sutter Health. Sutter is going through a process of "regionalization," in which its twenty-six affiliate hospitals are collapsed into five regional structures. As a result, the corporate entity of CPMC has ceased to exist, while all CPMC operations, finance, and governance have dissolved into Sutter West Bay, which encompasses all of San Francisco.

Sutter's regionalization entails large-scale closures of services and increased transfer of patients between cities in the Bay Area. CNA has now been involved in CEQA review regarding Sutter's construction plans in Castro Valley, Oakland, Santa Rosa, San Mateo County, and San Francisco. In each instance, Sutter presents the respective plan in a vacuum, isolated from the simultaneous rebuilds the next town over.¹⁴

90-22 HC

Sutter has drastically reduced the number of licensed hospital beds both at CMPC campuses and regionally. Specifically, if all of Sutter's plans in the Bay Area were approved, would entail eliminating 881 licensed hospital beds in the Bay Area between the CPMC campuses, Alta Bates Summit Medical Center in Berkeley and Oakland (Herrick Campus and Summit Campus), San Leandro Medical Campus (complete closure proposed), Eden Medical Center in Castro Valley, Sutter Medical Center of Santa Rosa, and Mills-Peninsula Health Services ("Mills Peninsula") in Burlingame and San Mateo.

The planned consolidation of by Sutter across the Bay Area assumes increased transfer of patients between cities. For example, earlier this spring a stroke patient in Novato was transferred to CPMC in San Francisco rather than to the nearest stroke center in Greenbrae in Marin County. Traffic burdens (and associated air quality and greenhouse gas emissions) caused by additional patient transports to and from San Francisco as a result of regionalization are not addressed in the DEIR. This information must be included a revised EIR that fully and accurately depicts the regional setting for health care.

¹³ Draft EIR at pages 4-1 – 4-3.

¹⁴ See attached Letter from Michael Lighty, CNA Director of Public Policy, (Oct. 19, 2010.)

2. Additional Omissions from the DEIR's Project Description

Below are examples of omitted environmental setting information from a land use perspective that must be included in a revised EIR are:

- A detailed description of the distribution of existing health care services in San Francisco and the surrounding Bay Area communities including the overall availability of general and specialized services, facilities locations and size, emergency room admissions and ambulance trips, personnel, charity care and trauma, among other factors. 90-23 HC
- A complete description of both the local and regional health care service setting must provide information on any gaps or leakage of San Francisco's health care needs, accessibility of services, and other basic background information to provide "baseline conditions" for analyzing Project impacts.¹⁵ 90-24 HC
- Projected health care services needs based on changing demographics and geographical distribution (*e.g.*, aging population, and projected growth in the City's southeastern quadrant). 90-25 HC
- Information on the housing in the areas surrounding all five campuses. 90-26 PH
- Information concerning cumulative projects including potential cumulative development of other health care services projects in the City and adjacent Bay Area communities. 90-27 HC
- Information on existing jobs-housing balance and jobs-housing fit in San Francisco and adjacent Bay Area communities. 90-28 PH

C. The DEIR Failed To Fully Analyze Alternatives

The DEIR failed to adequately describe a full and reasonable range of Project alternatives. CEQA requires that an EIR "describe a range of reasonable alternatives to the project ... which would feasibly attain most of the basic objectives of the project but would avoid or substantially lessen any of the significant effects of the project, and evaluate the comparative merits of the alternatives."¹⁶ Here, the DEIR failed to consider feasible alternatives to the 555-bed hospital complex at the Cathedral Hill site. While the DEIR was not required to analyze an inordinate number of alternatives, it was required to consider a reasonable number with enough specificity so that the public and decision makers could fully evaluate Project options. 90-29 ALT

The Project's centerpiece is the proposed 555-bed Cathedral Hill campus from which all other Project components derive. The presumed inevitability of the Cathedral Hill campus permeates the entire EIR and resulted in a cursory and deficient alternatives analysis, especially with respect to larger, viable St. Luke's campus. 90-30 PD

¹⁵ Without this information, very basic impact analyses cannot be performed (*e.g.*, how far will patients travel for care? What are the transportation and air quality impacts of those travel patterns?).

¹⁶ CEQA Guidelines § 15126.6(a); *Citizens of Goleta Valley v. Board of Supervisors* (1990) 52 Cal.3d 553; *Laurel Heights Improvement Association v. Regents of the University of California* (1988) 47 Cal.3d 376.

The DEIR's alternatives section enumerates CPMC's "core medical" objects for the project,¹⁷ among those are:

- Consolidating CPMC's campuses by consolidating specialized services and Women's and Children's services into one centralized acute-care hospital;
- Distributing inpatient capacity among campuses which includes "an optimal number" of smaller, community based hospitals, ambulatory care facilities, and medical offices;
- Ensuring that consolidation minimizes redundancies in terms of staffing, equipment, support spaces, central processing and other facilities to avoid inefficiency and unnecessary costs;
- Rebuilding St. Luke's into a community hospital that provides medical/surgical care, critical care, emergency care and gynecologic and low-intervention obstetric care;
- Maintaining CPMC's prominent role in San Francisco and the greater Bay Area in terms of research and medical education; and,
- Enhancing CPMC's role as a provider of medical and administrative jobs.

90-30 PD

In a nutshell, the DEIR's preferred alternative seeks to largely consolidate CPMC services into one 555-bed mega-hospital and MOB, on one tiny parcel, in one of the most diverse and gridlock-plagued sections of the City, Geary Street at Van Ness/Highway 101. The DEIR failed to justify the geographic inequity the preferred alternative would create in the City. At Project completion, patients in the City's southeast quadrant will still have to travel to other sections of the City for most specialized care; whereas, residents and local small businesses close to Cathedral Hill will be burdened by a medical facility too large for the site to adequately support in terms of land use, traffic and transit.

90-31 ALT

90-32 HC

In terms of reducing traffic congestion and to better serve the community, CPMC should spread the proposed development to several other campuses including to the St. Luke's Campus rather than concentrating services at the Cathedral Hill Campus. Access to and from St. Luke's Campus is closer to Highway 101 for vehicles and to major transit facilities such as the 24th Street BART Station for transit patrons. Moreover, the St. Luke's Campus is the most accessible CPMC facility for those Sutter patients traveling from San Mateo and Santa Clara counties. From a transportation perspective, a Project alternative that distributes patients and services equally across the City should be evaluated in a revised EIR.

90-33
ALT3A

The DEIR concluded that alternative 3A would be the environmentally superior alternative. This alternative entails a larger St Luke's Hospital and smaller Cathedral Hill Hospital. However, the DEIR designed a bigger St Luke's Hospital around a relocated women's and children's program. As Mr. Lighty explained in his attached letter, this creates an alternative that is not supportable because it would shift most women's and children's services to the southern half of the City (CPMC and U.C.S.F. Mission Bay). CNA supports the environmentally superior alternative of a larger St Luke's, but with a different complement of services. Instead of shifting all of women's and children's services to St. Luke's, CPMC can easily centralize other services already planned at St Luke's Hospital. CPMC currently plans to offer some level of

90-34 ALT3A

¹⁷ DEIR at page 6-6, 7.

cardiology, oncology, orthopedics, gastroenterology, respiratory, and urology at St. Luke's Hospital and to duplicate every single one of these services at Cathedral Hill Hospital with a higher standard of care for insured patients. Instead, CPMC could centralize some combination of these services for all CPMC patients at St. Luke's Hospital.¹⁸

90-34 ALT3A

In contrast to the proposed project, a smaller Cathedral Hill Hospital and a larger St. Luke's Hospital would be by far preferable in terms of health care and would also considerably reduce some of these environmental impacts. We support the environmentally superior alternative of a larger St. Luke's Hospital with a clinical anchor and a smaller Cathedral Hill Hospital.

90-35 ALT3A

D. The DEIR Failed to Disclose and/or Analyze All Potentially Significant Impacts

An EIR must disclose all of a project's potentially significant environmental impacts, because CEQA requires public agencies to avoid or reduce environmental damage by requiring alternatives and/or mitigation measures, and disclosing these requirements prior to project approval.¹⁹ Here, the DEIR failed to disclose and/or analyze numerous potentially significant impacts. Instead, the DEIR contains only cursory analyses of impacts associated with soil and groundwater contamination, traffic and transit, land use, air quality, and access to affordable and safe healthcare. With these omissions, the City violated one of CEQA's most critical components because only after the City investigates and discloses these impacts can it move to the next step of showing it has imposed all feasible alternatives and/or measures to mitigate the Project's significant impacts. In short, unless these impacts are properly analyzed, they will not be fully addressed through either mitigation or alternatives, all in violation of CEQA.

90-36 OTH

1. The DEIR Failed To Adequately Analyze Potential Contaminants in Soil and Groundwater

According CNA's hazardous waste expert, Matt Hageman, a former EPA senior scientist, CPMC has known for at least two years that all five Project sites present some level of contamination that has not been adequately investigated and disclosed. Indeed, the DEIR and its supporting documents indicate numerous instances of potential soil and groundwater contamination, along with evidence of additional widespread contamination that must be fully investigated in a revised EIR.²⁰ These are potentially serious problems given each of the Project sites occur in densely populated areas in very close proximity to neighboring residents, passersby, workers at nearby businesses and construction workers at the sites themselves. A revised EIR must include special precautions to ensure that construction workers are not put at risk when they touch and breathe contaminants through dust and vapors. Likewise a revised EIR must include protection for neighboring residents and those living along transportation corridors at risk from harmful dust and vapors generated during excavation and transport of contaminated soil in and through their neighborhoods.

90-37 HZ

90-38 HZ

¹⁸ Camden Group Utilization Project Report at page 22.

¹⁹ CEQA section 21100(b)(1); CEQA Guidelines § 15002(a)(2) and (3); see also *Citizens of Goleta Valley v. Board of Supervisors* (1990) 52 Cal.3d 553, 564; *Laurel Heights Improvement Ass'n v. Regents of the University of California* (1988) 47 Cal.3d 376, 400).

²⁰ Matt Hagemann Letter (Oct. 18, 2010) at page 17.

Not only did the DEIR fail to fully inform the public of these hazards, CPMC has not contacted the San Francisco Department of Public Health, the agency that oversees subsurface soil and water contamination of the type presented here. The SFDPH should have been contacted so that its independent assessment of any necessary remediation or mitigation could be included in the DEIR for public review. Mr. Hagemann's attached letter details the specific contaminant risk for each DEIR site, and shows the need for SFDPH oversight.

90-39 HZ

2. The DEIR Failed to Disclose Severe Impacts on Traffic and Transit

The DEIR minimized the Project's actual impacts on traffic congestion because unlike most California jurisdictions, the City's criteria used to identify significant impacts for development projects do not address incremental increases in delay at intersections once gridlock conditions occur at Level of Service (LOS) F. This means that a development project could add any number of trips to an already failing intersection without being considered as contributing to cumulative traffic increases for the most congested roadways. This lax criterion in turn allows a developer to minimize a project's actual impacts and allows it to avoid mitigating its worst impacts on traffic congestion.

90-40a TR

Here, many of the intersections identified in the DEIR already operate at LOS F in peak hours under existing conditions, and the number of failing intersections will significantly increase in Years 2015, 2020, and 2030.²¹ The Project's contributions to additional vehicle trips to these failing intersections will increase delay well beyond existing conditions. This issue is particularly serious for a hospital project. For example, the DEIR did not analyze how the increased traffic around the Cathedral Hill Campus will affect access for ambulances, labor and delivery vehicles and others urgently trying to reach the hospital. During gridlock traffic conditions which are much of the time around Van Ness Avenue, emergency patients may face life threatening delays while waiting in traffic. The DEIR failed to consider these and other critical circumstances in the traffic analysis.

90-40b TR

Concerning Project-specific impacts, the DEIR did not adequately analyze increases in both transit use and vehicle miles traveled resulting from the Project. CPMC is the second largest employer in San Francisco.²² The total number of employees at all of the CPMC campuses will increase by 4,170 employees system-wide. This new employment, while certainly a benefit to the City, will create population growth and household growth.²³ People traveling into the City and across the City for these new job opportunities will increase traffic and further burden public transit. Because the DEIR did not factor in these new commuters, a revised EIR must analyze this impact.

90-41 TR

Concerning public transit, the DEIR made erroneous assumptions that transit service would increase once the Project was operational. However, given severe budgetary constraints which directly affect/reduce service levels for the San Francisco Municipal Transportation Agency (Muni), and given projected increases in ridership, the DEIR grossly underestimated impacts the Project would have on Muni. According to the DEIR, the City is in the process of implementing "recommendations designed to make Muni service more reliable, quicker and

90-42 TR

²¹ DEIR Tables 4.5-17, 4.5-18, 4.5-35, 4.5-37, 4.5-38, and 4.5-39.

²² DEIR at page 5-16.

²³ *Id.* at page 4.3-31.

more frequent.”²⁴ From this, the DEIR assumed that increased Muni service would accommodate increased Project-related ridership thereby mitigating any potential transit impacts. But, as shown below, these assumptions are wrong; thus, the DEIR failed to calculate and disclose the Project’s actual impacts on public transit.

CNA’s traffic expert, engineer Tom Brohard, determined that transit service enhancements have, in fact, been suspended given the ongoing fiscal emergency. Indeed Muni service is frequently cut and then occasionally partially restored, with only incremental losses at best but never system-wide increases. Accordingly, in Mr. Brohard’s opinion, the DEIR erred in its finding that it was reasonably foreseeable that Muni would increase services in the areas serving the five CPMC campuses.²⁵ Where the DEIR assumed that service enhancements would be made, the transit analysis of near term and long term transit conditions was flawed. This flawed analysis in turn resulted in a significant under estimation of impacts.

Mr. Brohard also found numerous errors in the DEIR’s ridership data for all five campuses. These errors were both within various tables as well as in comparison to the DEIR’s forecast number of Project transit riders in the description of transit impacts. These errors are described in detail in Mr. Brohard’s attached comment letter.

3. The DEIR Failed to Disclose Significant Impacts on Land Use

The Project would have numerous potentially significant impacts on San Francisco land use, including its local planning and policies, on its population, housing and employment. None of these were adequately disclosed in the DEIR. Below is a brief example of the significant impacts CNA’s land use expert Terrell Watt uncovered:

- Impacts related to population, housing and jobs including an increased demand for housing affordable to the full CPMC workforce generated by the proposed Project (e.g., construction plus induced and indirect employees);
- Impacts associated with the Project’s inconsistencies on local plans and policies such as amendments to the General Plan, zoning code and other departures from adopted plans, policies and regulations;
- Growth-inducing impacts as a result of unmet demand for housing and particularly housing affordable to the Project workforce as well as growth inducing impacts associated with exempting this Project from applicable policies, plans and regulations. In addition, the DEIR failed to analyze the growth inducing impacts related to indirect and induced growth in employment to serve the Project and foreseeable uses at the California Campus sites once sold;
- Cumulative impacts, including those related to housing demand, public services, employment and air quality within San Francisco and the greater Bay Area.
- Impacts associated with the shifts and changes in health care city-wide that would in turn change patient patterns (travel distances, types of trips, etc.), increased impacts on air quality emissions, public services and possibly other health care services (e.g.,

²⁴ DEIR at page 4.5-61.

²⁵ Transit services were dramatically reduced in December 2009 and May 2010, twice in the last 10 months, and partially restored in September 2010.

90-42 TR

90-43 LU

90-44 PH

90-45 LU

90-46 GRO

90-47 PH

90-48 HC

competition and or the abandonment of the California Street Campus could result in loss of other existing services).

90-48 HC

As mentioned, the Project would require General Plan amendments, variances from the existing Codes, FAR amendments, parking reductions and other significant departures from adopted plans, policies and regulations. The numerous sweeping departures from adopted plans and policies call into question whether the Project benefits and merits justify all of necessary land use changes required for Project approval. Among the inconsistencies are proposals to deviate from:

90-49 LU

- Height and bulk limits: for example, an amendment is required to the Height and Bulk District map to reclassify the block for the Cathedral Hill hospital from the 130-V Height and Bulk District to a 265-V Height and Bulk District, allowing a maximum height of 265 feet.
- Height limit for Cathedral Hill campus: Conditional Use authorization is required for the Cathedral Hill Hospital and Cathedral Hill MOB in an RC-4 zoning district to allow buildings taller than 40 feet within the Van Ness Special Use District.
- Off-street loading space dimension: the proposed Cathedral Hill campus would also require Conditional Use authorization to exceed the allowable parking..

90-50 LU

90-51 TR

Also, because the DEIR omitted critical documents for review (*e.g.* text for proposed policy amendments), it is impossible to fully evaluate the Project's consistency/inconsistency with the City's plans and policies. Moreover, the DEIR based its findings of Project consistency on the presumption that the Project would obtain all of the myriad major entitlements, amendments and exceptions from existing plans, policies and regulations such as changes to:

- The San Francisco General Plan and all applicable elements, including the Housing Element
- Regional Plans and policies (*e.g.*, Bay Area Air Quality Management plans and regulations)
- Van Ness Avenue Area Plan ("VNAP")
- Market & Octavia Neighborhood Plan
- Mission Area Plan
- Japantown Better Neighborhood Plan
- Mission District Streetscape Plan
- Measure M

90-52 LU

The DEIR's Project consistency "analysis" provided only conclusory statements of consistency that are in most cases unsupported by evidence in the record. A revised EIR must include a table with the text of applicable policies and provisions and a specific description of why the Project is or is not consistent with each applicable policy or provision. As it stands, the DEIR failed to disclose significant impacts on land use.

4. The DEIR Failed to Disclose Significant Impacts on Housing

The Project will result in significant unmitigated impacts on affordable housing; specifically impacts on affordable housing that will be needed to meet the Project's workforce. The DEIR concluded that the Project would not have negative effects on housing because it relied on numerous erroneous assumptions.²⁶ Conversely, the DEIR ignored important factors indicating that housing demand would be much greater than disclosed, such as the Project's full new household demand, including the construction workforce and including indirect and induced jobs (the multiplier effect); jobs-housing fit; and cumulative jobs-housing fit. Finally, the DEIR omitted key considerations which wrongly skewed the conclusion that the Project's impacts on housing impacts would not be significant. Among those were:

90-53 PH

- The DEIR failed to describe all elements of the Project that would generate housing demand, such as construction workforce, Project-induced and indirect employees. A proper analysis of full housing demand would result in a significant shortfall of housing, particularly housing affordable to segments of the new direct, Project-induced, indirect and long-term construction workforce.
- The DEIR failed to account for the additional indirect employment (based on a reasonable multiplier²⁷) generated by Project construction. As a result, net new demand for housing will likely be even greater.
- The DEIR failed to investigate where workers will likely live. Instead, the DEIR simply relied on the assumption from the CPMC IMP that 49% of employees reside in San Francisco, 22% in the South Bay/Peninsula, less than 19% in the East Bay, and 8% in the North Bay to extrapolate the locations where future employees will reside. Census and other information are available to more accurately project the likely places workers will live.
- The DEIR failed to deduct from planned and projected housing, housing that would be developed on these sites under current planning and zoning, absent the proposed Project.
- The DEIR omitted new housing required under current City regulations, which CPMC is now seeking an exemption from constructing.²⁸
- The DEIR failed to analyze the "housing fit" – that is the cost of housing compared with the Project workforce's ability to pay for that housing. Various segments of the net new workforce, as well as indirect and induced jobs, are likely to fall into lower income categories.

90-54 PH

90-55 PH

90-56 PH

90-57 LU

90-58 LU

90-59 PH

Had the DEIR taken the above factors into consideration it would have more accurately reflected the Project's contribution to the significant demand on housing affordable to the CPMC

²⁶ Terrell Watt Letter (October 18, 2010) at page 11.

²⁷ The total jobs generated by a project can be determined using "multipliers" that indicate the number ratio of direct jobs to indirect and induced jobs. Used to measure the number of times each dollar of direct spending cycles through an economy thereby producing indirect and induced spending, multipliers also describe indirect and induced employment produced by a project's economic impacts.

²⁸ DEIR at page 4.3-33.

workforce. The DEIR must be revised to take into account the above factors as fully described in Ms. Terrell's comment letter.

90-59 PH

5. The DEIR Failed to Disclose and Adequately Mitigate Significant Impacts on Air Quality

In its air quality section, the DEIR failed to identify and mitigate significant impacts on air quality because it failed to provide an analysis after buildout of all near-term projects in 2015. Instead, the DEIR only provided emission estimates and conclusions as to their significance for the year 2030, long after all LRDP-related projects will be build out. Consequently, the DEIR fails to require mitigation for those significant impacts it failed to identify.

90-60 AQ

6. The DEIR Failed To Disclose Impacts on Health Care Access

Under the LRDP, CMPC is proposing to remove from service approximately 743 licensed beds at the existing St. Luke's Hospital (149 beds), California Campus (299 beds), and Pacific Campus (295 beds). The newly constructed Cathedral Hill Hospital would only provide 555 beds, exclusively in private single-occupancy rooms,²⁹ *i.e.*, 188 fewer beds than currently provided by the existing CPMC campuses many of which are in double-occupancy rooms.³⁰ This removal of beds would result in reduced access to health care and a major shift of the current hospital patient population to other hospitals in the region, particularly for patients at the St. Luke's Campus. The DEIR failed to address any of the associated impacts on traffic, transportation, parking, air quality, and public services.

90-61 HC

St. Luke's Hospital provides accessible acute care and inpatient services to the local community consisting of ethnically diverse, predominantly low-income patients from neighborhoods regardless of the patients' economical class or hospital reimbursement status. The most recent available data for the St. Luke's Hospital indicate that in 74.5% of the inpatient population was covered by Medicare, Medi-Cal, Workers' Compensation, or other government health programs (38.1% were covered by Medi-Cal, California's public health insurance program which provides needed health care services for low-income individuals including families with children, seniors, persons with disabilities, foster care, pregnant women, and low income people with specific diseases such as tuberculosis, breast cancer or HIV/AIDS³¹), and only 21.3% were covered by private insurance.³² In contrast, the most recent available data for the Pacific Campus indicate that only 34.3% of the inpatient population was covered by government programs (7.5% by Medi-Cal) and that 63.5% of patients were covered by private insurance.³³

90-62 HC

²⁹ Draft EIR at page 1-21.

³⁰ Draft EIR at page 2-8.

³¹ Medi-Cal is financed equally by the State and federal government.

³² California Office of Statewide Health Planning and Development, Hospital Discharge Summary Reports, St. Luke's Hospital, Report Period: January 1, 2009 – June 30, 2009 and Report Period: July 1, 2009 – December 31, 2009; <http://www.oshpd.ca.gov/MIRCal/Default.aspx>.

³³ California Office of Statewide Health Planning and Development, Hospital Discharge Summary Reports, California Pacific Medical Center - Pacific Campus, Report Period: July 1, 2009 – December 31, 2010 and Report Period: January 1, 2010 – June 30, 2010; <http://www.oshpd.ca.gov/MIRCal/Default.aspx>.

The proposed Cathedral Hill Hospital (555 beds) would barely accommodate the 594 acute-care services and Women's and Children's Center that would be relocated from the California Campus (299 beds) and the Pacific Campus (295 beds) to the proposed Cathedral Hill. It can be anticipated that few patients currently relying on the 229 beds at the existing St. Luke's Hospital would be accommodated at the new Cathedral Hill Hospital for a number of reasons:

- Not all services that are currently available at St. Luke's Hospital would be available at the Cathedral Hill Hospital, including SNF beds.
- Physicians are free to decide whether they will accept Medi-Cal patients, which constitute a large portion of St. Luke's Hospital patient population. Given the choice between higher-paying private or government insurance, they often deny Medi-Cal patients.
- Beneficiaries of government programs are often not eligible for private single-occupancy room services³⁴ if multiple-occupancy rooms are available.

90-63 HC

As a result, most patients with insurance coverage limitations and relying on the acute care and SNF beds at the existing St. Luke's Hospital would not have access to the services offered by the new Cathedral Hill Hospital and would have to resort to accessing other hospitals in the City, or when those hospitals are overwhelmed as is often the case, in the greater region. Many of the patients currently frequenting St. Luke's Hospital do not have access to personal transportation and would be limited to time-consuming public transportation from the City to elsewhere. This may severely affect their health care.

The shift of the current patient population with insurance coverage limitations from the community-accessible St. Luke's Hospital to other hospitals in the City and region would have a number of adverse effects and consequences. For one, it would increase the regional vehicle miles traveled as patients and visitors would be forced to travel to hospitals that are located further from their homes and out of the City. Emergency service vehicles, forced to transport patients to hospitals located further away, would be tied up longer for transports to emergency departments at other hospitals which, in turn, would put additional pressure on the dispatch capacity at the City and County's Police Department and the Fire Department and increase the average response time and associated adverse consequences on the timely delivery of emergency cases to acute care units.

90-64 HC

90-65 HC

The increased vehicle miles traveled associated with the longer trips of patient, visitor, and emergency vehicles to and from other hospitals would also increase the regional air pollutant and greenhouse gas emissions and associated adverse impacts on public health. Most importantly, however, the shift of patient populations from the existing St. Luke's Hospital to other hospitals, including government and county-funded community hospitals (e.g., San Francisco General Hospital and Laguna Honda Hospital and Rehabilitation Center) and the loss of an additional 109 acute care beds would put a severe strain on the already severely overtaxed

90-66 HC

90-67 HC

³⁴ See, for example, the following provisions of the Medicare Claims Processing Manual: Chapter 2: Admission and Registration Requirements, Section 10.6 – Hospitals May Require Payment for Noncovered Services, Revision 1472 dated March 6, 2008, and Chapter 3: Inpatient Hospital Billing, Section 40.2.2 – Charges to Beneficiaries for Part A Services, (I) Private Room Care, Revisions 1609 and 1612 dated October 3, 2008. These rules provide that private room (1-bed patient care room) care is not a Medicare covered service. Thus, private rooms may be denied by a Medicare provider to a beneficiary “who requests it but is unable to prepay or offer the assurance of payment...” (see Chapter 2, Section 10.6.)

acute care capacity in the City and County. For example, because the San Francisco General Hospital is the only Level I Trauma Center in a service area of over one million people, the hospital maintains a very high patient volume and is usually on a constant “Total Divert” status, which means that incoming emergency patients (with the exception of trauma, psychiatric, pediatrics, and obstetrics and gynecology) are diverted to other nearby hospitals. In addition, the loss of local access to acute care would result in disproportionate adverse socio-economic impacts on low-income residents who are already faced with a lack of and access to other medical care, child care, transportation, etc. Adding this extra burden of not having local access to community-based acute care would constitute environmental injustice.

90-67 HC

The EIR is inadequate because it does not analyze the burden on City services for the services CPMC has already eliminated or would not provide in the future. CPMC has already closed 55% of its psychiatric services (at the Davies Campus) over the course of the past five years and 70% over the past decade, despite a growing need for those same services. From 2000 through 2007, inpatient psychiatric census went up 20% at CPMC, before the closure at Davies Campus.³⁵ Instead, their psychiatric patients are shifted to other providers. Citywide there is a crisis of inpatient adult psychiatric services. Citywide inpatient psychiatric bed capacity has dropped by 23% since 2000, according to licensing data published by the Office of Statewide Health Planning and Development (“OSHPD”). CPMC is responsible for 63 of the 79 psychiatric beds that have been closed in the City since 2000. This primarily places additional burden on San Francisco General Hospital (“SF General”), but also on St. Francis Memorial Hospital (“St Francis”) which is operated by Catholic Health Care West (“CHW”). The City has no data about the need for psychiatric services, let alone psychiatric emergencies, 5150s³⁶, substance abuse, drug detoxification, etc. and the Draft EIR fails to provide any information how the LRDP would impact the need and supply for these services.

90-68 HC

In addition, there are unknown and unexamined additional losses of services at Davies Medical Center. Davies has historically served as a community hospital for the Castro District, and has been home to AIDS and HIV services. The LRDP reduces licensed bed capacity at the Davies Campus substantially and proposes to shift its clinical focus away from community-serving functions to neuroscience services. The DEIR, IMP, and LRDP lack any explanation of what services would be lost at the Davies Campus in order to make way for the new expanded neurosciences program, and specifically any commitments to maintain AIDS/HIV programs. It would be a significant loss of services if AIDS/HIV patients had to travel to new providers because of an erosion of CPMC’s commitment as a result of its clinical realignment.

90-69 HC

In sum, the DEIR omitted any investigation and disclosure of the direct physical changes and reasonably foreseeable indirect physical changes described above. In addition, it failed to analyze the potentially significant adverse individual and cumulative impacts associated with the physical change of closing the existing hospital facilities and the resulting transfer of a large

90-70 HC

³⁵ See attached Letter from Michael Lighty.

³⁶ Section 5150 is a section of the California Welfare and Institutions Code (specifically, the Lanterman-Petris-Short Act) which allows a qualified officer or clinician to involuntarily confine a person deemed to have a mental disorder that makes them a danger to him or her self, and/or others and/or gravely disabled. A qualified officer, which includes any California peace officer, as well as any specifically designated county clinician, can request the confinement after signing a written declaration. When used as a term, 5150 (pronounced “fifty-one-fifty”) can informally refer to the person being confined or to the declaration itself.

portion of the existing patient population to other hospitals. All of this must be included in a revised EIR.

90-70 HC

E. The DEIR Must Describe Effective Mitigation Measures for Each Significant Environmental Impact

An EIR must propose and describe mitigation measures sufficient to minimize the identified significant adverse environmental impacts.³⁷ Also, mitigation measures must be designed to minimize, reduce or avoid an identified environmental impact or to rectify or compensate for that impact.³⁸ Where several mitigation measures are available to mitigate an impact, each should be discussed and the basis for selecting a particular measure should be explained.³⁹ The City may not rely on mitigation measures of uncertain efficacy or feasibility.⁴⁰ “Feasible” means capable of being accomplished in a successful manner within a reasonable period of time, taking into account economic, environmental, legal, social and technological factors.⁴¹ Mitigation measures must be fully enforceable through permit conditions, agreements or other legally binding instruments.⁴² A lead agency may not make the required CEQA findings unless the administrative record clearly shows that all uncertainties regarding the mitigation of significant environmental impacts have been resolved.

90-71 INTRO

Here, the DEIR lacks effective mitigation for impacts associated with site contamination, affordable housing, traffic congestion and public transit, and toxic air emissions. Additional mitigation measures must be included and a full EIR recirculated for public review.

1. The DEIR Lacks Effective Measures to Mitigate Soil and Groundwater Contamination

As shown above, Mr. Hagemann’s review of the DEIR and associated documents evidenced widespread risks associated with soil and groundwater contamination affecting all five Project sites. Nevertheless, the DEIR proposed just one mitigation measure for this potentially significant impact. Worse, the fatally vague and unenforceable measure would defer any mitigation to just before commencement of excavation/construction work. Specifically, the DEIR proposed “management protocols based on the site-specific environmental contingency plans once work begins.”⁴³ Not only is this measure completely void of meaningful specificity, it unlawfully defers mitigation to just prior to the time of actual excavation.

90-72 HZ

CEQA requires the City to fully assess and disclose the extent of the contamination before Project approval, and then propose feasible alternatives and/or measures to mitigate these impacts. In addition, in Mr. Hagemann’s opinion, the applicant must immediately engage the City of San Francisco’s Public Health Department through a voluntary cleanup application, and

³⁷ CEQA sections 21002.1(a), 21100(b)(3).

³⁸ CEQA Guidelines section 15370.

³⁹ *Id.* at section 15126.4(a)(1)(B).

⁴⁰ *Kings County Farm Bureau v. City of Hanford* (1990) 221 Cal.App.3d 692, 727 (finding groundwater purchase agreement inadequate mitigation measure because no record evidence existed that replacement water was available).

⁴¹ CEQA Guidelines section 15364.

⁴² *Id.* at section 15126.4(a)(2).

⁴³ See M-HZ-N1a, DEIR at page 4.16-43.

disclose that process in a revised EIR. By entering into a voluntary cleanup agreement, the applicant can be assured that assessment and cleanup of the contamination will be sufficient for a regulatory determination that no further action is warranted. This step will also ensure that the clean-up efforts are dealt with well before site excavation, thereby protecting construction workers and nearby residents. Finally, all action required by the SFDPH must be included in a revised EIR along with the results of investigations to address soil and groundwater contaminants. The SFDPH requirements must be included as mitigation measures to ensure the measures are enforceable and actually occur.

90-72 HZ

2. The DEIR Lacks Effective Measures to Mitigate the Project's Impacts on Affordable Housing

As shown above, the DEIR's impact analysis for Project-related impacts on housing was incomplete and seriously flawed. A revised DEIR that included the impacts described by CNA expert Terrell Watts, would require measures to mitigate significant housing affordability, supply, including jobs-housing balance issues. Generally speaking, a revised EIR must show that CPMC will replace units demolished as a result of construction of the Cathedral Hill campus. In addition, a revised EIR must show that CPMC will provide housing required under the Van Ness Avenue Area Plan and other policies calling for housing on a square footage basis based on commercial development, along with impact fees and other means of generating financing for housing that is affordable for the Project's workforce. Other measures that must be analyzed in a revised EIR include:

90-73 PH

90-74 LU

- A commitment to build housing for the workforce at one or more of the Project sites. Total units should be based on a nexus study or other detailed study of actual Project-related housing demand and jobs-housing fit analyses.
- A revolving loan fund at no interest toward the building of new affordable units in the Project areas and/or rehabilitation of existing units by community non-profits.
- An additional revolving loan fund at no interest to rehabilitate local area housing with specific attention to leveraging other funding to increase the energy efficiency of these units (thereby saving residents on energy bills and reducing greenhouse gas and air quality emissions).
- Creation of a "Coalition Advisory Committee" (and specialized technical sub-committees on housing, energy efficiency and other issues). Among the considerations of the Committee should be to support local community land trust that would help to provide affordable housing in the Project areas and a rental assistance program for low-income staff and workforce.

90-75 PH

3. The DEIR Lack Effective Measures to Mitigate the Project's Impacts on Traffic Congestion and Public Transit

The DEIR identified over 150 traffic impacts associated with the LRDP. For the near term, years 2015 and 2020, the DEIR identified 98 traffic impacts, with 58 of those associated with the Cathedral Hill Campus alone. For the long term, year 2030, the DEIR identified 53 cumulative traffic and transit impacts, with 42 of these associated with the Cathedral Hill Campus alone. The intense development proposed for the Cathedral Hill Campus creates nearly two-thirds of all of the Project's overall impacts to the roadway and transit system. Of the

90-76 TR

100 traffic impacts associated with the Cathedral Hill Campus, the DEIR indicated that 30 impacts are significant, unavoidable, and cannot be mitigated. Worse, in Mr. Brohard's expert opinion, the DEIR's estimate of unmitigable impacts is likely low.

For 2015, the DEIR identified the intersections of Van Ness/Market and Polk/Geary as significantly impacted by traffic generated by the Cathedral Hill Campus.⁴⁴ For both, the DEIR found that mitigation in terms of increasing vehicular capacity at the intersections was not feasible. Therefore, the DEIR omitted any mitigation measures to reduce Project impacts to less-than-significant levels aside from hoping that CPMC would expand its current transportation demand management program ("TDM") to discourage use of private automobiles. Although this may reduce the number of trips through the intersection, the extent of this program or reduction to impacts is not known, is vague and wholly unenforceable.

90-76 TR

CEQA requires that the City impose all feasible alternatives and/or mitigation measures before concluding that traffic impacts are "significant and unavoidable" as it did here. The DEIR must document the geometry of both intersections that the City finds to have significant and unavoidable traffic impacts, then identify the specific traffic measures or alternatives evaluated, and discuss why each of these options cannot feasibly be implemented. Without adding this analysis to a revised EIR for public review, the City may not dismiss the potential mitigation measures as infeasible.

All feasible mitigation measures must also include enhancements to the current CPMC TDM plan. The DEIR acknowledged that "CPMC has indicated that it is planning on expanding its current TDM program..." but offers no specifics or evaluation of potential vehicle trip reductions that could be achieved. Enhancements to the existing CPMC TDM Plan include the following:

- Designating a TDM Coordinator
- Promoting the TDM Program
- Increasing financial incentives to transit use and disincentives to single occupancy vehicle ("SOV") use
- Providing amenities to transit and bicycle users
- Expanding shuttle bus program

90-77 TR

The Project's traffic mitigation strategy requires much, much more. Still, at a minimum, the DEIR must evaluate the potential effectiveness of these TDM measures and many others. CPMC must be required to implement necessary additional TDM measures to mitigate traffic impacts considered to be "significant and unavoidable."

4. The DEIR Lacks Effective Measures to Mitigate the Project's Health Impacts Related to Toxic Emissions from Diesel-Powered Construction Equipment

90-78 AQ

The Project would be built out over a period of 20 years employing a variety of diesel-powered construction equipment such as air compressors, backhoes, cranes, delivery trucks,

⁴⁴ DEIR at 4.5-98.

dozers, drill rigs, excavators, generators, fork-lifts, tractors, loaders, rollers, scrapers, water trucks, paving equipment, pile drivers, rollers, etc. In addition, the Project would be constructed concurrently with many other construction projects in the City and the region. During this time, heavy-duty diesel-powered construction equipment would emit considerable amounts of diesel particulate matter, which would travel into nearby residential areas, increase ambient concentrations of this carcinogen, and result in adverse health impacts.

Diesel exhaust emitted from this equipment is a complex mixture of gaseous and solid materials. The visible emissions in diesel exhaust are known as diesel particulate matter (“DPM”), which includes carbon particles or “soot.” Diesel exhaust also contains a variety of harmful gases and over 40 other known cancer-causing substances and is estimated to contribute to more than 75% of the added cancer risk from air toxics in the United States. Diesel exhaust has been linked to a range of serious health problems including an increase in respiratory disease, lung damage, cancer, and premature death. Fine diesel particles are deposited deep in the lungs and can result in increased respiratory symptoms and disease; decreased lung function, particularly in children and individuals with asthma; alterations in lung tissue and respiratory tract defense mechanisms; and premature death.⁴⁵

90-78 AQ

The DEIR acknowledged that diesel particulate matter is a toxic air contaminant and carcinogen. It further acknowledged that lifetime cancer risks for child exposure at all five Project campuses attributable to construction equipment diesel exhaust would greatly exceed the significance threshold of ten in one million adopted by the Bay Area Air Quality Management District (“BAAQMD”).⁴⁶ To mitigate this significant health risk, the DEIR proposed to implement essentially one mitigation measure to reduce diesel-caused particulate matter:⁴⁷

- Implement Accelerated Emission Control Device Installation on Construction Equipment: To minimize the potential impacts on residents living near the CPMC campuses from the construction activities in that area, CPMC shall make reasonable efforts to ensure that all construction equipment used at these campuses would use equipment that meets the EPA 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 EPA Tier 4 engine standards is available to the contractor at the time construction activities requiring the use of such equipment occur.⁴⁸

90-79 AQ

This measure is wholly inadequate because even the DEIR acknowledged that the above measure was unlikely to reduce carcinogenic risks, because it is unknown whether such

⁴⁵ California Air Resources Board, Health Effects of Diesel Exhaust; <http://www.arb.ca.gov/research/diesel/diesel-health.htm>, accessed July 22, 2010; California Air Resources Board, Initial Statement of Reasons for Rulemaking, Proposed Identification of Diesel Exhaust as a Toxic Air Contaminant, Staff Report, June 1998.

⁴⁶The excess lifetime cancer risk due to diesel exhaust emissions during construction of the Cathedral Hill Campus is estimated at 111 in one million. Draft EIR, Table 4.7-14, at page 4.7-67 (the table fails to include “per million”), and Memorandum from Sharon Libicki, Elizabeth Miesner, Michael Keinath, and Jennie Louie, ENVIRON, to Vahram Massehian, Sutter Health, Re: CPMC Construction Health Risk Analysis, July 2, 2010; provided as administrative record PDF file “33 08010089.AQ.ENVIRON.2010.”

⁴⁷See DEIR pp. 4.7-36 – 4.7-37, M-AQ-N10a, M-AQ-10b, M-AQ-10c, and M-AQ-L10, which are identical to mitigation measure M-AQ-N2 and M-AQ-N9.

⁴⁸ Draft EIR at pages 4.7-36 – 4.7-37.

equipment would even be available by Project construction. Worse, the measure is vague and unenforceable because it only requires CPMC to “make reasonable efforts” to mitigate toxic emissions.

90-79 AQ

A revised EIR must include recently adopted BAAQMD measures that are much more stringent than the above measure for reducing construction equipment exhaust. These include:

- Project plans demonstrating that the off-road equipment (more than 50 horsepower) to be used in the construction project (*i.e.*, owned, leased, and subcontractor vehicles) would achieve a project wide fleet-average 20 percent NOx reduction and 45 percent PM reduction compared to the most recent California Air Resources Board fleet average. Acceptable options for reducing emissions include the use of late model engines, low-emission diesel products, alternative fuels, engine retrofit technology, after-treatment products, add-on devices such as particulate filters, and/or other options as such become available.
- Requiring that all construction equipment, diesel trucks, and generators be equipped with Best Available Control Technology for emission reductions of NOx and PM.
- Requiring all contractors use equipment that meets CARB’s most recent certification standard for off-road heavy duty diesel engines.⁴⁹

90-80 AQ

These mitigation measures are feasible and must be required to reduce the Project’s significant health risks associated with diesel particulate matter emissions from construction equipment exhaust.

F. The DEIR Failed to Propose Feasible Mitigation Measures Before Concluding That Numerous Project Impacts Were Unavoidable, Relying Instead Upon A Statement of Overriding Considerations

The DEIR listed 62 significant and unavoidable impacts on traffic congestion; 29 significant and unavoidable impact on air quality and greenhouse gases.⁵⁰ These appalling numbers are worsened by the fact that the DEIR omitted any meaningful analysis of mitigation measures studied but rejected on grounds they were infeasible. The public is entitled to know whether the City made any effort to mitigate numerous significant impacts on traffic congestion, air quality and climate.

90-81 OTH

Under CEQA, a lead agency may not conclude that an impact is significant and unavoidable without requiring the implementation of all feasible mitigation measures to reduce the impact to less than significant levels.⁵¹ If an agency is unable to provide a specific mitigation measure, CEQA requires the articulation of performance criteria at the time of project approval.⁵² CEQA Guidelines make clear that a lead agency must make a “fully informed and publicly disclosed” decision that “specifically identified expected benefits from the project

⁴⁹ Bay Area Air Quality Management District, California Environmental Quality Act, Air Quality Guidelines, June 2010, Table 8-3, page 8-5.

⁵⁰ DEIR at pages 5.1 – 5.7.

⁵¹ CEQA Guidelines sections 15126.4, 15091.

⁵² *Sacramento Old City Association v. City Council of Sacramento* (1991) 229 Cal.App.3d 1011, 1028-1029.

outweigh the policy of reducing or avoiding significant environmental impacts of the project.”⁵³ Here the City did no such thing, it simply gave up on taking any steps to curb the nearly 100 significant impacts on traffic, air quality, noise and climate change.

90-81 OTH

For example, the DEIR concluded that emissions of criteria pollutants associated with operation of the Project’s near-term and short-term project components would exceed the daily thresholds of significance for PM10 and would therefore be significant.⁵⁴ The DEIR omitted a discussion of the feasibility of *any* mitigation measures whatsoever; instead, it merely stated that “[n]o feasible mitigation is available to reduce this impact to less than significant.”⁵⁵ However, the DEIR lacked any foundation for this claim, because it failed to identify or evaluate any potential mitigation measures and provide analysis to support its conclusion that no feasible mitigation measures were available. The DEIR then determined that operational criteria pollutant emissions associated with implementation of the Project’s near-term and long-term components would result in *significant and unavoidable* impacts on air quality by contributing to or resulting in a violation of air quality standards. This finding and the utter lack of a discussion of the feasibility of any mitigation measures is not acceptable under CEQA.

90-82 AQ

Similarly critical intersections in the vicinity of the Cathedral Hill Campus currently operate at LOS E or LOS F under existing conditions in one or both peak traffic hours. The DEIR also indicated additional critical intersections in the vicinity of the Cathedral Hill Campus would degrade to LOS E or LOS F in 2015 and in 2030 with the addition of Project traffic. For capacity conditions at LOS E and under gridlock conditions at LOS F, vehicles will be queued back significant distances in all traffic lanes on the approaches to congested signalized intersections. Stopped vehicles will not be able to simply “maneuver out of the path of the emergency vehicle” as the adjacent lanes on the approaches to the gridlocked traffic signals will already be occupied by other vehicles. This is a significant impact for a hospital project and one that must be fully evaluated and mitigated.

90-83 TR

Given that the proposed Project is a *hospital*, with numerous dispatched and private emergency vehicles requiring access each day, the City cannot simply find that these impacts are unavoidable. Instead, in a revised EIR, the City must fully explain and support the DEIR’s broad statement that “...the proposed Cathedral Hill Campus project emergency vehicle access impact would be less than significant.” A revised EIR must show that the City has analyzed both LOS E and gridlock conditions at LOS F all around the vicinity of the Cathedral Hill Campus and has mitigated these impacts to significantly reduce or eliminate health and safety risks resulting from delays to emergency and labor and delivery vehicles.

G. Cumulative Impacts Are Significant and Unmitigated

An EIR must investigate and disclose all potentially significant “cumulative impacts.”⁵⁶ Cumulative impacts can result from individually minor but collectively significant projects taking place over a period of time.”⁵⁷ A legally adequate “cumulative impacts analysis” views a

90-84 OTH

⁵³ CEQA Guidelines section 15043(b).

⁵⁴ See Draft EIR, Table S-2, at pages S-65 and 4.7-41.

⁵⁵ Draft EIR at page 4.7-41.

⁵⁶ CEQA Guidelines section 15130(a);

⁵⁷ *Communities for a Better Environment v. Cal. Resources Agency* (2002) 103 Cal.App.4th 98, 117.

particular project over time and in conjunction with other related past, present, and reasonably foreseeable probable future projects whose impacts might compound or interrelate with those of the project at hand. "Cumulative impacts can result from individually minor but collectively significant projects taking place over a period of time."⁵⁸

90-84 OTH

As shown above, Sutter intends to eliminate 881 licensed hospital beds in the Bay Area. This planned consolidation across the Bay Area assumes increased transfer of patients between cities. For example, earlier this year a stroke patient in Novato was transferred to CPMC in San Francisco rather than to the nearest stroke center in Greenbrae in Marin County. Traffic burdens, and associated air quality and greenhouse gas emissions, caused by additional patient transports to and from San Francisco as a result of regionalization are not addressed in the DEIR. Impacts resulting from regional transfers present potentially significant unmitigated impacts that must be investigated and disclosed in a revised EIR.

90-85 HC

More specifically, Mr. Lighty's letter shows that Sutter eliminated a total of 231 licensed beds at the CPMC campuses: 124 acute care beds, 22 psychiatric care beds, and 101 skilled nursing beds; only the number of rehabilitation beds increased by 16. Now, even though the LRDP would include construction of a brand-new 555-bed hospital at the Cathedral Hill Campus, Sutter proposes to further eliminate another 188 licensed beds: 109 acute care beds and 79 skilled nursing beds.⁵⁹ Thus, between the year 2006 and the proposed LRDP a total of 419 licensed beds are removed from service including 233 acute care beds, 22 psychiatric care beds, and 180 skilled nursing beds. And, on November 1, 2010, CPMC will sell its dialysis programs at the Pacific and Davies Campuses.⁶⁰

90-86 HC

In addition to the drastic reduction of acute care, psychiatric care and skilled nursing facility ("SNF") beds under the LRDP as shown in **Error! Reference source not found.** Lighty's letter, several other hospitals in the region are or have been reducing their services. The Sutter-affiliate Mills Peninsula recently closed their acute rehabilitation unit in Burlingame, San Mateo County,⁶¹ advising patients to come to acute rehabilitation units at CPMC campuses in the City, specifically the Davies Campus. Sutter also plans on closing the SNF and dialysis unit at the Mills-Peninsula campus⁶² and the SNF at the Santa Rosa Hospital. Now, CPMC plans to close the only sub-acute unit in San Francisco, forcing patients and their families to leave San Francisco for care. Combined with the recent closure of the SNF and sub-acute care at the Seton Medical Center in Daly City⁶³ and reductions at the Laguna Honda Hospital and Rehabilitation Center, the elimination of SNF beds and acute care beds under the LRDP further compounds the existing regional shortage.

90-87 HC

⁵⁸ CEQA Guidelines § 15355(b).

⁵⁹ Letter from Michael Lighty (Oct. 19, 2010) at page 4.

⁶⁰ San Francisco Business Times, CPMC Will Sell Dialysis Unit to DaVita, September 3, 2010; <http://www.bizjournals.com/sanfrancisco/stories/2010/09/06/story12.html>.

⁶¹ San Mateo Daily Journal, Nurses Oppose Acute Rehab Move, September 24, 2009; http://www.smdailyjournal.com/article_preview.php?type=news&id=117024; and San Jose Mercury News, Nurses, Mills-Peninsula Square Off Over Rehab Care in San Mateo County, September 23, 2009.

⁶² San Francisco Business Times, Mills-Peninsula Taking Scalpel to Money-Losers, October 15, 2010; <http://www.bizjournals.com/sanfrancisco/stories/2010/10/18/story3.html?b=1287374400%255E4103181> or <http://snipurl.com/1bdg6v> [www_bizjournals_com].

⁶³ Silicon Valley Mercury News, Seton Medical Center to Close Skilled-Nursing Unit, October 7, 2010; http://www.mercurynews.com/ci_16283420?source=most_email.

In San Francisco, the proposed closure of the SNF at the St. Luke's Hospital in addition to the recent reductions in SNF beds at the California Campus in 2009/2010 represents an 83% reduction in CPMC's SNF bed capacity. SNF is the state licensing category for nursing homes, but historically a number of hospitals have opened licensed SNFs for patients who were too sick to be transferred to free-standing nursing homes. The only additional SNF services planned in San Francisco are 22 extra SNF beds part of the proposed rebuild of the Chinese Hospital. Patients will be put at risk if the patient population currently treated by the 178 historically offered by CPMC is simply placed in lower-level care SNFs. Worse still, if the need for SNFs is not met, these patients will need to be shipped out of San Francisco. SNF patients tend to have stays from three days to several weeks, which will result in multiple additional trips by their family members out of the City to visit them.

90-88 HC

The CPMC LRDP is part of Sutter's business plan for the Bay Area and must be analyzed in the context of the cumulative effects of those plans. This includes: transfer of stroke patients from the Novato Community Hospital in Marin County to CPMC; transfer of sub-acute patients and psychiatric patients out of San Francisco; transfer of SNF patients out of San Francisco; transfer of pediatric and acute rehabilitation patients into San Francisco from San Mateo County; and potential closure of the San Leandro Hospital. The DEIR fails entirely to analyze those cumulative impacts.


90-89 HC

III. CONCLUSION

The City's DEIR failed to satisfy CEQA's fundamental mandate of informing the public and decision makers of the potentially significant environmental impacts of a proposed project, and imposing all feasible alternatives and measures to mitigate those impacts to less than significant. This is especially true here given the myriad of undisclosed and unmitigated impacts, City-wide and regionally, this hopelessly confusing DEIR presented. The DEIR must be revised to address the deficiencies described herein and in the attached documents and re-circulated for public review.

90-90 INTRO

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cc ngreen@calnurses.org
Subject CNA Comments on CPMC DEIR: Email 2

Please find attached comments from the California Nurses Association on the CPMC DEIR.

The Law Offices of Gloria D. Smith

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Air quality comments.pdf

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BY EMAIL

October 18, 2010

Gloria Smith
The Law Offices of Gloria D. Smith
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San Francisco, CA 94103

Re: Review of Draft Environmental Impact Report for California Pacific Medical Center Long Range Development Plan, San Francisco, CA

Dear Ms. Smith,

Per your request, I have reviewed the Draft Environmental Impact Report ("Draft EIR") for the California Pacific Medical Center ("CPMC") Long Range Development Plan ("LRDP" or "Project") published by the City of San Francisco ("City") as the lead agency under the California Environmental Quality Act ("CEQA") for potential impacts on the environment.¹

91-1 OTH

My qualifications as an environmental expert include a doctorate in Environmental Science and Engineering ("D. Env.") from the University of California Los Angeles. In my professional practice, I have reviewed and commented on hundreds of CEQA documents for commercial developments including hospitals. My résumé is attached to this letter.

Background

The LRDP is CPMC's multi-phased strategy to meet state seismic safety requirements for its hospitals and create a 20-year framework and institutional master plan for CPMC's four existing medical campuses and one proposed new medical campus, the Cathedral Hill Campus, in San Francisco. The four existing CPMC medical campuses are the Pacific Campus in the Pacific Heights area, the California Campus in the Presidio Heights area, the Davies Campus in the Duboce Triangle area, and the St. Luke's Campus in the Mission District.

91-2 PD

Cathedral Hill Campus: Under the LRDP, the existing Cathedral Hill Hotel and 1255 Post Street Buildings would be demolished and CPMC would design, construct, and operate the proposed Cathedral Hill Campus. This campus would include a newly constructed 15-story, 555-bed hospital at the northwest corner of the intersection of Van Ness Avenue and Geary Boulevard and a medical office building ("MOB") at the northeast corner of the intersection of

¹ City of San Francisco, California Pacific Medical Center (CPMC) Long Range Development Plan, Draft Environmental Impact Report, SCH No. 2006062157, July 21, 2010.

Van Ness Avenue and Geary Street, across Van Ness Avenue from the proposed Cathedral Hill Hospital site. A pedestrian tunnel beneath Van Ness Avenue would connect the hospital and MOB. An existing MOB at the intersection of Sutter and Franklin Streets, currently partially used as an MOB, would be fully converted for use as an MOB.

Pacific Campus: Implementing the LRDP would result in the interior renovation and conversion of an existing hospital into a new ambulatory care center ("ACC"), a new ACC building addition, additional underground parking, renovation of other existing buildings and demolition of four existing buildings. The existing acute-care services and Women's and Children's Center would be relocated to the proposed Cathedral Hill Hospital.

Davies Campus: New development would include the construction of a new Neuroscience Institute building, a new MOB, and related parking improvements.

St. Luke's Campus: Development would include demolition of the existing St. Luke's Hospital tower, Redwood Administration Building, and magnetic resonance imaging ("MRI") trailer; construction of the new 80-bed, acute-care St. Luke's Replacement Hospital; and construction of the proposed MOB/Expansion Building and associated underground parking.

91-2 PD

California Campus: The existing acute-care services and Women's and Children's Center would be relocated to the proposed Cathedral Hill Hospital. CPMC would sell the California Campus by 2020, after relocating that campus's inpatient services (*i.e.*, care of all patients staying longer than 24 hours) to the proposed Cathedral Hill Hospital and its other services to the Pacific Campus. Some existing on-site medical activities would continue at the California Campus in a relatively small amount of space that CPMC would lease back from the new property owner indefinitely.

CPMC's LRDP would be implemented in two phases: the *near-term* phase (Cathedral Hill Campus and St. Luke's Campus projects and Neuroscience Institute at Davies Campus) and the *long-term* phase, *i.e.*, projects that would commence significantly after 2015 or are contingent upon the completion of near-term projects (including projects at the Pacific Campus and California Campus and the Castro Street/14th Street MOB at Davies Campus).

The Draft EIR for the proposed CPMC LRDP purports to analyze impacts associated with near-term projects at the project-level pursuant to Section 15161 of the State CEQA Guidelines. The EIR is also a programmatic EIR for analysis of long-term projects pursuant to Section 15168 of the State CEQA Guidelines to the extent that impacts associated with those projects can be reasonably forecasted. These long-term projects will require additional or supplemental project-level environmental review at a later date.²

² Draft EIR, pp. 1-1 - 1-3 and pp. 2-1 - 2-3.

Comments

As discussed in my comments below, the Draft EIR is not adequately documented, internally inconsistent, and its analyses of the Project's impacts on air quality and global climate change are severely deficient. In addition, even though the Draft recognizes significant adverse impacts on air quality and global climate change, it fails to propose all feasible mitigation as required by CEQA.

91-3 AQ

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Table A-1: Summary of mitigation measures for Project impacts on air quality proposed by the Draft EIR

I. The Draft EIR Is Not Adequately Documented

To comply with CEQA, an EIR's significance determinations must be supported by credible analysis and substantial evidence.³ Here, the EIR is deficient because it fails to provide credible analysis and substantial evidence for its conclusions regarding the significance of Project impacts. For example, in the air quality section, the Draft EIR simply presents summary tables and draws conclusions without providing any supporting analyses or adequate discussion. Unlike any other EIR I have reviewed, the Draft EIR fails to include *any* of the supporting reports and background information it relied upon in forming its conclusions for its technical impact analyses. These documents should have been provided in technical appendices; in this case, they were not part of the EIR but had to be separately requested from the City as "administrative records" via a number of Public Records Act ("PRA") requests.

91-5 AQ

Your office submitted a request for supporting documentation for the Draft EIR's air quality and greenhouse gas emissions sections on July 21, 2010, the same day the City made the Draft EIR publicly available for review.⁴ This request asked for a) the Draft EIR on a CD; b) all spreadsheets and modeling files supporting the emission estimates and conclusions in the Draft EIR's air quality section regarding construction and operational emissions and health risk assessments; and c) all documents cited in the Draft EIR's air quality section supporting results and conclusions. In response, the City made available for purchase two CDs (\$10/CD) containing a) copies of the Draft EIR and c) those background studies that were cited in the Draft EIR and available in electronic format. Background studies that were cited in the Draft EIR but were only available to the City as hardcopies were not provided on these CDs but were only made available for review at the City's office.⁵ The CDs also did not include b) any of the requested spreadsheets and modeling files supporting the emission estimates and health risk assessments or all of the methodologies that were used.

91-6 AQ

In the following weeks, your office requested multiple times electronic files of the spreadsheets and modeling files in their native format supporting the Draft EIR's emission estimates and health risk assessments.^{6,7} I also explained to the City why these files are needed for independent review of the Draft EIR's results and conclusions and requested them several

91-7 AQ

³ Pub. Resources Code, §21081(a); CEQA Guidelines, §15091(b).

⁴ Email from Law Offices of Gloria Smith to Devyani Jain, City of San Francisco, Planning Department, Re: CMPC Hospital GP: Request for Documentation, July 21, 2010.

⁵ See Email from Devyani Jain, City of San Francisco, Planning Department, Re: CMPC Hospital GP: Request for Documentation, July 22, 2010.

⁶ Email from Law Offices of Gloria Smith to Devyani Jain, City of San Francisco, Planning Department, Re: Public Records Act Request For CPMC DEIR, August 30, 2010 and attached letter.

⁷ Email from Law Offices of Gloria Smith to Devyani Jain, City of San Francisco, Planning Department, Re: CAN's Requests for CPMC DEIR Documents, September 20, 2010 and attached letters.

times.^{8,9} At long last, after more than six weeks of dialogue, the City provided access to a) memoranda pertaining to the methodologies used by the consultants to prepare air quality and greenhouse gas emission analyses for the Draft EIR and b) Microsoft Excel spreadsheets supporting construction emission estimates as PDF printouts.¹⁰ On October 6, 2010, less than two weeks before the end of the comment period, the City provided access to some modeling files but stated that the consultant's Excel spreadsheets used to calculate emissions cannot be made available in their unprotected, native format because they:

"... contain data that is used to calculate emissions data and which constitutes trade secrets, and are thus exempt from disclosure under Government Code section 6253.9(f). In addition, because the unprotected, native format Excel spreadsheets are intrinsically linked to Environ's proprietary data management system, release of the unprotected, native format Excel spreadsheets would jeopardize or compromise the integrity of the files and of the proprietary software in which it is maintained, and thus are not subject to disclosure under Government Code section 6253.9. In any event, the City is not in possession of these spreadsheets in the format you request."¹¹

91-7 AQ

Frankly, I am perplexed as to which data contain trade secrets as all emission calculations for this Project should be based on publicly available databases and information. Unlike in the case of an existing refinery or power plant, the emission calculations for new commercial buildings such as a hospital do not require nor should they be based on any trade-secret data. Trade secret with respect to emission sources is usually reserved for data supplied by a manufacturer or operator of custom-build or unique emission sources. The CPMC would have no such emission sources. With respect to Environ's proprietary data management system, the Excel spreadsheets, which are based on publicly available, for-purchase software (Microsoft Excel), could have been unlinked from this system and provided as standalone spreadsheets. I wouldn't have repeatedly asked for those files if the Excel printouts that were provided to me as PDF files had a) contained all assumptions and had been clearly linked and b) been complete for all emission sources. Unfortunately, that was not the case. Thus, for some of the presented results, the City expects the reviewer to accept them in blind faith without a possibility of independent review. This is not acceptable for CEQA review.

II. The Draft EIR Fails to Provide a Mitigation Monitoring and Reporting Plan

The Draft EIR does not provide a mitigation monitoring and reporting plan ("MMRP") as is customary for CEQA documents for large projects. An MMRP identifies the measures

91-8 OTH

⁸ Phone conversation with Devyani Jain, City of San Francisco, Planning Department, August 8, 2010.

⁹ Email to Devyani Jain and Brian Smith, City of San Francisco, Planning Department, Re: CPMC DEIR - Request for Information, September 28, 2010.

¹⁰ Email from Brian Smith, City of San Francisco, Planning Department, Re: CPMC DEIR, September 22, 2010, providing access to City's FTP site.

¹¹ Email from Brian Smith, City of San Francisco, Planning Department, Re: CPMC DEIR, October 6, 2010.

included in the project, the entities responsible for carrying out the measures, and timing of implementation. Adoption of a mitigation monitoring and reporting program is required as a matter of law. The Governor's Office of Planning and Research explains:

Despite CEQA's emphasis on mitigation, until 1988 the Act did not require that agencies take actions to ensure that required mitigation measures and project revisions were indeed being implemented. When reports of gross disregard for mitigation requirements reached the State Legislature in that year, it responded by enacting AB 3180 (Cortese). Section 21081.6 of the Public Resources Code, added by this bill, provides that whenever a mitigated negative declaration is adopted or a public agency is responsible for mitigation pursuant to an EIR, the agency must adopt a program for monitoring or reporting on project compliance with the adopted mitigation. The legislation was signed into law by Governor Deukmejian in September of 1988 (Chapter 1232, Statutes 1988) and took effect on January 1, 1989.¹²

91-8 OTH

The CEQA Guidelines were revised to reflect the requirements of AB 3180 and state in pertinent part:

Prior to the close of the public review period for a draft environmental impact report or mitigated negative declaration, a responsible agency, or a public agency having jurisdiction over natural resources affected by the project, shall either submit to the lead agency complete and detailed performance objectives for mitigation measures which would address the significant effects on the environment identified by the responsible agency or agency having jurisdiction over natural resources affected by the project, or refer the lead agency to appropriate, readily available guidelines or reference documents.¹³

Here, the Draft EIR neither contains complete and detailed performance objectives for its proposed mitigation measures nor does it reference any readily available guidelines or reference documents. One or the other should be included in the Draft EIR for public review. While the Draft EIR recognizes that "[a] mitigation monitoring and reporting plan ... must be adopted as part of the approval action if mitigation measures are made part of the project," the City does not provide such a plan.¹⁴ While the MMRP need not necessarily be part of the EIR, its inclusion would provide the public an opportunity to review and comment.

91-9 OTH

I recommend that Draft EIR be revised to include an MMRP that identifies the required mitigation measures, the entities responsible for carrying out the measures, and the timing of their implementation. Including the MMRP in the CEQA document for review would ensure that mitigation measures are specific enough to be monitored effectively.

¹² Governor's Office of Planning and Research, CEQA Technical Advice Series, Tracking CEQA Mitigation Measures Under AB 3180, *emphasis added*; http://ceres.ca.gov/ceqa/more/tas/CEQA_Mitigation/CEQA_Mit.html.

¹³ California Public Resources Code § 21081: Findings Necessary for Approval of Project, § 21081.6(c): Adoption of Reporting or Monitoring Program for Changes, 2009.

¹⁴ Draft EIR, p. 1-12.

III. The Draft EIR's Organization Is Impenetrable and Fails to Fulfill Its CEQA Mandate to Effectively Inform the Public and Decisionmakers of the Project's Potential Adverse Impacts on the Environment

CEQA mandates that an EIR must be "organized and written in a manner that will be meaningful and useful to decisionmakers and to the public."¹⁵ Here, the organization of the Draft EIR is impenetrable and, consequently, fails to effectively inform the public and decisionmakers of the potential adverse impacts on the environment associated with construction and operation of the Project.

91-10
OTH

III.A The Draft EIR's Organization of Impact Sections Is Inconsistent with Common Use and CEQA Guidelines

The Draft EIR discusses the potential environmental impacts of implementing the CPMC LRDP in Sections 4.1 through 4.18 (*e.g.*, 4.1 Land Use, 4.2 Aesthetics, 4.3 Population, Employment, and Housing, 4.4 Cultural and Paleontological Resources, etc.). Rather than following an alphabetical order as suggested by the CEQA Guidelines, Appendix G, and which is commonly used in CEQA documents, there is no discernible order in which the Draft EIR presents its 18 impact sections. This random order makes it more difficult to find information in various impact areas as one has to constantly refer back to the table of contents rather than just following the alphabet. If this were the only organizational issue with the Draft EIR, it would not pose a problem; unfortunately, as it is, it contributes to a host of other issues that ultimately render the document impenetrable.

91-11
INTRO

III.B The Draft EIR's Discussion of Environmental Setting, Impacts, and Mitigation Measures and Is Repetitive and Impenetrable

For each environmental impact in these sections, the Draft EIR discusses the environmental setting, regulatory framework, cumulative conditions, significance criteria, and impact evaluations. Within the impact evaluations, the Draft EIR first provides a summary of the level of significance for each campus including mitigation, if required, and then discusses impacts associated with construction and operation of the Project components and their mitigation measures separately for *Near-Term Projects* at the Cathedral Hill, Davies, and St. Luke's Campuses and *Long-Term Projects* at the Pacific and Davies Campuses.¹⁶ In some sections project-specific individual and cumulative impacts are discussed in separate sections (*e.g.*, land use), in other instances they are discussed in the same paragraph (*e.g.*, air quality).

91-12
OTH

By more or less blindly following the above discussed formulaic organization, the Draft EIR's analysis of the Project's environmental impacts becomes repetitive and impenetrable and fails to provide an easily understandable discussion of impacts *prior to* and *after* implementation of the proposed mitigation measures for the various near-term and long-term project components. Unfortunately, the poor formatting of the Draft EIR's environmental

91-13
OTH

¹⁵ Pub. Resources Code, §21003(d).

¹⁶ Draft EIR, pp. 4-1 – 4-3.

impact analysis sections does little to assist or guide the reviewer. The 43-page summary table of "CPMC LRDP Impacts and Mitigation Measures" provided with the Draft EIR's Executive Summary is equally confusing, replete with unnecessary abbreviations, and poorly formatted.

91-13
OTH

For example, in Section 4.7, Air Quality, the Draft EIR provides an 89-page discussion of the Project's environmental setting, regulatory framework, cumulative conditions, significance criteria, analyzes 14 impacts on air quality and related health risks associated with construction and operation of the various Project components and proposes 15 mitigation measures. Rather than analyzing impacts from similar activities together, the Draft EIR discusses construction-related impacts in Impacts AQ-1, AQ-2, AQ-6, AQ-7, AQ-8, AQ-9, AQ-10, AQ-13, and AQ-14 and impacts related to Project operation in Impacts AQ-3, AQ-4, AQ-5, AQ-7, AQ-11, AQ-12, AQ-13, and AQ-14 (several impacts discuss both construction and operational emissions). The organization of Section 4.7 is confusing at best and fails to guide the reviewer through the analysis, conclusions, and effectiveness of proposed mitigation measures. Despite having reviewed hundreds of CEQA documents in my professional practice, I had to read the Draft EIR's air quality section (and other sections) multiple times to understand its organization; ultimately, I had to resort to creating a table that summarizes the Draft EIR's findings of significance prior to and after implementation of the proposed mitigation measures. (See Comment IV.B, Table 1.) In my opinion, neither the lead agency nor the public will be able to easily understand the significance of the Project's impacts on air quality or determine whether the Draft EIR proposes adequate mitigation. Therefore, the Draft EIR fails to fulfill its mandate under CEQA to effectively inform the public and decisionmakers of the Project's adverse environmental impacts and the proposed mitigation measures to reduce these impacts to the extent feasible.

91-14 AQ

The actual background analyses, as far as I can tell from the printouts I was provided with, appear to be well done. However, the translation of their results and modeling into the Draft EIR suffers from severe flaws. I suggest revising the Draft EIR's air quality section to discuss impacts attributable to construction and operational emissions separately and include the discussion of applicable significance criteria at the beginning of each of these segments. Other impact sections in the Draft EIR that suffer from similar organizational impenetrability should be similarly revised.

91-15 AQ

A revised EIR must eliminate all this confusing terminology and present its analysis following a logical organization.

III.C The Draft EIR's Definition of Project Impact Levels Is Confounding and Does Not Follow Standard CEQA Terminology

The Draft EIR's terminology for determining the significance of Project impacts does not follow standard CEQA terminology and is confusing. The Draft EIR defines the following nine levels of significance:

91-16
OTH

- *less than significant* ("LTS")
- *less than significant with mitigation* ("LTSM")
- *no impact* ("NI")

- *potentially significant* ("PS")
- *potentially significant and unavoidable* ("PSU")
- *potentially significant and unavoidable after mitigation* ("PSU/M")
- *significant impact* ("SI")
- *significant and unavoidable* ("SU")
- *significant and unavoidable impact after mitigation* ("SU/M")¹⁷

91-16 OTH

The use of nine levels of significance is confusing and contains too many redundant definitions (e.g., PSU = SU, PSU/M = SU/M) for the reviewer to readily understand the Project's impacts. Further, the Draft EIR uses the definition *significant and unavoidable* for determining the significance of impacts both *prior to* and *after* implementation of the proposed mitigation measures. This makes no sense because a significant impact can only be found *unavoidable after* evaluating and requiring all feasible mitigation.

Based on CEQA Guidelines Sections 15126 and 15126.2, the *CEQA Deskbook*, a widely recognized authoritative guidebook on CEQA implementation, recommends the following definitions for significance of impacts:

In describing the significance of impacts, the Lead Agency should identify whether the impacts are *less than significant* (where the environmental effect of the proposed project does not reach the threshold of significance); *avoidable* (where the environmental effect of the proposed project reaches the threshold of significance but feasible mitigation measures are available to reduce the impact to a less-than-significant level); *unavoidable* (where the environmental effect of the proposed project reaches the threshold of significance but no feasible mitigation is available to reduce the impact to a less than-significant level); or *beneficial* (where the environmental effect of the proposed project will improve the environment regardless of the threshold of significance).¹⁸

91-17 OTH

The *CEQA Deskbook* further advises:

In preparing the impact analysis, the Lead Agency should avoid using unclear terminology that may confuse the reader. Using modifiers such as "somewhat," "potentially," "very," "major," "minor," or "partially" for impacts does not provide significant information as to whether the Lead Agency determines the impact to be significant.¹⁹

Most CEQA documents follow these recommendations and use the following levels of significance for a) impacts prior to implementation of mitigation measures: *less-than-significant* ("LTS") and *significant* ("S"); and b) impacts after implementation of mitigation measures: *less-than-significant* ("LTS") and *significant and unavoidable* ("SU").

¹⁷ Draft EIR, p. S-80.

¹⁸ Bass, R.E., Herson, A.I., Bogdan, K.M., *CEQA Deskbook, A Step-by-Step Guide on How to Comply with the California Environmental Quality Act, 1999*, p. 98; *emphasis added*.

¹⁹ *Ibid*.

III.D The Draft Uses Redundant Acronyms for Mitigation Measures and Introduces Irrelevant Improvement Measures

Further confounding the already confusing organization is the Draft EIR's use of a number of different acronyms for the same mitigation measures. For example, in the air quality impact section, the Draft EIR designates mitigation measures for impacts on air quality as "M-AQ" to mitigate impacts from near-term ("M-AQ-N") and long-term ("M-AQ-L") project components using seven acronyms (M-AQ-N2, M-AQ-N9, M-AQ-L9, M-AQ-N10a, M-AQ-N10b, M-AQ-N10c, M-AQ-L10) to require the same mitigation measure to reduce construction equipment exhaust, *i.e.*, *Install Accelerated Emission Control Device on Construction Equipment*. Likewise, the Draft EIR uses four acronyms (M-AQ-N1a, M-AQ-L1a, M-AQ-N8a, M-AQ-L8a) to require the same mitigation measure to reduce fugitive dust, *i.e.*, *Implement BAAQMD Basic and Optional Control Measures and Additional Construction Mitigation Measures during Construction* and four more acronyms ("M-AQ-N1b, M-AQ-L1b, M-AQ-N8b, M-AQ-L8b) to require the same mitigation measure to reduce construction equipment exhaust, *i.e.*, *Implement Equipment Exhaust Control Measures during Construction*. (See attached Table A-1.) These numerous redundant acronyms contribute to the impenetrability of both the Draft EIR's air quality section and the summary table presented in the Executive Summary. The same problem with redundant acronyms persists in other sections, *e.g.*, the noise and biological resources sections.

91-18 OTH

In addition, in the air quality section, the Draft EIR suggests so-called improvement measures designated as "I-AQ" to mitigate impacts from near-term ("I-AQ-N") and long-term ("I-AQ-L") project components. Since these improvement measures (which appear only within the air quality section itself but not in the respective section of the Summary Table S-2; compare, *e.g.*, Impact AQ-2), are apparently optional they should either be unambiguously required or deleted from the Draft EIR. As it is, their presence implies that more mitigation would be required than would actually be the case.

91-19 OTH

IV. The Draft EIR's Analyses of the Project's Impacts on Air Quality Are Inconsistent and Not Adequately Supported

The Draft EIR states that for purposes of its air quality analysis, the relevant significance criteria and thresholds, are those established by the environmental checklist in Appendix G of the state CEQA Guidelines and guidance from the Bay Area Air Quality Management District ("BAAQMD"), respectively. The Draft EIR determines that the BAAQMD's CEQA Guidelines released in December 1999 constitute the "applicable" version because the more recent 2010 BAAQMD CEQA Guidelines (which include new thresholds of significance and new impact areas) were adopted after the Notice of Preparation ("NOP") for the Project was published or environmental analysis began.²⁰

91-20 AQ

²⁰ Draft EIR, p. 4.7-16.

IV.A The Draft EIR Analyzes the Significance of Project Emissions Based on the 1999 and 2010 BAAQMD CEQA Guidelines without Adequate Discussion Why It Relied on Two Sets of Guidelines

Despite finding the 1999 BAAQMD CEQA Guidelines to be the “applicable” version, the Draft EIR then proceeds to analyze the five impact criteria (7a through 7e) established by Appendix G of the State CEQA Guidelines for all near-term and long-term project components under both the 1999 BAAQMD CEQA Guidelines (Impacts AQ-1 through AQ-7) and the recently adopted 2010 BAAQMD CEQA Guidelines (Impacts AQ-8 through AQ-14) without discussing why it provided both analyses and what the reviewer is supposed to take away from this discussion.

91-21 AQ

It would have been explicable, had the Draft EIR provided an analysis of near-term project components under the 1999 BAAQMD CEQA Guidelines (because the NOP for the EIR was published and analysis began before the 2010 version of the guidelines was adopted) and a discussion of long-term project components (which have to undergo additional CEQA review in the future) under the newly adopted 2010 CEQA Guidelines. To analyze both near-term and both long-term Projects under both sets of guidelines is confusing at best.

It is unclear why the Draft EIR not simply relies only on the recently adopted 2010 BAAQMD CEQA Guidelines for analyzing all Project impacts, since it appears, in review of the background documentation in the administrative record provided by the City, that all analyses have already been performed conforming to the new guidelines. Clearly, the BAAQMD had good reason to update its two decades old CEQA guidance document. Therefore, for a project such as the CMPC LRPD with a timeframe extending over the next two decades, it is appropriate to use the recently adopted guidelines for analysis and proposed mitigation rather than relying on the outdated more than two-decades old 1999 guidelines.

91-22 AQ

In some instances, it appears that the Draft EIR picks and chooses whichever guideline is more convenient. For example, in Impact AQ-4, the Draft EIR claims to analyze the impacts of carbon monoxide (“CO”) emissions from motor vehicle exhaust under the 1999 BAAQMD CEQA Guidelines. Yet, the text of the impact analysis relies on a screening methodology for peak hourly traffic volumes at affected intersections established by the 2010 BAAQMD CEQA Guidelines rather than the numeric emission threshold of 550 lb/day CO established by the 1999 BAAQMD CEQA Guidelines.²¹

91-23 AQ

Elsewhere, the Draft EIR seems to waiver in whether an impact should or should not have been analyzed under the 2010 BAAQMD CEQA Guidelines. For example, in Impact AQ-14 the Draft EIR presents an analysis under the 2010 BAAQMD CEQA Guidelines but includes the disclaimer that the analysis “is not applicable to the proposed project, and is provided ... for informational purposes” only; yet, mitigation for significant impacts found under this analysis are nonetheless proposed (Mitigation Measure M-AQ-N2).^{22,23}

91-24 AQ

²¹ Draft EIR, p. 4.7-72.

²² Draft EIR, p. 4.7-80.

In light of scale of the CMPC LRDP and its future contribution to the air quality of San Francisco for decades to come, the Project should be analyzed and mitigated based on the recently adopted and more stringent 2010 BAAQMD CEQA Guidelines even though this is not expressly required by BAAQMD for the CMPC's near-term projects. Given that all air quality and greenhouse gas analyses have already been conducted to conform with the 2010 BAAQMD CEQA Guidelines, a revision (and simplification) of the Draft EIR would require minimal effort.

91-25 AQ

IV.B Revised Summary of Impacts on Air Quality Associated with Near-Term and Long-Term Project Components

Table 1 below provides a summary of the Draft EIR's conclusions with respect to a) the level of significance of the Project's impacts on air quality associated with near-term and long-term project components *prior to* mitigation; b) the mitigation measures proposed to reduce the significant impacts; and c) the level of significance of the Project's impacts on air quality associated with near-term and long-term project components *after* implementation of proposed mitigation measures.

In accordance with the discussion in Comment III.A, the terminology for levels of significance has updated as follows:

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- For the significance of impacts *prior to* implementation of proposed mitigation measures:
 - no impact* ("NI") has been replaced with *less than significant* ("LTS")
 - potentially significant* ("PS") has been replaced with *significant* ("S")
 - significant impact* ("SI") has been replaced with *significant* ("S")
 - significant and unavoidable impact* ("SU") has been replaced with *significant* ("S")
- For the significance of impacts *after* implementation of proposed mitigation measures:
 - less than significant with mitigation* ("LTSM") has been replaced with *less than significant* ("LTS")
 - potentially significant and unavoidable after mitigation* ("PSU/M") has been replaced with *significant and unavoidable* ("SU")
 - significant and unavoidable impact after mitigation* ("SU/M") has been replaced with *significant and unavoidable* ("SU")

Table 1: Revised summary of Draft EIR air quality impact analysis and proposed mitigation measures

Impact	Project Components	a) Level of Significance Prior to Proposed Mitigation	b) Proposed Mitigation/Improvement Measures (for description see attached Table A-1)	c) Level of Significance with Proposed Mitigation
1999 BAAQMD CEQA Guidelines				
AQ-1: Construction activities associated with the LRDП could result in short-term increases in fugitive dust that exceed BAAQMD CEQA significance criteria. (Significance Criteria 7a and 7b)	All Near-Term All Long-Term	S S	M-AQ-N1a, M-AQ-N1b M-AQ-L1a, M-AQ-L1b	LTS LTS
AQ-2: Construction activities associated with the LRDП could expose sensitive receptors to substantial concentrations of toxic air contaminants. (Significance Criteria 7b and 7d)	Near-Term • Cathedral Hill • Davies • St. Luke's All Long-Term	S LTS LTS LTS	M-AQ-N2 I-AQ-N2 I-AQ-N2 I-AQ-L2	SU LTS LTS LTS
AQ-3: Operation of the LRDП could exceed BAAQMD CEQA significance thresholds for mass of criteria pollutants and could contribute to an existing or projected air quality violation at full buildout. (Significance Criteria 7a and 7c)	All Near-Term All Long-Term	S S	none proposed none proposed	SU SU
AQ-4: Operation of the LRDП could cause local concentrations of CO from motor vehicle exhaust to exceed state and federal ambient air quality standards. (Significance Criterion 7b)	All Near-Term All Long-Term	LTS LTS	none required none required	LTS LTS
AQ-5: Operations at the LRDП could expose sensitive receptors to substantial concentrations of toxic air contaminants. (Significance Criterion 7d)	All Near-Term All Long-Term	LTS LTS	none required none required	LTS LTS
AQ-6: Construction activities associated with the LRDП could expose a substantial number of people to objectionable odors. (Significance Criterion 7e)	All Near-Term All Long-Term	LTS LTS	none required none required	LTS LTS
AQ-7: The LRDП's short-term construction and long-term operational emissions could contribute to cumulatively significant toxic air contaminant, criteria air pollutant or precursor emissions in the region. (Significance Criterion 7c)				
• Operational criteria air pollutant emissions	All Near-Term All Long-Term	S S	none required none required	SU SU
• Construction and operational toxic air contaminants emissions and construction criteria air pollutant emissions	All Near-Term All Long-Term	LTS LTS	none required none required	LTS LTS

Table 1 contd.: Revised summary of Draft EIR air quality impact analysis and proposed mitigation measures

Impact	Project Components	a) Level of Significance Prior to Proposed Mitigation	b) Proposed Mitigation/Improvement Measures (description see attached Table A-1)	c) Level of Significance with Proposed Mitigation
2010 BAAQMD CEQA Guidelines				
AQ-8: Construction activities associated with the LRDП could result in short-term increases in fugitive dust that exceed BAAQMD CEQA significance criteria. (Significance Criteria 7a and 7b)	All Near-Term All Long-Term	S S	M-AQ-N8a, M-AQ-N8b M-AQ-L8a, M-AQ-L8b	LTS LTS
AQ-9: Near-term and long-term construction activities associated with the LRDП could exceed BAAQMD CEQA significance thresholds for mass criteria pollutant emissions and could contribute to an existing or projected air quality violation. (Significance Criteria 7b and 7c)	All Near-Term All Long-Term	S S	M-AQ-N9 M-AQ-L9	SU SU
AQ-10: Construction activities associated with the LRDП could result in short-term increases in emissions of diesel particulate matter that exceed BAAQMD CEQA significance criteria and expose sensitive receptors to substantial concentrations of toxic air contaminants and PM _{2.5} . (Significance Criteria 7b and 7d)	All Near-Term All Long-Term	S S	M-AQ-N10a, M-AQ-N10b M-AQ-L10a, M-AQ-L10b	SU SU
AQ-11: Operation of the LRDП could exceed the BAAQMD CEQA significance thresholds for mass criteria pollutant emissions and could contribute to an existing or projected air quality violation at full buildout. (Significance Criteria 7a and 7c)	All Near-Term All Long-Term	S S	none proposed none proposed	SU SU
AQ-12: Operation of CPMC campuses under the LRDП could expose sensitive receptors to substantial concentrations of toxic air contaminants. (Significance Criterion 7d)	All Near-Term All Long-Term	LTS LTS	none required none required	LTS LTS
AQ-13: Construction and operation under the LRDП could expose a substantial number of people to objectionable odors. (Significance Criterion 7e)	All Near-Term All Long-Term	LTS LTS	none required none required	LTS LTS
AQ-14: The LRDП's short-term construction and long-term operational emissions could contribute to cumulatively significant toxic air contaminant, criteria air pollutant or precursor emissions in the region. (Significance Criterion 7d)				
<ul style="list-style-type: none"> * Construction criteria air pollutant and toxic air contaminant emissions * Operational criteria air pollutant and toxic air contaminant emissions 	All Near-Term All Long-Term All Near-Term All Long-Term	S S LTS LTS	none required none required none required none required	SU SU LTS LTS

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V. The Draft EIR's Analysis of Criteria Pollutant and Precursor Emissions Attributable to Project Operations Is Severely Flawed and Fails to Identify and Adequately Mitigate Significant Impacts on Air Quality

91-27 AQ

In Impacts AQ-3 and AQ-11, the Draft EIR provides analyses of operational emissions of criteria pollutants²⁴ and precursors²⁵ associated with the various near-term and long-term Project components for the year 2030 under the 1999 BAAQMD CEQA Guidelines (Impact AQ-3) and the 2010 BAAQMD CEQA Guidelines (Impact AQ-11). There are a number of problems associated with this analysis and, as a result, the Draft EIR fails to identify and adequately mitigate significant adverse impacts on air quality attributable to operational emissions from the various Project components.

V.A The Draft EIR's Analysis of Project Impacts on Air Quality Is Internally Inconsistent, Ambiguous, and Incomplete

91-28 AQ

The Draft EIR is inconsistent and fails to unambiguously define which BAAQMD CEQA Guidelines and significance thresholds it uses to evaluate Project impacts. For example, Impact AQ-3 claims to analyze operational emissions based on the 1999 BAAQMD CEQA Guidelines, yet, Table 4.7-6 (incorrectly) cites to the recently adopted, *i.e.*, 2010, BAAQMD CEQA Guidelines but (correctly) presents levels of significance established in the 1999 BAAQMD CEQA Guidelines.

91-29 AQ

In the heading for Impact AQ-4, the Draft EIR claims to analyze the impacts of CO emissions from motor vehicle exhaust under the 1999 BAAQMD CEQA Guidelines. Yet, the text of the impact analysis relies on a screening methodology for peak hourly traffic volumes at affected intersections established by the 2010 BAAQMD CEQA Guidelines rather than the quantitative emission threshold of 550 lb/day CO established by the 1999 BAAQMD CEQA Guidelines.²⁶

91-30 AQ

Further, while the Draft EIR purports to analyze seven impacts under the 2010 BAAQMD CEQA Guidelines, it nowhere provides the thresholds of significance established by these guidelines for the reviewer to compare emission estimates to. This lack of information is further complicated by the fact that the Draft EIR fails to discuss the significance of all

²⁴ Criteria air pollutants include the six most common air pollutants in the U.S.: carbon monoxide ("CO"), lead, nitrogen dioxide ("NO_x"), ozone, particulate matter ("PM"), and sulfur dioxide ("SO₂"). Congress has focused regulatory attention on these six pollutants because they endanger public health and the environment, are widespread throughout the U.S., and come from a variety of sources. Criteria air pollutants are responsible for many adverse effects on human health, causing thousands of cases of premature mortality and tens of thousands of emergency room visits annually. They also cause acid rain and can significantly harm ecosystems and the built environment.

²⁵ Reactive organic gases ("ROG") and NO_x are precursors for ozone.

²⁶ Draft EIR, p. 4.7-72.

pollutants but only provides a very limited discussion for those pollutants whose emissions would result in significant impacts. Thus, the reviewer, lacking thresholds to compare emissions to, has no choice but to trust that the Draft EIR correctly discusses all pollutants that would exceed thresholds of significance. This problem could have been avoided by presenting all emission estimates in a table along with the quantitative significance thresholds established in both the 1999 and the 2010 BAAQMD CEQA Guidelines.

91-30 AQ

These inconsistencies, lack of information, and pick-and-choose approach to which guidelines are applied make it almost impossible to follow the Draft EIR's analysis and cast doubt on the Draft EIR's conclusions.

V.B The Draft EIR Fails to Adequately Discuss Impacts Attributable to Project Operational Emissions

The Draft EIR provides two summary tables for net changes of emissions of criteria pollutants from existing conditions for the year 2030 and the respective thresholds of significance established in the 1999 BAAQMD CEQA Guidelines in Impact AQ-3: Table 4.7-6 summarizes emissions in pounds per day ("lb/day") and Table 4.7-7 summarizes emissions in tons per year ("ton/year"). In order to interpret these tables, the Draft EIR provides a 10-line discussion for near-term project-components at the Cathedral Hill, Davies, and St. Luke's Campuses finding that PM10 emissions would exceed the daily and annual significance thresholds established in the 1999 BAAQMD CEQA Guidelines, no feasible mitigation measures are available and therefore the impact would remain significant and unavoidable. Similarly, the Draft EIR provides an eight-line discussion for the Cathedral Hill and St. Luke's Campuses with Project variants finding that none of the identified variants are expected to significantly change operations and hence, for the same reasons as described before, impacts would be significant and unavoidable. For long-term project components at the Pacific and Davies Campuses, the provides an even shorter discussion, three lines, stating that impacts would be similar to short-term projects, that no feasible mitigation is available, and, therefore, that impacts would remain significant and unavoidable.²⁷ The discussion in Impact AQ-11 some 44 pages later, comparing PM10 emissions to the 2010 BAAQMD CEQA Guidelines, is exactly the same.²⁸ These brief "discussions" are entirely inadequate for a CEQA review document, especially, considering the size and scope of the Project at hand and its lasting impacts.

91-31 AQ

91-32 AQ

91-33 AQ

First, the Draft EIR addresses in its discussion of emissions and impacts only the one pollutant, PM10, which would exceed the 1999 and 2010 BAAQMD thresholds of significance. The Draft EIR does not provide any discussion of pollutants below the significance thresholds. This leaves reviewers with having to compare the emission estimates presented in Tables 4.7-6 and 4.7-7 against the presented thresholds of significance themselves. Because the Draft EIR

²⁷ Draft EIR, pp. 4.7-38 - 4.7-41.

²⁸ Draft EIR, pp. 4.7-72 - 4.7-73.

fails to provide the levels of significance for operational emissions established in the 2010 BAAQMD CEQA Guidelines anywhere in the air quality section, a reviewer unfamiliar with the BAAQMD's guidelines has to simply trust the Draft EIR's conclusions.

91-33 AQ

V.C The Draft EIR Fails to Include Estimates of PM2.5 Emissions from Stationary Sources in Emission Estimates of PM10

The Draft EIR treats emissions of particulate matter smaller than or equal to 2.5 micrometers ("PM2.5") from stationary sources as if they did not contribute to PM10 emissions: for example, for stationary sources at the Cathedral Hill Campus, the Draft EIR reports emissions of 7.7 pounds per day ("lb/day") of PM2.5 but reports zero lb/day of PM10 emissions.^{29,30} The fine or respirable fraction of particulate matter, PM2.5, is a *subset* of PM10, the thoracic fraction of particulate matter and, thus X pounds of PM2.5 emissions are also X pounds of PM10 (the reverse is not necessarily true). Thus, PM2.5 emissions must be included in the emission estimates of PM10; in other words 7.7 lb/day of PM2.5 emissions equal 7.7 lb/day of PM10 emissions.

91-34 AQ

V.D The Draft EIR Fails to Analyze Interim Year Operations and Fails to Identify Significant Impacts on Air Quality

The Draft EIR contains no explanation whatsoever why full buildout of the Project in the year 2030 was chosen for analysis and why no analysis of any interim years was provided. Since the Draft EIR purports to analyze near-term project components at the project level pursuant to Section 15161 of the State CEQA Guidelines, it should have provided analyses of these near-term projects at the time they become operational. Yet, it only provides an analysis for 2030 when all project components, including near-term and long-term projects would be operational. Review of the construction schedule provided in Appendix B of the Draft EIR shows that construction of most near-term projects including the Cathedral Hill Hospital, the Cathedral Hill MOB, the tunnel, St. Luke's Hospital, and the Davies Neuroscience Institute is anticipated to begin immediately after approval and is expected to be finalized within 2 to 4½ years. Construction of the St. Luke's MOB would be started when St. Luke's Hospital becomes operational and would last about 3½ years. That means, if construction of near-term projects (with the exception of the St. Luke's MOB) were started in 2011, these project components would be operational in 2015 and St. Luke's MOB would be operational by 2018. Thus, the Draft EIR should have provided project-level analyses of near-term projects for the years 2015

91-35 AQ

²⁹ See Draft EIR, Table 4.7-6, p. 4.7-39.

³⁰ Particulate Matter is a mixture of extremely small particles and liquid droplets found in the air. Sources of particulate pollution include woodstoves, fires, wind-blown dust, automobiles, and industry. PM10 refers to particulate matter with an aerodynamic diameter of 10 micrometers or smaller, whereas PM2.5 refers to particulate matter with an aerodynamic diameter of 2.5 micrometers or smaller. (In general, particles have irregular shapes with actual geometric diameters that are difficult to measure. The aerodynamic diameter is an expression of a particle's aerodynamic behavior as if it were a perfect sphere with unit-density and diameter equal to the aerodynamic diameter.)

and 2018. In other words, the Draft EIR fails to provide project-level review. Since timing and project-specific details of the proposed long-term projects are undetermined and these projects will have to undergo separate CEQA review, the analyses for 2030 can only provide a best-guess estimate of conditions in 2030. Further, based on the construction schedule provided in the Notice of Preparation for the Draft EIR, construction for the long-term projects is anticipated to be finalized in 2020 (the Draft EIR only provides a construction schedule for near-term project components in Appendix B).³¹ Thus, the 2030 horizon is not fitting for analysis of long-term projects but should be revised to 2020.

91-35 AQ

Review of the Administrative Record obtained in response to a number of PRA requests (*see* Comment I) reveals that operational emissions had been estimated for both the interim year 2015 after buildout of all near-term Project components and for the year 2030 after buildout of long-term Project components.^{32,33} Yet, even though the Draft EIR purports to provide project-level review for near-term Project components, it presents only emission estimates for after buildout of long-term Projects is presumably anticipated to be completed in 2030. It appears that analyses for the interim year 2015 have been deliberately omitted. As demonstrated below, emissions estimated for 2015 are considerably higher than in 2030, resulting in exceedance of quantitative thresholds of significance established by the BAAQMD.

91-36 AQ

Table 2 summarizes net emission changes of criteria pollutant and precursors attributable to area and mobile sources for the Cathedral Hill, Davies, and St. Luke's Campuses for the year 2015 as estimated by the EIR consultant Environ. Stationary source emissions were assumed to be the same for the year 2015 as for the year 2030. Net emission changes at Pacific Campus were assumed to be zero, as no construction would occur and no change in operations is expected before 2015.

91-37 AQ

³¹ Appendix A, Table 1 "CPMC Long Range Development Plan Schedule," p. 11.

³² Administrative Record, Email from Snigdha Mehta, AECOM, to John Koehler and Jayni Allsep, Re: Completion of Review of CPMC AQ Section, June 25, 2010; provided as PDF file "34 08010089.AQ. Environ.201006" and attachments in folder "34 08010089.AQ.Model Runs."

³³ Administrative Record, Memorandum from Snigdha Mehta, AECOM, to Jessica Range, San Francisco Planning Department, Re: Area and Mobile Source Emissions Methodology, June 17, 2010; provided as PDF file "35 08010089.AQ.CPMC Operational Air Emissions - URBEMIS Runs."

**Table 2:
Net emission changes of criteria pollutants and precursors in 2015 attributable to operations
under the CMPC LRDP (based on documents prepared in support of the Draft EIR)
and net emission changes as presented in the Draft EIR for 2030**

Source	Emissions (lb/day)				
	ROG	NO _x	PM10	PM2.5	CO
Cathedral Hill Campus					
Area sources ^a	3.53	2.11	-	-	(1.47)
Mobile sources ^a	32.81	44.07	104.18	19.69	430.24
Stationary sources ^b	5.40	13.60	7.70	7.70	
Total	41.74	59.78	111.88	27.39	428.77
Pacific Campus					
Area sources ^c	-	-	-	-	-
Mobile sources ^c	-	-	-	-	-
Total	-	-	-	-	-
Davies Campus					
Area sources ^d	0.43	0.35	0.01	0.01	1.83
Mobile sources ^d	2.68	3.59	8.49	1.60	35.06
Stationary sources ^e	0.01	0.10	0.02	0.02	
Total	3.12	4.04	8.52	1.63	36.89
St. Luke's Campus					
Area sources ^a	0.35	1.19	-	-	(0.52)
Mobile sources ^a	8.17	10.96	25.91	4.90	107.01
Stationary sources ^b	0.02	(1.20)	(0.02)	(0.02)	
Total	8.54	10.95	25.89	4.88	106.49
2015 Total Unmitigated Emissions	53.4	74.8	146.3	33.9	572.3^d
1999 BAAQMD CEQA Threshold	80	80	80	-	550
Exceeds Threshold?	no	no	YES	-	YES
2010 BAAQMD CEQA Threshold	54	54	82	54	
Exceeds Threshold?	no	YES	YES	no	
2030 Total Unmitigated Emissions^a	31	39	119	31	245^a
1999 BAAQMD CEQA Threshold	80	80	80	-	550
Exceeds Threshold?	no	no	YES	-	no
2010 BAAQMD CEQA Threshold	54	54	82	54	
Exceeds Threshold?	no	no	YES	no	

a Administrative Record, Email from Snigdha Mehta, AECOM, to John Koehler and Jayni Allsep, Re: Completion of Review of CPMC AQ Section, June 25, 2010; provided as PDF File "34 08010089.AQ.Environ.201006" and attachments in folder "34 08010089.AQ.Model Runs"

b From Draft EIR, Table 4.7-6, p. 4.7-39

c No net change in emissions was assumed until 2015

d Mobile source emissions only

e Draft EIR, Table 4.7-6, p. 4.7-39

Table 2 shows that, compared to 2030, total net unmitigated emission changes attributable to Project operations are considerably higher in 2015. The difference is mostly associated with anticipated decreases in emissions from mobile source between 2015 and 2030. Table 2 demonstrates, based on emission estimates performed in support of the Draft EIR, that in 2015, in addition to the previously identified significant PM10 emissions, net changes in

91-37 AQ

91-37 AQ

unmitigated operational emissions of a) CO would exceed the threshold of significance established in the 1999 BAAQMD CEQA Guidelines of 550 lb/day and b) NO_x would exceed the threshold of significance established in the 2010 BAAQMD CEQA Guidelines of 54 lb/day. These are new significant impacts that the Draft EIR failed to identify and mitigate.

VI. The Draft EIR's May Not Find Significant and Unavoidable Impacts due to Operational Emissions of Criteria Pollutants and Greenhouse Gases without Requiring all Feasible Mitigation

CEQA requires that agencies adopt feasible mitigation measures (or feasible environmentally superior alternatives) in order to substantially lessen or avoid otherwise significant adverse environmental impacts.³⁴

91-38 AQ

Here, the Draft EIR in Impacts AQ-3 and AQ-11, finds that emissions of criteria pollutants associated with operation of the Project's near-term and short-term project components would exceed the daily thresholds of significance for PM₁₀ set forth in the 1999 BAAQMD CEQA Guidelines and the annual thresholds of significance for PM₁₀ set forth in the 2010 BAAQMD CEQA Guidelines and would therefore be significant.³⁵ The Draft EIR fails to discuss the feasibility of *any* mitigation measures whatsoever instead merely stating that "[n]o feasible mitigation is available to reduce this impact to less than significant."³⁶ However, the Draft EIR lacks any foundation for this claim. The Draft EIR fails to identify or evaluate any potential mitigation measures and provides no analysis to support its conclusion that no feasible mitigation measures are available. The Draft EIR then finds that operational criteria pollutant emissions associated with implementation of the Project's near-term and long-term components would result in *significant and unavoidable* impacts on air quality by contributing to or resulting in a violation of air quality standards. This finding and the utter lack of a discussion of the feasibility of any mitigation measures is not acceptable under CEQA.

91-39 GH

Similarly, the Draft EIR finds significant impacts due to the Project's operational emissions of greenhouse gases ("GHGs") from both near-term and long-term projects when analyzed under the 2010 BAAQMD CEQA Guidelines. Again, the Draft EIR fails to discuss the feasibility of any potential mitigation measures instead simply stating that "[i]t is not likely that additional increases in the energy savings and sustainability goals would be able to reduce emissions below BAAQMD's significance criteria. Accordingly, this impact would remain *significant and unavoidable*, based on BAAQMD's recently adopted GHG thresholds."³⁷ This finding and the lack of any discussion of mitigation measures is not acceptable under CEQA and apparently based on the invalid assumption that if mitigation measures would not

³⁴ Pub. Resources Code, §21002.

³⁵ See Draft EIR, Table S-2, p. S-65, and 4.7-41. See also Table 1.

³⁶ Draft EIR, p. 4.7-41.

³⁷ Draft EIR, p. 4.8-32.

reduce emissions below a threshold, they are worth adopting. In fact, the lead agency has the obligation to require that the Project reduce emissions *to the extent feasible, i.e., any reduction in emissions that would result from one or a combination of several mitigation measure(s) is preferable over no reduction, irrespective of whether emissions would be reduced to below a threshold.*

91-39 GH

The Draft EIR's failure to identify and evaluate potential mitigation measures for greenhouse gas emissions is a prima facie violation of CEQA. CEQA prohibits agencies from approving projects with significant environmental impacts when feasible mitigation measures can substantially lessen or avoid such impacts.³⁸ Specifically, an agency is prohibited from approving a project unless it has "[e]liminated or substantially lessened all significant effects on the environment where feasible."³⁹ Accordingly, an agency may only adopt a statement of overriding considerations only *after* it has imposed all feasible mitigation measures to reduce a project's impact to less than significant levels.⁴⁰

91-40 GH

For greenhouse gas emissions, the Draft EIR appears to be under the mistaken assumption that the Project's compliance with the City's Green Building Ordinance requirement for certification under the Leadership in Energy and Environmental Design ("LEED") Green Building Rating System developed by the U.S. Green Building Council ("USGBC") would suffice to satisfy CEQA mitigation requirements. This assumption is unsupported for the following reasons:

- a) The City's Green Building Ordinance requires the Cathedral Hill MOB and the St. Luke's MOB/Expansion Building, as well as the buildings proposed to be constructed in the long term at the Pacific and Davies Campuses, to obtain a level "Silver" certification;⁴¹ "Gold" and "Platinum" LEED certification, which are also available, are not pursued by CPMC.
- b) The Draft EIR states that although the proposed Cathedral Hill Hospital and St. Luke's Replacement Hospital would not be subject to the City's Green Building Ordinance, CPMC *intends* to attain LEED certification for these buildings;⁴² yet the Draft EIR fails include this intention as an enforceable mitigation measure and fails to specify to which LEED level (Certified, Silver, Gold, Platinum) these buildings would be certified.
- c) LEED certification (at any level) does not guarantee that energy use and emissions of criteria pollutants and greenhouse gases associated with buildings would be reduced to the maximum extent feasible as required under CEQA to reduce the

91-41 GH

³⁸ Pub. Res. Code 21002.

³⁹ CEQA Guidelines § 15092(b)(2).

⁴⁰ CEQA Guidelines §§ 15126.4, 15091.

⁴¹ Draft EIR, p. 4.8-22.

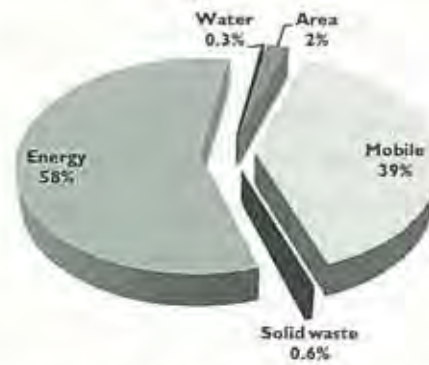
⁴² *Ibid.*

Project's significant impacts on air quality and global climate change. (See Comments VI.A and VI.B.)

- d) Other mitigation measures that would reduce the Project's criteria pollutant and greenhouse gas emissions are available that are not addressed by LEED certification. (See Comment VI.C.)

91-41 GH

As shown in Figure 1, at the Cathedral Hill Campus, greenhouse gas emissions (reported as CO₂-equivalent ("CO₂-eq") emissions) attributable to energy use including area sources (landscape equipment, consumer products, etc.), electricity generation, natural gas combustion, and solid waste and water consumption account for 61% of total greenhouse gas emissions attributable to Project operations; mobile source emissions account for 39%.



91-42 GH

Figure 1: Greenhouse gas emissions (in CO₂-eq) attributable to Cathedral Hill Campus in 2030

Data from: Draft EIR, Table 4.7-7, p. 4.7-40

Thus, effective mitigation for the Project's greenhouse gas emissions must address both energy consumption associated with building operation and mobile source emissions.

VI.A LEED Certification Alone Fails to Limit Energy Use from Buildings to the Extent Feasible

Because buildings consume almost half the energy used in the U.S. annually, it is imperative to reduce their energy use and associated emissions of both greenhouse gases and criteria pollutants to the extent feasible. (See Figure 2.)

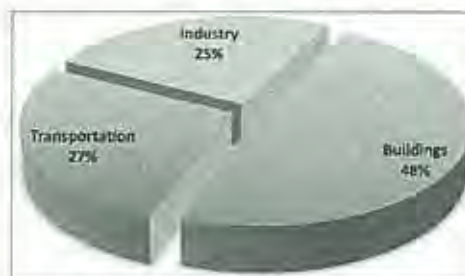


Figure 2: U.S. energy use by sector

From: architecture30.org

91-43 GH

Scientific life-cycle analyses have repeatedly found that the energy used for operation and maintenance is the single largest source of environmental damage and resource consumption attributable to buildings. In comparison, the so-called “embodied” energy⁴³ of building materials accounts for only 6 to 17% of the total energy use of a building over a 50-year life-cycle. Despite these findings “green design” and rating programs like LEED are typically fixated on material choices, not reduction of energy use.⁴⁴

91-44 ME

In the past years, the LEED program for commercial buildings has been increasingly criticized, including by its practitioners, for failing to live up to the program’s stated goals to improve building performance with respect to energy savings, water efficiency, greenhouse gas emissions reduction, improved indoor environmental quality, and stewardship of resources and sensitivity to their impacts.^{45,46,47} The major criticisms of the LEED program are that its rating system:

91-45 ME

- a) Is design-based rather than performance-based and there is no follow-up to determine whether the building lives up to its design;
- b) Is fixated on material choices, not energy reduction;
- c) Does not take into account metrics such as the energy efficiency of the building; or the energy intensity of the building, *e.g.*, the energy use per unit building area⁴⁸ and occupancy loading; or the productivity of the building; and

⁴³ From Wikipedia: Embodied energy is defined as the commercial energy (fossil fuels, nuclear, etc.) that was used ... to make any product, bring it to market, and dispose of it. Embodied energy is an accounting methodology which aims to find the sum total of the energy necessary for an entire product lifecycle. This lifecycle includes raw material extraction, transport, manufacture, assembly, installation, disassembly, deconstruction and/or decomposition.

⁴⁴ John Straube, *Why Energy Matters*, Building Science Insights, BSI-012, September 2010; http://www.buildingscience.com/documents/insights/bsi-012-why-energy-matters/files/BSI-012_Why_Energy_Matters_rev.pdf, accessed October 11, 2010.

⁴⁵ See, for example, BuildingGreen.com, *Lies, Damn Lies, and...* (Another Look at LEED Energy Efficiency), posted September 2, 2008 by Nadav Malin and reader comments; <http://www.buildinggreen.com/live/index.cfm/2008/9/2/Lies-Damn-Lies-and-Are-LEED-Buildings-iLessi-Efficient-Than-Regular-Buildings>, accessed October 11, 2010.

⁴⁶ Joseph W. Lstiburek, (an edited version of this Insight first appeared in the ASHRAE Journal), *Prioritizing Green: It’s The Energy Stupid*, Building Science Insights, BSI 007, November 2008; http://www.buildingscience.com/documents/insights/bsi-007-prioritizing-green-it-s-the-energy-stupid/files/bsi-007_its_the_energy_stupid.pdf, accessed October 11, 2010.

⁴⁷ Mis-LEED-ing, Sidebar information for BSI-007: *Prioritizing Green – It’s the Energy Stupid*, Building Science Insights; <http://www.buildingscience.com/documents/insights/mis-leed-ing/>, accessed October 11, 2010.

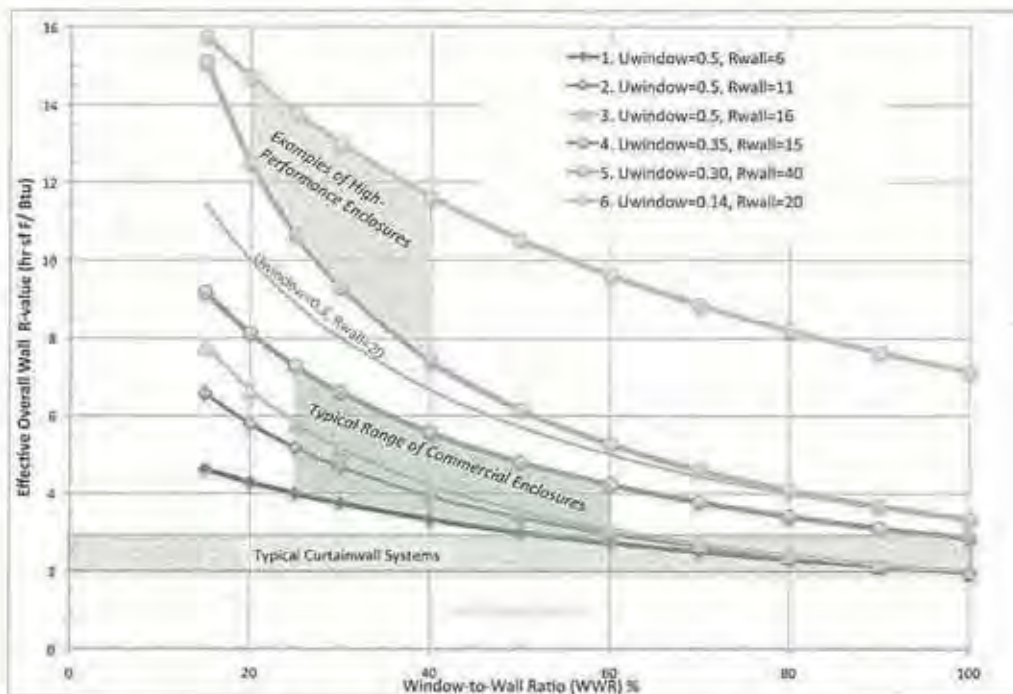
⁴⁸ The building area of a major building structure is the sum of the areas of the several floors of the building, including basements, mezzanines, intermediate floored tiers, and all penthouses, measured from outside face to outside face of exterior walls or from the center line of common walls separating buildings.

- d) Awards credits, or points, for individual components disproportionate to their comparative value with respect to energy use and regardless of the specific circumstances of the building such as location, climate, etc.

91-45 ME

One striking example of the above discussed deficiencies of the LEED program is its treatment of the thermal performance of the building envelope: even though windows and curtain walls⁴⁹ provide the worst energy performance of all building components (as opposed to properly insulated walls), LEED does not reward designs that reduce the glazing⁵⁰, i.e., window-to-wall, ratio.

Glazing systems, including almost all modern high-performance ones, have very little ability to control heat flow and solar radiation. Figure 3 shows the thermal performance (effective overall wall thermal resistance or R-value⁵¹) of various building enclosures (walls and windows) versus the window-to-wall (glazing) ratio.



91-46 ME

Figure 3:
Building wall R-value versus window-to-wall (glazing) ratio

From: Joseph W. Lstiburek, Prioritizing Green: It's The Energy Stupid, Insight, November 2008;
http://www.buildingscience.com/documents/insights/bsi-007-prioritizing-green-it-s-the-energy-stupid/files/bsi-007_its_the_energy_stupid.pdf

⁴⁹ A curtain wall is an outer covering of a building in which the outer walls are non-structural, but merely keep out the weather.

⁵⁰ Glazing is a transparent part of a building wall.

⁵¹ The R-value is a measure of thermal resistance used in the building and construction industry.

Without delving into the details of this graph, it shows that regardless of how well insulated the building enclosure (y-axis), its effective overall thermal resistance (wall R-value) drops quickly when the window-to-wall ratio is increased (x-axis). The conclusion that can be drawn from this graph is that the most effective approach to energy savings is to reduce the glazing area. Or, as the author of an article on the energy efficiency of buildings succinctly put it: "Bottom line is use less glass and use good glass and frames... Bad glass ruins good walls."⁵²

Another building science engineer notes:

The real savings from improved window technology, more efficient equipment, and better design tools have disguised the fact that we are wasting more energy because of over-ventilated, over-glazed, and under-insulated buildings.⁵³

Thus, good building designs should strive to avoid these pitfalls.

91-46 ME

⁵² Joseph W. Lstiburek, (an edited version of this Insight first appeared in the ASHRAE Journal), *Prioritizing Green: It's The Energy Stupid*, Insight, November 2008; http://www.buildingscience.com/documents/insights/bsi-007-prioritizing-green-it-s-the-energy-stupid/files/bsi-007_its_the_energy_stupid.pdf, accessed October 11, 2010.

⁵³ John Straube, *Why Energy Matters*, Building Science Insights, BSI-012, September 2010; http://www.buildingscience.com/documents/insights/bsi-012-why-energy-matters/files/BSI-012_Why_Energy_Matters_rev.pdf, accessed October 11, 2010.

VI.B High Window-to-Wall Areas in Project Buildings Should Be Decreased to Reduce Energy Consumption

As shown in the below architectural renderings, the proposed Cathedral Hill campus would make extensive use of glass and unshaded curtain walls to the south onto Geary Boulevard, east onto Van Ness Boulevard, and north onto Post Street.



Figure 4:
CMPC Cathedral Hill Hospital as seen from Van Ness Avenue at Post Street

From: Curbed, Cathedral Hill: It's Not Just About You, Monday, September 27, 2010;
http://sf.curbed.com/archives/2010/09/27/cathedral_hill_its_not_just_about_you.php



Figure 5: CMPC Cathedral Hill Hospital as seen from Van Ness Avenue at Geary Boulevard

From: California Pacific Medical Center 2008 Institutional Master Plan; http://www.rebuildcpmc.org/assets/08IMP_CPMC.pdf

91-47 ME



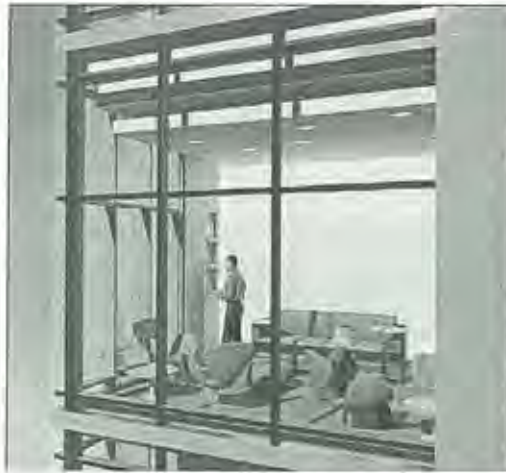


Figure 6: Interior view of the CMPC Cathedral Hill Hospital

From: California Pacific Medical Center 2008 Institutional Master Plan; http://www.rebuildcpmc.org/assets/08IMP_CPMC.pdf

91-47 ME

The expanse of windows and unshaded curtain walls, particularly to the south, would dramatically increase heating, ventilation and air-conditioning demand compared to a system with a lower window-to-wall ratio.

As one building science engineer notes:

When I see a fully glazed, floor-to-ceiling commercial or institutional building, I see an energy-consuming nightmare of a building that requires lots of heating and cooling at the perimeter just to maintain comfort. The result, on a cold winter day, is that offices exposed to the sun require cooling, while those in the shade need heat. Unless the control system is highly tuned, too many of the occupants will also be uncomfortable.⁵⁴

91-48 ME

Numerous studies have shown there are no day-lighting or energy benefits with window-to-wall ratios over 60 percent, and in most cases an area of between 25 and 40 percent is optimum (that is, lowest energy consumption).⁵⁵ Thus, one effective mitigation measure to reduce the Project's greenhouse gas emissions associated with energy use would be to design all buildings with a reduced window-to-wall ratio:

Many designers have shown that beautiful and high-performance buildings can result from a proper balance of glazing quantity and quality. All too often, however, designers appear to choose all-glass curtain walls or floor-to-ceiling strip windows because they make it easy to create a sleek impression while leaving all the tricky details in the hands of the manufacturers.

⁵⁴ John Straube, *Can Highly Glazed Building Façades Be Green?* Building Science Insights, BSI-006, September 2008; http://www.buildingscience.com/documents/insights/bsi-006-can-fully-glazed-curtainwalls-be-green/files/bsi-006_glazed_buildings_green.pdf, accessed October 11, 2010.

⁵⁵ *Ibid.*

How much longer can we afford to pay the energy bills that result from that choice? It's high time to revive the craft of designing beautiful facades that don't cost the earth.⁵⁶

91-48 ME

Clearly, the Cathedral Hill Hospital building is not designed for sustainability and energy conservation even though it would be required to be LEED certified. In order to address the Project's significant emissions of greenhouse gases and criteria pollutants, all planned buildings under the LRDP should be examined as to how their design could be modified to reduce energy use and associated emissions.

91-49 ME

VI.C Additional Mitigation Measures Are Feasible and Must Be Required to Reduce the Project's Significant Operational Emissions to the Extent Feasible

Contrary to the Draft EIR's assumption, there are many opportunities available for meaningful mitigation of the Project's greenhouse gas and air quality impacts, including off-site mitigation measures:

- **Energy Audits and Retrofits at Existing CPMC Buildings:** Mitigation could include offsetting the Project's greenhouse gas emissions through a comprehensive audit of existing buildings owned by CPMC and processes to identify and implement energy saving measures, including improving the efficiency of existing equipment so that it uses less electricity or burns less fuel. As an example, in September 2007, the California Attorney General's office came to an agreement with ConocoPhillips, by which ConocoPhillips agreed to mitigate greenhouse gas emissions for a planned hydrogen facility by, among other measures, undertaking an energy efficiency audit and carbon emissions audit for all of its California facilities.⁵⁷
- **Community Energy Efficiency Building Retrofits:** Mitigation could include funding programs that provide for energy efficiency retrofits of existing buildings and housings in the City, with a particular focus on rental and low-income housing. As one example, the Chula Vista Energy Upgrade Project included \$210,000 worth of mitigation funds "for energy efficiency and related improvements to local homes and business, ... intended to directly benefit the residents potentially most affected by the proposed project."⁵⁸ These upgrades could include installation of a heat-reflecting "cool roof" and heat-reducing window awnings, high-efficiency air conditioning systems with programmable thermostats, and energy-saving fluorescent lighting fixtures that feature daylight and occupancy sensors.

91-50 GH

91-51 GH

⁵⁶ *Ibid.*

⁵⁷ ConocoPhillips and California Attorney General Settlement Agreement, September 10, 2007); http://ag.ca.gov/globalwarming/pdf/ConocoPhillips_Agreement.pdf, accessed September 17, 2010.

⁵⁸ California Energy Commission, Docket No. 07-AFC-4, Chula Vista Energy Upgrade Project, Final Staff Assessment, Addendum, p. 3, September 30, 2008; http://www.energy.ca.gov/sitingcases/chulavista/documents/2008-09-29_FINAL_STAFF_ASSESSMENT_ADENDUM_TN-48266.PDF, accessed September 17, 2010.

- **Funding of Carbon Offset Programs:** Mitigation could include providing funds to the BAAQMD, Audubon Society, California Wildlife ReLeaf, or other organizations to fund carbon reduction or sequestration projects. For example, the 2007 ConocoPhillips settlement included an agreement to mitigate and offset greenhouse gas emissions by providing (1) \$7 million to the BAAQMD to create a fund for carbon offsets, (2) \$200,000 to the Audubon Society for restoration of wetlands in the San Pablo Bay for purposes of carbon sequestration, and (3) \$2.8 million to California Wildlife ReLeaf for reforestation projects, estimated to sequester 1.5 million metric tons of CO₂ over the lifetime of the forest.

91-52 GH

These are just a few examples that could serve as inspiration for feasible mitigation measures to reduce the Project's significant greenhouse gas and criteria air pollutant emissions.

VII. The Draft EIR Fails Adequately Mitigate Significant Health Risks Associated with Toxic Air Contaminant Emissions from Diesel-Powered Construction Equipment

91-53 AQ

The Project would be built out over a period of 20 years employing a variety of diesel-powered construction equipment such as air compressors, backhoes, cranes, delivery trucks, dozers, drill rigs, excavators, generators, fork lifts, tractors, loaders, rollers, scrapers, water trucks, paving equipment, pile drivers, rollers, etc.

Diesel exhaust emitted from this equipment is a complex mixture of gaseous and solid materials. The visible emissions in diesel exhaust are known as diesel particulate matter ("DPM"), which includes carbon particles or "soot." Diesel exhaust also contains a variety of harmful gases and over 40 other known cancer-causing substances and is estimated to contribute to more than 75% of the added cancer risk from air toxics in the United States. Diesel exhaust has been linked to a range of serious health problems including an increase in respiratory disease, lung damage, cancer, and premature death. Fine diesel particles are deposited deep in the lungs and can result in increased respiratory symptoms and disease; decreased lung function, particularly in children and individuals with asthma; alterations in lung tissue and respiratory tract defense mechanisms; and premature death.^{59,60}

91-54 AQ

On August 27, 1998, after extensive scientific review and public hearing, the California Air Resources Board ("CARB") formally identified particulate emissions from diesel-fueled engines as a toxic air contaminant ("TAC"), regulated pursuant to Health and Safety Code

91-55 AQ

⁵⁹ California Air Resources Board, Health Effects of Diesel Exhaust; <http://www.arb.ca.gov/research/diesel/diesel-health.htm>, accessed July 22, 2010.

⁶⁰ California Air Resources Board, Initial Statement of Reasons for Rulemaking, Proposed Identification of Diesel Exhaust as a Toxic Air Contaminant, Staff Report, June 1998.

section 39650 et seq.⁶¹ In May 2002, the U.S. EPA, after another exhaustive review, concluded that “long-term (*i.e.*, chronic) inhalation exposure is likely to pose lung cancer hazard to humans, as well as damage the lung in other ways depending on exposure. Short-term (*i.e.*, acute) exposures can cause irritation and inflammatory symptoms of a transient nature... The assessment also indicates that evidence for exacerbation of existing allergies and asthma symptoms is emerging.”⁶²

Lagging emission standards and very old equipment in the fleet have made construction equipment one of the largest sources of toxic diesel particulate matter (soot) pollution in California. An estimated 70% of California’s construction equipment is currently not covered by federal and state regulations because it is too old.⁶³ Clouds of soot emitted with the exhaust from construction equipment can travel downwind for miles, then drift into heavily populated areas.

An analysis by the Union of Concerned Scientists found that air pollution from construction equipment is already taking a staggering toll on the health and economic well-being of Californians. For the San Francisco Bay Area Air Basin, 2005 estimates for health and economic damage from construction equipment emissions included 154 premature deaths, 117 hospitalizations for respiratory and cardio-vascular disease, almost 3,500 incidences of asthma attacks, acute bronchitis, and other lower respiratory symptoms, about 25,700 days of lost work, about 18,500 school absences, and almost 170,000 restricted activity days. This loss of life and productivity cost South Coast Air Basin residents an estimated \$1.2 billion.⁶⁴ These estimates are conservative because they do not include emissions from a large number of smaller construction projects (residential and commercial and projects smaller than one acre in size and because multi-story buildings were treated as one-story buildings). Further, John Hakel, Vice President of the Associated General Contractors, an organization representing construction equipment fleet owners and general contractors, indicated that the analysis appeared to underestimate the sheer volume of construction equipment in use.⁶⁵

91-55 AQ

The entire City of San Francisco including the Project site is located in the highest risk zone (dark red) for construction equipment emissions, as shown in Figure 7.⁶⁶

⁶¹ California Air Resources Board, Resolution 98-35, August 27, 1998.

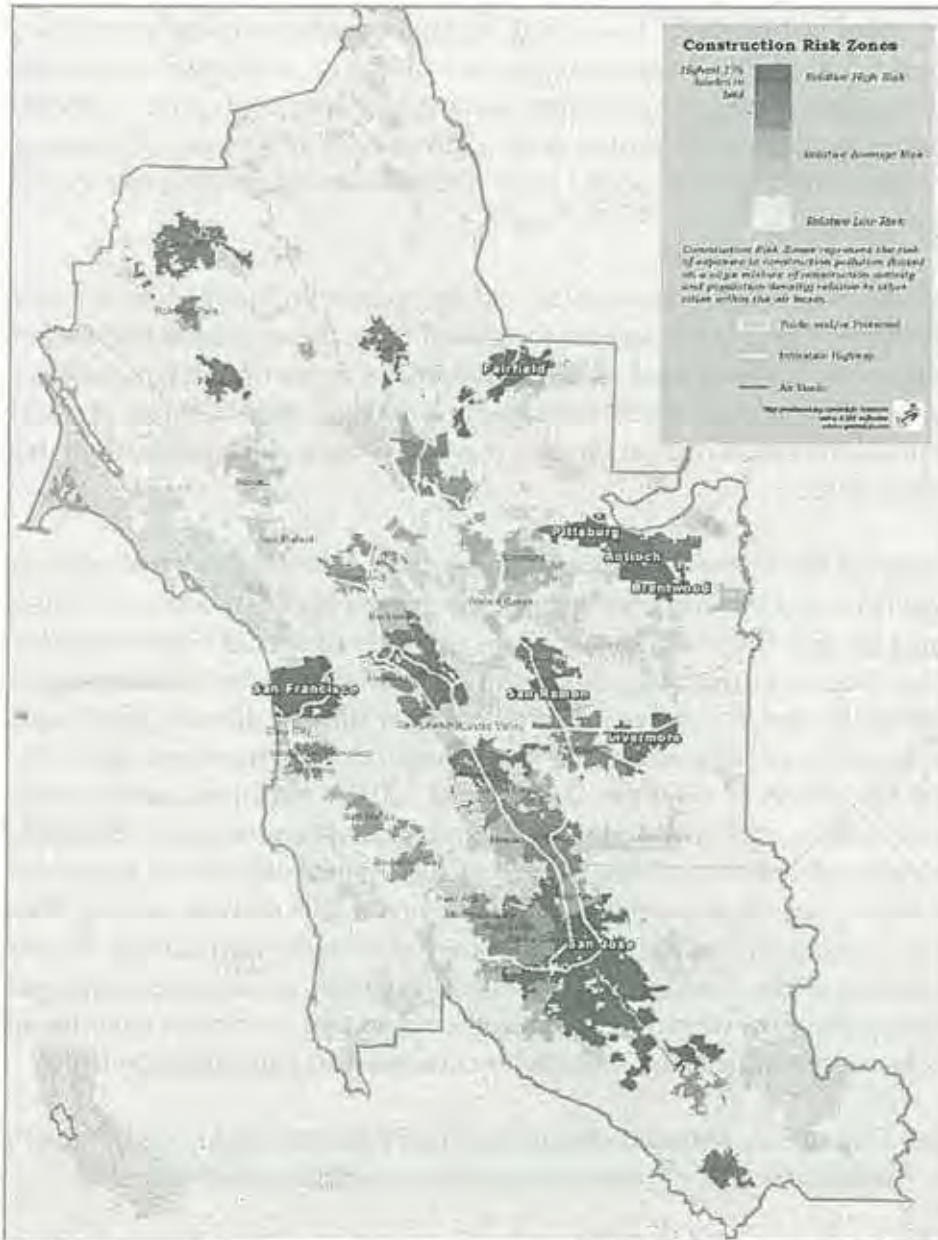
⁶² U.S. Environmental Protection Agency, Health Assessment Document for Diesel Engine Exhaust, EPA/600/8-90/057F, May 2002.

⁶³ Union of Concerned Scientists, Digging up Trouble, The Health Risk of Construction Pollution in California, November 2006; http://www.ucsusa.org/assets/documents/clean_vehicles/digging-up-trouble.pdf, accessed July 23, 2010.

⁶⁴ *Ibid*, p. 12.

⁶⁵ Los Angeles Times, Dire Health Effects of Pollution Reported, Diesel Soot from Construction Equipment Is Blamed for Illnesses and Premature Deaths, December 6, 2006.

⁶⁶ *Ibid*, p. 13.



91-55 AQ

Figure 7: Construction Pollution Health Risk in the San Francisco Bay Area Air Basin

From: Union of Concerned Scientists, Digging up Trouble, The Health Risk of Construction Pollution in California, November 2006, http://www.ucsusa.org/assets/documents/clean_vehicles/digging-up-trouble.pdf

The Project would be build out over a period of two decades, concurrently with many other construction projects in the City and the region. During this time, heavy-duty diesel-powered construction equipment would emit considerable amounts of diesel particulate matter, which would travel into nearby residential areas, increase ambient concentrations of this carcinogen, and result in adverse health impacts.

The Draft EIR recognizes that diesel particulate matter is a toxic air contaminant and carcinogen and finds that excess lifetime cancer risks for child exposure at all campuses

91-56 AQ

attributable to construction equipment diesel exhaust emissions would by far exceed the significance threshold of ten in one million adopted by the BAAQMD CEQA Guidelines. The excess lifetime cancer risk due to diesel exhaust emissions during construction of the Cathedral Hill Campus is estimated at 111 in one million.⁶⁷ To mitigate this significant health risk, the Draft EIR proposes to implement mitigation measure M-AQ-N10a, M-AQ-10b, M-AQ-10c, and M-AQ-L10, which are identical to mitigation measure M-AQ-N2 and M-AQ-N9 “Install Accelerated Emission Control Device on Construction Equipment.” This measure requires:

To reduce risk associated with exhaust emissions of DPM by construction equipment during construction of the Cathedral Hill Campus and all other LRDP sites, CPMC and its construction contractor shall implement the following BAAQMD-recommended control measures during construction:

- Implement Accelerated Emission Control Device Installation on Construction Equipment. To minimize the potential impacts on residents living near the CPMC campuses from the construction activities in that area, CPMC shall make reasonable efforts to ensure that all construction equipment used at these campuses would use equipment that meets the EPA Tier 4 engine standards for PM and NO_x control (or equivalent) throughout the entire duration of construction activities, to the extent that equipment meeting the EPA Tier 4 engine standards is available to the contractor at the time construction activities requiring the use of such equipment occur.⁶⁸

91-56 AQ

The Draft EIR concludes that “[w]hile it is possible that Mitigation Measure M-AQ-N2 could reduce the carcinogenic risk and chronic noncarcinogenic health hazards posed by DPM emissions below the thresholds, it is unknown at this time to what extent such equipment will be available at the time of construction. In light of this uncertainty, this impact would remain significant and unavoidable.”⁶⁹ This finding is not acceptable because the Draft EIR fails to require all feasible mitigation as required by CEQA. (See Comment VI.)

First, the mitigation measure proposed by the Draft EIR is vague and not enforceable. Requiring CPMC to “make reasonable efforts” without any specification what is “reasonable” and without requiring verification that reasonable efforts have been made is meaningless.

Second, the measure proposed by the Draft EIR is not, as claimed, recommended by the BAAQMD. In fact, the BAAQMD’s recently adopted CEQA Guidelines contain considerably more stringent requirements for reducing construction equipment exhaust. These include:

⁶⁷ Draft EIR, Table 4.7-14, p. 4.7-67 (the table fails to include “per million”), and Memorandum from Sharon Libicki, Elizabeth Miesner, Michael Keinath, and Jennie Louie, ENVIRON, to Vahram Massehian, Sutter Health, Re: CPMC Construction Health Risk Analysis, July 2, 2010; provided as administrative record PDF file “33 08010089.AQ.ENVIRON.2010.”

⁶⁸ Draft EIR, pp. 4.7-36 – 4.7-37.

⁶⁹ Draft EIR, p. 4.7-36.

- The project shall develop a plan demonstrating that the off-road equipment (more than 50 horsepower) to be used in the construction project (*i.e.*, owned, leased, and subcontractor vehicles) would achieve a project wide fleet-average 20 percent NOX reduction and 45 percent PM reduction compared to the most recent ARB fleet average. Acceptable options for reducing emissions include the use of late model engines, low-emission diesel products, alternative fuels, engine retrofit technology, after-treatment products, add-on devices such as particulate filters, and/or other options as such become available.
- Requiring that all construction equipment, diesel trucks, and generators be equipped with Best Available Control Technology for emission reductions of NOx and PM.
- Requiring all contractors use equipment that meets CARB's most recent certification standard for off-road heavy duty diesel engines.⁷⁰

91-56 AQ

These mitigation measures are feasible and must be required to reduce the Project's significant health risks associated with diesel particulate matter emissions from construction equipment exhaust.

VIII. Conclusion

As discussed in my comments above, the Draft EIR is not properly documented and its analyses are severely deficient. Specifically, the Draft EIR fails to properly analyze the adverse individual and cumulative impacts on local and regional air quality and global climate change that would be caused by emissions associated with the Project's construction and operation. Most importantly, however, the Draft EIR fails to fulfill its mandate under CEQA to require all feasible mitigation to minimize the Project's significant adverse impacts. Mitigation measures are available that would reduce criteria pollutant, greenhouse gas, and toxic air contaminant emissions, are routinely required for other projects in California, and must be required here to reduce the Project's substantial contribution to the already compromised local and regional air quality and protect the health of its patients, employees and residents in the local and regional vicinity.

91-57 AQ

The Draft EIR is among the poorest CEQA documents I have reviewed in my practice. It is simply not acceptable that a project as large and complex as the implementation of the CMPC LRDP is not as adequately analyzed and, more importantly, mitigated, as most small-scale residential or commercial developments undergoing CEQA review. This is inexcusable, especially for a hospital development plan which strives "to bring the next generation of health care to the residents of San Francisco and surrounding areas."⁷¹

91-58 OTH

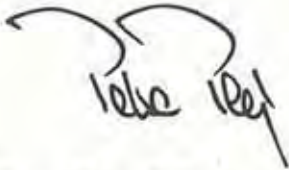
⁷⁰ Bay Area Air Quality Management District, California Environmental Quality Act, Air Quality Guidelines, June 2010, Table 8-3, p. 8-5.

⁷¹ California Pacific Medical Center, Building Beyond; <http://rebuildcpmc.org/plans/>.

I recommend that the Draft EIR be extensively revised to more adequately discuss Project impacts and require adequate mitigation to reduce significant impacts to the extent feasible. The revised Draft EIR should contain adequate discussion of all mitigation measures that were evaluated for their feasibility.

Please feel free to call me at (415) 492-2131 or e-mail at petra@ppless.com if you have any questions about the comments in this letter.

Regards,

A handwritten signature in black ink, appearing to read 'Petra Pless', with a stylized flourish above the name.

Petra Pless, D.Env.

Table A-1: Summary of mitigation measures for Project impacts on air quality proposed by the Draft EIR

Mitigation Measure	Description
<p>M-AQ-N1a M-AQ-L1a M-AQ-N8a M-AQ-L8a</p>	<p><i>Implement BAAQMD Basic and Optional Control Measures and Additional Construction Mitigation Measures during Construction</i></p> <p>The following mitigation measures shall be implemented during construction activities to avoid short-term significant impacts on air quality:</p> <p>BAAQMD Basic Control Measures</p> <ul style="list-style-type: none"> • Water all active construction areas at least twice daily. • Cover all trucks hauling soil, sand, and other loose materials or require all trucks to maintain at least 2 feet of freeboard. • Pave, apply water three times daily, or apply (nontoxic) soil stabilizer on all unpaved access roads, parking areas, and staging areas at construction sites. • Sweep daily (with water sweepers) all paved access roads, parking areas, and staging areas at construction sites. • Sweep street daily (with water sweepers) if visible soil material is carried into adjacent public streets. <p>BAAQMD Optional Control Measures</p> <ul style="list-style-type: none"> • Install wheel washers for all exiting trucks, or wash off the tires or tracks of all trucks and equipment leaving the site. • Install wind breaks, or plant trees/vegetative wind breaks at windward sides of construction areas. • Suspend excavation and grading activity when winds (instantaneous gusts) exceed 20 mph. • Limit the area subject to excavation, grading, and other construction activities at any one time. <p>Additional Construction Mitigation Measures</p> <ul style="list-style-type: none"> • All exposed surfaces (e.g., parking areas, staging areas, soil piles, graded areas, and unpaved access roads) shall be watered twice daily. • All haul trucks transporting soil, sand, or other loose material offsite shall be covered. • All visible mud or dirt trackout onto adjacent public roads shall be removed using wet power vacuum street sweepers at least once per day. The use of dry power sweeping is prohibited. • All vehicle speeds on unpaved roads shall be limited to 15 mph. • All roadways, driveways, and sidewalks to be paved shall be completed as soon as possible. Building pads shall be laid as soon as possible after grading unless seeding or soil binders are used. • Idling times shall be minimized either by shutting equipment off when not in use or reducing the maximum idling time to 5 minutes (as required by the California airborne toxics control measures, Title 13, Section 2485 of California Code of Regulations). Clear signage shall be provided for construction workers at all access points. • All construction equipment shall be maintained and properly tuned in accordance with manufacturers' specifications. All equipment shall be checked by a certified mechanic and determined to be running in proper condition prior to operation. • Post a publicly visible sign with the telephone number and person to contact at the lead agency regarding dust complaints. This person shall respond and take corrective action within 48 hours. The air district's phone number shall also be visible to ensure compliance with applicable regulations.
<p>M-AQ-N1b M-AQ-L1b M-AQ-N8b M-AQ-L8b</p>	<p><i>Implement Equipment Exhaust Control Measures during Construction</i></p> <p>To reduce exhaust emissions of ROG, NOx, PM10, and PM2.5 by construction equipment at the CPMC campuses, CPMC and its construction contractor shall implement the following BAAQMD-recommended control measures during construction in both the near term and the long term:</p> <ul style="list-style-type: none"> • Idling times shall be minimized, either by shutting equipment off when not in use or by reducing the maximum idling time to 2 minutes, to the extent feasible. Clear signage shall be provided for construction workers at all access points. • All construction equipment shall be maintained and properly tuned in accordance with the manufacturers' specifications. All equipment shall be checked by a certified mechanic and determined to be running in proper condition before operation.

Mitigation Measure	Description
M-AQ-N2 M-AQ-N9 M-AQ-L9 M-AQ-N10a M-AQ-N10b M-AQ-N10c M-AQ-L10	<p data-bbox="407 262 1024 289"><i>Install Accelerated Emission Control Device on Construction Equipment</i></p> <p data-bbox="407 312 1425 394">To reduce risk associated with exhaust emissions of DPM by construction equipment during construction of the LRDP sites, CPMC and its construction contractor shall implement the following BAAQMD-recommended control measures during construction:</p> <ul data-bbox="456 426 1425 611" style="list-style-type: none"><li data-bbox="456 426 1425 611">• In order to minimize the potential impacts on residents living near the CPMC campuses from the construction activities in that area, CPMC shall make reasonable efforts to ensure that all construction equipment used at these campuses would use equipment that meets the EPA 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 EPA Tier 4 engine standards is available to the contractor at the time construction activities requiring the use of such equipment occur.



Devyani Jain/CTYPLN/SFGOV
10/20/2010 10:15 AM

To Chelsea Fordham/CTYPLN/SFGOV@SFGOV
cc
bcc
Subject Fw: CNA Comments on CPMC DEIR: Email 3



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cc ngreen@calnurses.org
Subject CNA Comments on CPMC DEIR: Email 3

Please find attached comments from the California Nurses Association on the CPMC DEIR.

The Law Offices of Gloria D. Smith

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**Geologic and Hydrogeologic Characterization
Investigation and Remediation Strategies
Regulatory Compliance
CEQA Review
Expert Witness**

Education:

M.S. Degree, Geology, California State University Los Angeles, Los Angeles, CA, 1984.

B.A. Degree, Geology, Humboldt State University, Arcata, CA, 1982.

Professional Certification:

California Professional Geologist, License Number 8571.

Professional Experience:

Matt has 25 years of experience in environmental policy, assessment and remediation. He spent nine years with the U.S. EPA in the RCRA and Superfund programs and served as EPA's Senior Science Policy Advisor in the Western Regional Office where he identified emerging threats to groundwater from perchlorate and MTBE. While with EPA, Matt also served as a Senior Hydrogeologist in the oversight of the assessment of seven major military facilities undergoing base closure. He led numerous enforcement actions under provisions of the Resource Conservation and Recovery Act (RCRA) while also working with permit holders to improve hydrogeologic characterization and water quality monitoring.

Matt has worked closely with U.S. EPA legal counsel and the technical staff of several states in the application and enforcement of RCRA, Safe Drinking Water Act and Clean Water Act regulations. Matt has trained the technical staff in the States of California, Hawaii, Nevada, Arizona and the Territory of Guam in the conduct of investigations, groundwater fundamentals, and sampling techniques.

Positions Matt has held include:

- Founding Partner, Soil/Water/Air Protection Enterprise (SWAPE) (2003 – present);
- Geology Instructor, Golden West College, 2010 – present;
- Senior Environmental Analyst, Komex H2O Science, Inc (2000 -- 2003);
- Executive Director, Orange Coast Watch (2001 – 2004);
- Senior Science Policy Advisor and Hydrogeologist, U.S. Environmental Protection Agency (1989–1998);

- Hydrogeologist, National Park Service, Water Resources Division (1998 – 2000);
- Adjunct Faculty Member, San Francisco State University, Department of Geosciences (1993 – 1998);
- Instructor, College of Marin, Department of Science (1990 – 1995);
- Geologist, U.S. Forest Service (1986 – 1998); and
- Geologist, Dames & Moore (1984 – 1986).

Senior Regulatory and Litigation Support Analyst:

With SWAPE, Matt's responsibilities have included:

- Manager of a project to evaluate numerous formerly used military sites in the western U.S.
- Manager of a project to provide technical assistance to a community adjacent to a former Naval shipyard under a grant from the U.S. EPA.
- Lead analyst and testifying expert in the review of numerous environmental impact reports under CEQA that identify significant issues with regard to hazardous waste, water resources, water quality, air quality, greenhouse gas emissions and geologic hazards.
- Lead analyst and testifying expert in the review of environmental issues in license applications for large solar power plants before the California Energy Commission.
- Stormwater analysis, sampling and best management practice evaluation at industrial facilities.
- Technical assistance and litigation support for vapor intrusion concerns.
- Manager of a comprehensive evaluation of potential sources of perchlorate contamination in Southern California drinking water wells.
- Manager and designated expert for litigation support under provisions of Proposition 65 in the review of releases of gasoline to sources drinking water at major refineries and hundreds of gas stations throughout California.
- Expert witness on two cases involving MTBE litigation.
- Expert witness and litigation support on the impact of air toxins and hazards at a school.
- Expert witness in litigation at a former plywood plant.

With Komex H2O Science Inc., Matt's duties included the following:

- Senior author of a report on the extent of perchlorate contamination that was used in testimony by the former U.S. EPA Administrator and General Counsel.
- Senior researcher in the development of a comprehensive, electronically interactive chronology of MTBE use, research, and regulation.
- Senior researcher in the development of a comprehensive, electronically interactive chronology of perchlorate use, research, and regulation.
- Senior researcher in a study that estimates nationwide costs for MTBE remediation and drinking water treatment, results of which were published in newspapers nationwide and in testimony against provisions of an energy bill that would limit liability for oil companies.
- Research to support litigation to restore drinking water supplies that have been contaminated by MTBE in California and New York.
- Expert witness testimony in a case of oil production-related contamination in Mississippi.
- Lead author for a multi-volume remedial investigation report for an operating school in Los Angeles that met strict regulatory requirements and rigorous deadlines.
- Development of strategic approaches for cleanup of contaminated sites in consultation with clients and regulators.

Executive Director:

As Executive Director with Orange Coast Watch, Matt led efforts to restore water quality at Orange County beaches from multiple sources of contamination including urban runoff and the discharge of wastewater. In reporting to a Board of Directors that included representatives from leading Orange County universities and businesses, Matt prepared issue papers in the areas of treatment and disinfection of wastewater and control of the discharge of grease to sewer systems. Matt actively participated in the development of countywide water quality permits for the control of urban runoff and permits for the discharge of wastewater. Matt worked with other nonprofits to protect and restore water quality, including Surfrider, Natural Resources Defense Council and Orange County CoastKeeper as well as with business institutions including the Orange County Business Council.

Hydrogeology:

As a Senior Hydrogeologist with the U.S. Environmental Protection Agency, Matt led investigations to characterize and cleanup closing military bases, including Mare Island Naval Shipyard, Hunters Point Naval Shipyard, Treasure Island Naval Station, Alameda Naval Station, Moffett Field, Mather Army Airfield, and Sacramento Army Depot. Specific activities were as follows:

- Led efforts to model groundwater flow and contaminant transport, ensured adequacy of monitoring networks, and assessed cleanup alternatives for contaminated sediment, soil, and groundwater.
- Initiated a regional program for evaluation of groundwater sampling practices and laboratory analysis at military bases.
- Identified emerging issues, wrote technical guidance, and assisted in policy and regulation development through work on four national U.S. EPA workgroups, including the Superfund Groundwater Technical Forum and the Federal Facilities Forum.

At the request of the State of Hawaii, Matt developed a methodology to determine the vulnerability of groundwater to contamination on the islands of Maui and Oahu. He used analytical models and a GIS to show zones of vulnerability, and the results were adopted and published by the State of Hawaii and County of Maui.

As a hydrogeologist with the EPA Groundwater Protection Section, Matt worked with provisions of the Safe Drinking Water Act and NEPA to prevent drinking water contamination. Specific activities included the following:

- Received an EPA Bronze Medal for his contribution to the development of national guidance for the protection of drinking water.
- Managed the Sole Source Aquifer Program and protected the drinking water of two communities through designation under the Safe Drinking Water Act. He prepared geologic reports, conducted public hearings, and responded to public comments from residents who were very concerned about the impact of designation.
- Reviewed a number of Environmental Impact Statements for planned major developments, including large hazardous and solid waste disposal facilities, mine reclamation, and water transfer.

Matt served as a hydrogeologist with the RCRA Hazardous Waste program. Duties were as follows:

- Supervised the hydrogeologic investigation of hazardous waste sites to determine compliance with Subtitle C requirements.
- Reviewed and wrote "part B" permits for the disposal of hazardous waste.
- Conducted RCRA Corrective Action investigations of waste sites and led inspections that formed the basis for significant enforcement actions that were developed in close coordination with U.S. EPA legal counsel.
- Wrote contract specifications and supervised contractor's investigations of waste sites.

With the National Park Service, Matt directed service-wide investigations of contaminant sources to prevent degradation of water quality, including the following tasks:

- Applied pertinent laws and regulations including CERCLA, RCRA, NEPA, NRDA, and the Clean Water Act to control military, mining, and landfill contaminants.
- Conducted watershed-scale investigations of contaminants at parks, including Yellowstone and Olympic National Park.
- Identified high-levels of perchlorate in soil adjacent to a national park in New Mexico and advised park superintendent on appropriate response actions under CERCLA.
- Served as a Park Service representative on the Interagency Perchlorate Steering Committee, a national workgroup.
- Developed a program to conduct environmental compliance audits of all National Parks while serving on a national workgroup.
- Co-authored two papers on the potential for water contamination from the operation of personal watercraft and snowmobiles, these papers serving as the basis for the development of nationwide policy on the use of these vehicles in National Parks.
- Contributed to the Federal Multi-Agency Source Water Agreement under the Clean Water Action Plan.

Policy:

Served senior management as the Senior Science Policy Advisor with the U.S. Environmental Protection Agency, Region 9. Activities included the following:

- Advised the Regional Administrator and senior management on emerging issues such as the potential for the gasoline additive MTBE and ammonium perchlorate to contaminate drinking water supplies.
- Shaped EPA's national response to these threats by serving on workgroups and by contributing to guidance, including the Office of Research and Development publication, *Oxygenates in Water: Critical Information and Research Needs*.
- Improved the technical training of EPA's scientific and engineering staff.
- Earned an EPA Bronze Medal for representing the region's 300 scientists and engineers in negotiations with the Administrator and senior management to better integrate scientific principles into the policy-making process.
- Established national protocol for the peer review of scientific documents.

Geology:

With the U.S. Forest Service, Matt led investigations to determine hillslope stability of areas proposed for timber harvest in the central Oregon Coast Range. Specific activities were as follows:

- Mapped geology in the field, and used aerial photographic interpretation and mathematical models to determine slope stability.
- Coordinated his research with community members who were concerned with natural resource protection.
- Characterized the geology of an aquifer that serves as the sole source of drinking water for the city of Medford, Oregon.

As a consultant with Dames and Moore, Matt led geologic investigations of two contaminated sites (later listed on the Superfund NPL) in the Portland, Oregon, area and a large hazardous waste site in eastern Oregon. Duties included the following:

- Supervised year-long effort for soil and groundwater sampling.
- Conducted aquifer tests.
- Investigated active faults beneath sites proposed for hazardous waste disposal.

Teaching:

From 1990 to 1998, Matt taught at least one course per semester at the community college and university levels:

- At San Francisco State University, held an adjunct faculty position and taught courses in environmental geology, oceanography (lab and lecture), hydrogeology, and groundwater contamination.
- Served as a committee member for graduate and undergraduate students.
- Taught courses in environmental geology and oceanography at the College of Marin.

In Fall 2010, Matt taught Physical Geology (lecture and lab) to students at Golden West College in Huntington Beach, California.

Invited Testimony, Reports, Papers and Presentations:

Hagemann, M.F., 2008. Disclosure of Hazardous Waste Issues under CEQA. Presentation to the Public Environmental Law Conference, Eugene, Oregon.

Hagemann, M.F., 2008. Disclosure of Hazardous Waste Issues under CEQA. Invited presentation to U.S. EPA Region 9, San Francisco, California.

Hagemann, M.F., 2005. Use of Electronic Databases in Environmental Regulation, Policy Making and Public Participation. Brownfields 2005, Denver, Colorado.

Hagemann, M.F., 2004. Perchlorate Contamination of the Colorado River and Impacts to Drinking Water in Nevada and the Southwestern U.S. Presentation to a meeting of the American Groundwater Trust, Las Vegas, NV (served on conference organizing committee).

Hagemann, M.F., 2004. Invited testimony to a California Senate committee hearing on air toxins at schools in Southern California, Los Angeles.

Brown, A., Farrow, J., Gray, A. and **Hagemann, M.**, 2004. An Estimate of Costs to Address MTBE Releases from Underground Storage Tanks and the Resulting Impact to Drinking Water Wells.

Presentation to the Ground Water and Environmental Law Conference, National Groundwater Association.

Hagemann, M.F., 2004. Perchlorate Contamination of the Colorado River and Impacts to Drinking Water in Arizona and the Southwestern U.S. Presentation to a meeting of the American Groundwater Trust, Phoenix, AZ (served on conference organizing committee).

Hagemann, M.F., 2003. Perchlorate Contamination of the Colorado River and Impacts to Drinking Water in the Southwestern U.S. Invited presentation to a special committee meeting of the National Academy of Sciences, Irvine, CA.

Hagemann, M.F., 2003. Perchlorate Contamination of the Colorado River. Invited presentation to a tribal EPA meeting, Pechanga, CA.

Hagemann, M.F., 2003. Perchlorate Contamination of the Colorado River. Invited presentation to a meeting of tribal representatives, Parker, AZ.

Hagemann, M.F., 2003. Impact of Perchlorate on the Colorado River and Associated Drinking Water Supplies. Invited presentation to the Inter-Tribal Meeting, Torres Martinez Tribe.

Hagemann, M.F., 2003. The Emergence of Perchlorate as a Widespread Drinking Water Contaminant. Invited presentation to the U.S. EPA Region 9.

Hagemann, M.F., 2003. A Deductive Approach to the Assessment of Perchlorate Contamination. Invited presentation to the California Assembly Natural Resources Committee.

Hagemann, M.F., 2003. Perchlorate: A Cold War Legacy in Drinking Water. Presentation to a meeting of the National Groundwater Association.

Hagemann, M.F., 2002. From Tank to Tap: A Chronology of MTBE in Groundwater. Presentation to a meeting of the National Groundwater Association.

Hagemann, M.F., 2002. A Chronology of MTBE in Groundwater and an Estimate of Costs to Address Impacts to Groundwater. Presentation to the annual meeting of the Society of Environmental Journalists.

Hagemann, M.F., 2002. An Estimate of the Cost to Address MTBE Contamination in Groundwater (and Who Will Pay). Presentation to a meeting of the National Groundwater Association.

Hagemann, M.F., 2002. An Estimate of Costs to Address MTBE Releases from Underground Storage Tanks and the Resulting Impact to Drinking Water Wells. Presentation to a meeting of the U.S. EPA and State Underground Storage Tank Program managers.

Hagemann, M.F., 2001. From Tank to Tap: A Chronology of MTBE in Groundwater. Unpublished report.

Hagemann, M.F., 2001. Estimated Cleanup Cost for MTBE in Groundwater Used as Drinking Water. Unpublished report.

Hagemann, M.F., 2001. Estimated Costs to Address MTBE Releases from Leaking Underground Storage Tanks. Unpublished report.

Hagemann, M.F., and VanMouwerik, M., 1999. Potential Water Quality Concerns Related to Snowmobile Usage. Water Resources Division, National Park Service, Technical Report.

VanMouwerik, M. and **Hagemann, M.F.** 1999, Water Quality Concerns Related to Personal Watercraft Usage. Water Resources Division, National Park Service, Technical Report.

Hagemann, M.F., 1999, Is Dilution the Solution to Pollution in National Parks? The George Wright Society Biannual Meeting, Asheville, North Carolina.

Hagemann, M.F., 1997, The Potential for MTBE to Contaminate Groundwater. U.S. EPA Superfund Groundwater Technical Forum Annual Meeting, Las Vegas, Nevada.

Hagemann, M.F., and Gill, M., 1996, Impediments to Intrinsic Remediation, Moffett Field Naval Air Station, Conference on Intrinsic Remediation of Chlorinated Hydrocarbons, Salt Lake City.

Hagemann, M.F., Fukunaga, G.L., 1996, The Vulnerability of Groundwater to Anthropogenic Contaminants on the Island of Maui, Hawaii. Hawaii Water Works Association Annual Meeting, Maui, October 1996.

Hagemann, M. F., Fukanaga, G. L., 1996, Ranking Groundwater Vulnerability in Central Oahu, Hawaii. Proceedings, Geographic Information Systems in Environmental Resources Management, Air and Waste Management Association Publication VIP-61.

Hagemann, M.F., 1994. Groundwater Characterization and Cleanup at Closing Military Bases in California. Proceedings, California Groundwater Resources Association Meeting.

Hagemann, M.F. and Sabol, M.A., 1993. Role of the U.S. EPA in the High Plains States Groundwater Recharge Demonstration Program. Proceedings, Sixth Biennial Symposium on the Artificial Recharge of Groundwater.

Hagemann, M.F., 1993. U.S. EPA Policy on the Technical Impracticability of the Cleanup of DNAPL-contaminated Groundwater. California Groundwater Resources Association Meeting.

Hagemann, M.F., 1992. Dense Nonaqueous Phase Liquid Contamination of Groundwater: An Ounce of Prevention... Proceedings, Association of Engineering Geologists Annual Meeting, v. 35.

Other Experience:

Selected as subject matter expert for the California Geologist licensing examination, 2009-2010.

Tom Brohard and Associates

October 18, 2010

Ms. Gloria Smith
The Law Offices of Gloria D. Smith
48 Rosemont Place
San Francisco, CA 94103

SUBJECT: Review of Draft Environmental Impact Report for the California Pacific Medical Center Long Range Development Plan – Transportation and Circulation Comments

Dear Ms. Smith:

At your request, I have reviewed the July 21, 2010 Draft Environmental Impact Report (Draft EIR) prepared for the San Francisco Planning Department for the California Pacific Medical Center (CPMC) Long Range Development Plan (Project). My review focused on Section 4.5 of the Draft EIR, Transportation and Circulation. I have also reviewed various other documents including the June 2010 Traffic Impact Studies prepared by Fehr & Peers for each of the five campuses in the Project and the "California Pacific Medical Center Institutional Master Plan 2008 Transportation Study" prepared by CHS Consulting Group.

Education and Experience

Since receiving a Bachelor of Science in Engineering from Duke University in Durham, North Carolina in 1969, I have gained over 40 years of professional engineering experience. I am licensed as a Professional Civil Engineer both in California and Hawaii and as a Professional Traffic Engineer in California. I formed Tom Brohard and Associates in 2000 and now serve as the City Traffic Engineer for the City of Indio and as Consulting Transportation Engineer for the Cities of Big Bear Lake, Mission Viejo, and San Fernando. I have extensive experience in traffic engineering and transportation planning. During my career in both the public and private sectors, I have reviewed numerous environmental documents and traffic studies for various projects. Several recent assignments are highlighted in the enclosed resume.

92-1 OTH

Proposed Project

The CPMC Long Range Development Plan proposes significant changes to five medical campuses in San Francisco, with projects planned for completion in Years 2015, 2020, and in 2030. According to the Draft EIR, the Project generally includes:

- Cathedral Hill Campus would be developed with a new hospital, new medical office building (MOB), and conversion of an existing office building from a partial MOB to a full MOB as follows: a vacant hotel and office building would be demolished and replaced by a new 1,163,800 square foot hospital with

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555 beds; seven existing buildings would be demolished and a new MOB would be constructed; and interior modifications would convert the 1375 Sutter facility to a full MOB. ↑

- Pacific Campus would be converted to outpatient care to serve the area north of Market Street. The existing acute care and emergency functions would be transferred to the Cathedral Hill Campus after completion of the hospital in 2015. The Ambulatory Care Center (ACC) would then be expanded and on-site parking would be added.
- California Campus would not be changed in the near term. After the new Cathedral Hill Hospital opens in 2015 and after the ACC expansion at the Pacific Campus in Year 2020, the California Campus would close.
- Davies Campus functions would continue, together with construction of a Neuroscience building in the near term and a second MOB in the longer term.
- St. Luke's Campus would include construction of a replacement hospital with 145,000 square feet and 80 beds, and a new MOB/Expansion Building.

92-2 PD

Transportation Issues

Section 4.5 of the Draft EIR, Transportation and Circulation, is organized by topic such as roadway network, intersection operations, transit operations, bicycle facilities, parking, impact evaluations, and mitigation measures. Discussions of each campus are presented one after the other under the individual topic rather than continuously as a complete discussion of each campus. This organization of the Draft EIR makes it extremely difficult and unnecessarily complex to follow the analysis of the individual projects proposed for each of the five campuses.

92-3 TR

The Draft EIR identifies over 150 traffic impacts associated with the CPMC Long Range Development Plan. For the near term in Years 2015 and 2020, the Draft EIR identifies 98 traffic impacts, with 58 of those associated with the Cathedral Hill Campus. For the long term in Year 2030, the Draft EIR identifies 53 cumulative traffic and transit impacts, with 42 of these associated with the Cathedral Hill Campus. From this summary of traffic and transit impacts alone, the intense development proposed for the Cathedral Hill Campus creates nearly two-thirds of all of the Project's overall impacts to the roadway and transit system. Of the 100 traffic impacts associated with the Cathedral Hill Campus, the Draft EIR indicates that 30 impacts are significant, unavoidable, and cannot be mitigated. My review indicates that the Draft EIR's estimate of unmitigable impacts is likely low.

92-4 TR

To reduce these impacts and better serve the community, CPMC should spread the proposed development to several other campuses including to the St. Luke's ↓

92-5
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Campus rather than concentrating services at the Cathedral Hill Campus. Access to and from St. Luke's Campus is closer to Highway 101 for vehicles and to major transit facilities such as the 24th Street BART Station for transit patrons. Moreover, the St. Luke's Campus is the most accessible CPMC facility for those Sutter patients traveling from San Mateo and Santa Clara counties. From a transportation perspective, a Project alternative that distributes patients and services equally across the City should be evaluated in a revised EIR.

92-5 TR

92-6 ALT

In addition to the impacts that have been identified in the Draft EIR, conditions will actually be worse based upon the criteria used by the City and County. Unlike most other agencies, the San Francisco criteria used to identify significant impacts for development projects do not address incremental increases in delay at intersections once gridlock conditions occur at Level of Service (LOS) F. In other words, a development project could add a number of trips to an already failing intersection without being considered as contributing considerably to cumulative traffic increases for the most congested movements, and without requiring any mitigation measures.

92-7 TR

Many of the intersections studied in the Draft EIR already operate at LOS F in peak hours under existing conditions, and the number of these failing intersections will significantly increase in Years 2015, 2020, and 2030 according to Tables 4.5-17, 4.5-18, 4.5-35, 4.5-37, 4.5-38, and 4.5-39 of the Draft EIR. Adding Project trips to these failing intersections will increase vehicle delay beyond what is already being experienced, with no relief in sight. This issue is particularly critical for a hospital project. For example, the Draft EIR does not analyze how the increased traffic around the Cathedral Hill Campus will affect access for ambulances and labor and delivery vehicles. During gridlock traffic conditions which are much of the time on Van Ness Avenue, emergency patients could face life threatening delays while waiting in traffic.

92-8 TR

Finally, the Draft EIR did not adequately analyze increases in both transit use and vehicle miles traveled resulting from the Project. According to Page 5-16 of the Draft EIR, CPMC is the second largest employer in San Francisco. The total number of employees at all of the CPMC campuses will grow to approximately 10,730 by 2030. This would be a net growth of 4,170 employees to the CPMC system between 2006 and 2030. This new employment would create population growth and household growth of approximately 3,480 people or approximately 3 percent according to Page 4.3-31 of the Draft EIR. People traveling into the City and across the City for these new job opportunities will increase traffic and further burden public transit. Thus, a revised EIR must analyze this impact.

92-9 TR

More specifically, my review of the Draft EIR and the supporting traffic studies indicates a number of technical errors and inconsistencies in the Transportation and Circulation Analysis of the Project. Each of the issues identified below must

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be addressed and reevaluated through additional study in a revised and recirculated EIR as follows:

92-10 TR

- 1) Muni Service Assumptions Do Not Match Existing Baseline – In discussion regarding San Francisco Municipal Transportation Agency, Page 4.5-17 of the Draft EIR states “Figures 4.5-6 through 4.5-10 (beginning on Page 4.5-18) present Muni lines serving each campus, while Tables 4.5-1 through 4.5-5 (beginning on Page 4.5-23) present the frequency of service for the Muni bus, light rail, and cable car lines serving each study area. The information on frequency of service reflects Muni service before the December 5, 2009 service changes that resulted from SFMTA’s ongoing fiscal emergency... On December 5, 2009, Muni service changes associated with the budget deficit were implemented. The fiscal emergency declared on April 21, 2009 continued through fiscal year 2010. As a result, SFMTA is facing a shortfall in its current fiscal year, which ended on June 30, 2010. To address the continuing fiscal emergency, SFMTA implemented reductions in service beyond those implemented on December 5, 2009. As noted above, the transit service and ridership data do not reflect the recent changes to Muni service resulting from SFMTA’s ongoing fiscal emergency because ridership data for post-implementation conditions is not currently available for all lines.”

92-11 TR

From my review of the SFMTA website, service changes included discontinued routes and route segments, extended and modified routes, and changes to service hours and frequencies. Service reductions were initially implemented on December 5, 2009 and additional reductions were made on May 8, 2010. While about 60 percent of the May 8, 2010 service reductions were subsequently restored on September 4, 2010, current Muni services are significantly reduced compared to 2006 and 2007 when the ridership data used in the Draft EIR was collected by Muni. With reduced service frequencies and the same level of transit ridership, some Muni lines are certainly experiencing higher occupancy than identified in the Draft EIR. This increase, combined with a large workforce at Project buildout, was not analyzed in the Draft EIR.

In the evaluation of traffic impacts in the Draft EIR, peak hour traffic counts at critical intersections conducted in 2006 were validated by making new peak hour counts in 2009 and comparing the traffic volumes. However in the transit analyses in the Draft EIR, ridership and occupancy validation of the data collected in 2006 and 2007 prior to the service reductions has not occurred. Without updating and comparing ridership, service levels and transit capacity, current transit occupancy after the Muni service reductions has not been determined. Further, while the Draft EIR states that SFMTA does not have current ridership data for all lines, the Draft EIR should have included a validation process for the critical transit lines, particularly those approaching

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capacity that serve the five campuses. Without proper baseline data, the transit analysis is flawed. ↑

92-12 TR

- 2) Assumptions Regarding Future Muni Service Increases Are Not “Reasonably Foreseeable” – Page 4.5-61 of the Draft EIR states “SFMTA and the City Controller’s Office are in the process of implementing the TEP, a review of the City’s public transit system with recommendations designed to make Muni service more reliable, quicker and more frequent. The TEP proposals were endorsed by the SFMTA Board of Directors in October 2008.”

From my review of the SFMTA website, plans to implement the TEP (Transit Effectiveness Project) and its numerous transit service enhancements have been suspended with the ongoing fiscal emergency. In my opinion, it is **not** reasonably foreseeable that Muni will increase transit services in the areas adjacent to the five CPMC campuses when transit services have been dramatically reduced in December 2009 and May 2010, twice in the last 10 months. As the Draft EIR has assumed that the TEP service enhancements will be made, the transit analysis of near term and long term transit conditions is flawed. This flawed analysis in turn resulted in a significant under estimation of impacts.

92-13 TR

- 3) Numerous Errors in Muni Corridor Analyses for Near and Long Term – There are many errors in the ridership data, both within various tables as well as in comparison to the Draft EIR’s forecast number of Project transit riders in the description of transit impacts. While the first two examples discussed in detail relate to the Cathedral Hill Campus, there are other similar errors for each campus that are also summarized below. The inconsistencies between the impact statements and the tables, together with internal errors in the tables, void the subsequent calculations of transit capacity utilization as well as all transit mitigation measures that have been based on these flawed analyses.

92-14 TR

- a) Cathedral Hill Campus - AM Peak – Impact TR-27 on Page 4.5-118 of the Draft EIR indicates that the Cathedral Hill Campus will generate 586 new transit trips in the AM peak hour. In comparing the forecast ridership in Table 4.5-21 in 2015 under “No Project” and “Project” conditions in the AM peak hour, 479 new transit riders will be generated by the Cathedral Hill Campus (the difference between the sum of the ridership in all directions in 2015 with Project and without Project – 9,499 minus 9,020 equals 479). In comparing the forecast ridership in 2030 under “No Project” and “Project” conditions, 479 new transit riders will be generated by the Cathedral Hill Campus (the difference between the sum of the ridership in all directions in 2030 with Project and without Project – 10,183 minus 9,704 equals 479). The 586 new transit riders at the Cathedral Hill Campus in 2015 and 2030 as stated in Impact TR-27 must be used to evaluate transit impacts, not the 479 new transit riders in Table 4.5-21.

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- b) Cathedral Hill Campus– PM Peak – Impact TR-27 on Page 4.5-118 of the Draft EIR indicates that the Cathedral Hill Campus will generate 551 new transit trips in the PM peak hour. In comparing the forecast ridership in Table 4.5-21 in 2015 under “No Project” and “Project” conditions in the PM peak hour, 498 new transit riders will be generated by the Cathedral Hill Campus in the PM peak hour (the difference between the sum of the ridership in all directions in 2015 with Project and without Project – 9,667 minus 9,169 equals 498). In comparing the forecast ridership in 2030 under “No Project” and “Project” conditions, 289 new transit riders will be generated by the Cathedral Hill Campus in the PM peak hour (the difference between the sum of the ridership in all directions in 2030 with Project and without Project – 10,852 minus 10,563 equals 289). The number of new transit riders in the PM peak hour at the Cathedral Hill Campus in 2015 and in 2030 in Table 4.5-21 should be the same, not 209 less in 2030. The 551 new transit riders at the Cathedral Hill Campus in 2015 and 2030 as stated in Impact TR-27 must be used to evaluate transit impacts, not the 498 new transit riders in 2015 and the 289 new transit riders in 2030 in Table 4.5-21.
- c) St. Luke’s Campus – PM Peak - Impact TR-86 on Page 4.5-201 of the Draft EIR indicates that the St. Luke’s Campus will generate 39 new transit trips in the PM peak hour. In comparing the forecast ridership in Table 4.5-21 in 2015 and in 2030 under “No Project” and “Project” conditions in the PM peak hour, 67 new transit riders will be generated by the St. Luke’s Campus in the PM peak hour. The new transit riders forecast in the PM peak hour at the St. Luke’s Campus in Impact TR-86 should be the same in Table 4.5-21 to properly evaluate transit impacts at the St. Luke’s Campus in 2015 and in 2030.
- d) California Campus – PM Peak – In the southbound direction, the baseline ridership in Table 4.5-21 is 1,421, the same number of riders for existing conditions and for ridership forecasts in both 2015 and 2030. The lack of southbound baseline ridership growth is not a reasonable assumption.
- e) Pacific Campus – PM Peak - Impact TR-60 on Page 4.5:168 of the Draft EIR indicates that the Pacific Campus will generate 37 new transit trips in the PM peak hour. In comparing the forecast ridership in Table 4.5-36 in 2015 and in 2030 under “No Project” and “Project” conditions in the PM peak hour, 190 new transit riders will be generated by the Pacific Campus in the PM peak hour. The new transit riders forecast in the PM peak hour at the Pacific Campus in Impact TR-60 should be the same in Table 4.5-36 to properly evaluate transit impacts at Pacific in 2015 and in 2030.
- f) Davies Campus – PM Peak – In the southbound direction, the baseline ridership in Table 4.5-21 is 1,421, the same number of riders for existing

92-16 TR

92-17 TR

92-18 TR

92-19 TR

92-20 TR

conditions and for ridership forecasts in both 2015 and 2030. The lack of southbound baseline ridership growth is not a reasonable assumption. Even though the Davies Campus is several miles from the California Campus, existing ridership and forecasts for 2015 and 2030 in the southbound, eastbound, and westbound directions for the Davies Campus are identical to the existing and the forecast ridership for the California Campus, without and with Project riders added. This cannot be correct.

92-20 TR

- 4) Traffic Inconsistencies with January 2008 CPMC Transportation Study – Appendix B to the 2008 CPMC Institutional Master Plan is the “California Pacific Medical Center Institutional Master Plan 2008 Transportation Study” prepared by CHS Consulting Group. Both the 2008 Transportation Study and the Draft EIR utilize the same traffic count data collected in 2006. With the same traffic count data in both evaluations and under the same intersection geometry, calculations of delay and Level of Service would yield identical results for each intersection, but they do not match each other.

In my review, I compared Table 2 on Page 12 of the Transportation Study to Table 4.5-17 on Page 4.5-94 in the AM Peak and to Table 4.5-18 on Page 4.5-95 in the PM Peak in the Draft EIR. In most of the comparisons set forth below, delay and Level of Service are significantly better in the Draft EIR than calculated in the 2008 Transportation Study using the same data. While the comparisons below only involve the Cathedral Hill Campus, I also found other significant differences in calculated delay and Level of Service for each campus when comparing the two documents. These inconsistencies must be eliminated to develop proper traffic analyses of baseline conditions as well as for forecast conditions in 2015 and in 2030, together with appropriate traffic mitigation measures for the Project. The City must perform an accurate analysis and include all feasible alternatives and measures to mitigate traffic congestion impacts.

92-21 TR

<u>Cathedral Hill – AM Peak – Significant Delay/LOS Differences</u>		
<u>Intersection</u>	<u>2008 Study Delay/LOS</u>	<u>Draft EIR Delay/LOS</u>
Gough/Geary	67.7/E	>80/F
Gough/Post	24.8/C	10.7/B
Gough/Sutter	25.2/C	9.5/A
Franklin/Geary	21.0/C	8.7/A
Franklin/Post	29.3/C	15.2/B
Franklin/Sutter	48.5/D	17.0/B
Van Ness/Geary	36.2/D	22.7/C
Van Ness/Bush	38.0/D	23.6/C
Polk/O’Farrell	30.4/C	18.6/B
Polk/Geary	22.0/B	47.9/D
Polk/Post	38.5/D	18.3/B
Polk/Sutter	69.4/E	27.5/C

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Cathedral Hill – PM Peak – Significant Delay/LOS Differences

<u>Intersection</u>	<u>2008 Study Delay/LOS</u>	<u>Draft EIR Delay/LOS</u>
Gough/Geary	49.0/D	29.9/C
Gough/Post	23.5/C	8.8/A
Gough/Sutter	26.2/C	15.0/B
Franklin/O'Farrell	58.8/E	30.7/C
Franklin/Geary	47.2/D	22.1/C
Franklin/Sutter	39.1/D	65.5/E
Franklin/Bush	28.3/C	9.7/A
Van Ness/O'Farrell	40.6/D	26.3/C
Van Ness/Geary	42.8/D	26.3/C
Van Ness/Post	20.3/C	14.4/B
Van Ness/Sutter	22.2/C	16.9/B
Van Ness/Bush	46.6/D	26.6/C
Polk/O'Farrell	41.8/D	18.3/B
Polk/Post	20.6/C	15.9/B

92-21 TR

5) Draft EIR Contains Numerous Inconsistencies in Traffic Analyses for Near and Long Term – As pointed out above, there are many inconsistencies in the evaluation of 2006 baseline traffic data for the Cathedral Hill Campus and the other campuses. In addition, there are also inconsistencies within the various tables in the Draft EIR that provide delay and associated Level of Service for 2006 baseline conditions, 2015 No Project and Project conditions, and 2030 Cumulative No Project and Project conditions. While the examples discussed below relate to the Cathedral Hill Campus, there are other similar inconsistencies for the campuses. The inconsistencies within Tables 4.5-17 on Page 4.5-94 and 4.5-18 on Page 4.5-95 of the Draft EIR for the Cathedral Hill Campus, as well as in tables for other campuses, must be reconciled to provide proper traffic analyses of the Project.

92-22 TR

a) Cathedral Hill Campus – AM Peak – For the intersection of Eighth/Market, Table 4.5-17 indicates delay of greater than 80 seconds and Level of Service (LOS) F for the existing baseline conditions in the AM peak in 2006. In 2015 with higher traffic volumes than 2006 and without any identified traffic improvements, delay is reduced to 78.8 seconds and performance improves to LOS E without Project traffic. In 2030 under cumulative conditions with higher traffic volumes than 2015 and without any identified traffic improvements, delay is reduced to 76.4 seconds and performance remains at LOS E without Project traffic. Without improvements, adding traffic to failing intersections or those operating at capacity does not reduce delay or improve intersection LOS performance.

92-23 TR

b) Cathedral Hill Campus – PM Peak – For the intersection of Franklin/Sutter, Table 4.5-18 indicates delay of 65.5 seconds and Level of Service (LOS) E for the existing baseline conditions in the PM peak in

92-24 TR

2006. In 2015 with higher traffic volumes than 2006 and without any identified traffic improvements, delay is reduced to 57.0 seconds and performance remains at LOS E without Project traffic. Without improvements, adding traffic to intersections operating at capacity does not reduce delay.

92-24 TR

- 6) Traffic Impacts and Mitigation Measures - Impact TR-1 and Impact TR-2 on Page 4.5-98 of the Draft EIR identify the intersections of Van Ness/Market and Polk/Geary as significantly impacted by traffic generated by the Cathedral Hill Campus in Year 2015. For each, the Draft EIR states "Providing additional traffic lanes or otherwise increasing vehicular capacity at this intersection is not feasible because it would require narrowing of sidewalks to substandard widths, and/or demolition of buildings adjacent to these streets. Signal timing adjustments may improve intersection operations, but would likely be infeasible due to traffic, transit or pedestrian signal timing requirements. Therefore, no feasible mitigation measures have been identified to reduce project impacts to less-than-significant levels. CPMC has indicated that it is planning on expanding its current transportation demand management program (TDM) to discourage use of private automobiles; although this may reduce the number of trips through this intersection, the extent of this program or reduction to impacts is not known. The traffic impact at the intersection would therefore remain significant and unavoidable."

CEQA requires lead agencies to impose all feasible alternatives and/or mitigation measures before concluding that traffic impacts are "significant and unavoidable." The Draft EIR and the supporting Traffic Study for the Cathedral Hill Campus must document the geometry of both intersections that the City finds to have significant and unavoidable traffic impacts, then identify the specific traffic measures or alternatives evaluated, and discuss why each of these options cannot feasibly be implemented. Without doing this, the Draft EIR may not dismiss the potential mitigation measures as infeasible.

92-25 TR

All feasible mitigation measures must also include enhancements to the current CPMC TDM plan. The Draft EIR acknowledges that "CPMC has indicated that it is planning on expanding its current TDM program..." but offers no specifics or evaluation of potential vehicle trip reductions that could be achieved. Enhancements to the existing CPMC TDM Plan were included on Pages 117 through 119 of the 2008 Transportation Study prepared by CHS Consulting Group, and include the following:

- Designate a TDM Coordinator
- Promotion of the TDM Program
- Increase financial incentives to transit use and disincentives to SOV use
- Provide amenities to transit and bicycle users
- Expanded shuttle bus program

At a minimum, the Draft EIR must evaluate the potential effectiveness of these additional TDM measures and others that also may be appropriate. CPMC must be required to implement necessary additional TDM measures to mitigate traffic impacts considered to be "significant and unavoidable".

92-25 TR

- 7) Emergency Vehicle Access Will Be Significantly Impacted – Impact TR-52 on Pages 4.5-145 and 4.5-146 of the Draft EIR lists various streets that would be used by emergency vehicles to transport patients to the Cathedral Hill Campus and states "These streets are multi-lane arterial roadways that allow the emergency vehicles to travel at higher speeds and permit other traffic to maneuver out of the path of the emergency vehicle. Because Franklin Street, Van Ness Avenue, Post Street, and Bush Street have multiple lanes, vehicles would be able to yield to emergency vehicles destined to the proposed Cathedral Hill Campus. Given the above, the proposed Cathedral Hill Campus project emergency vehicle access impact would be less than significant."

Several critical intersections in the vicinity of the Cathedral Hill Campus currently operate at LOS E or LOS F under existing conditions in one or both peak traffic hours as reported in Tables 4.5-17 on Page 4.5-94 and 4.5-18 on Page 4.5-95 of the Draft EIR. These tables also show that additional critical intersections in the vicinity of the Cathedral Hill Campus will degrade to LOS E or LOS F in 2015 and in 2030 with the addition of Project traffic.

92-26 TR

Under capacity conditions at LOS E and under gridlock conditions at LOS F, vehicles will be queued back significant distances in all traffic lanes on the approaches to congested signalized intersections. Stopped vehicles will not be able to simply "maneuver out of the path of the emergency vehicle" as the adjacent lanes on the approaches to the gridlocked traffic signals will already be occupied by other vehicles. This is a significant impact for a hospital project and must be fully evaluated and mitigated. In this instance, the City cannot simply find that these impacts are unavoidable. Instead, in a revised EIR, the City must fully explain and support the Draft EIR's broad statement that "...the proposed Cathedral Hill Campus project emergency vehicle access impact would be less than significant." A revised EIR must show that the City has analyzed both LOS E and gridlock conditions at LOS F all around the vicinity of the Cathedral Hill Campus and has mitigated these impacts to significantly reduce or eliminate health and safety risks resulting from delays to emergency and labor and delivery vehicles.

- 8) Significant Construction Impacts Can Be Mitigated – Page 4.5-154 of the Draft EIR states "...for the 4-month period when there is overlap in excavation between the proposed Cathedral Hill Hospital and MOB, Level of Service would be LOS E or LOS F at up to nine of the study intersections. Thus, the project's construction impacts on intersection operations at these nine study

92-27 TR

intersections would be significant.” To reduce or eliminate the significant traffic impacts at nine intersections, the Draft EIR must analyze traffic impacts that would occur without any overlap in construction of the Hospital and MOB.



92-27 TR

Construction of the proposed Cathedral Hill tunnel under Van Ness Avenue, a State Highway, requires Caltrans approval and a permit. Open cutting of Van Ness Avenue to construct the tunnel together with the lane closures outlined in Table 4.5-33 on Page 4.5-158 will result in significant congestion and traffic impacts during construction of the tunnel over 10 months. To mitigate these significant traffic impacts, the Draft EIR must confine the lane closures and construction activities to hours that meet the San Francisco’s LOS D standard (no lane closures northbound before 10 PM and no lane closures southbound before midnight). The Draft EIR must also consider mitigating traffic impacts of the tunnel construction by boring underground to avoid lane closures rather than open cutting of Van Ness Avenue.

92-28 PD

92-29 TR

- 9) Parking Impacts Will Be Significant – Table 4.5-34 on Page 4.5-164 summarizes the parking supply and demand for each campus. As shown, the Cathedral Hill Campus is proposed to have a parking shortage where demand exceeds supply by 162 spaces. Other parking shortages will occur at the Davies Campus (203 spaces) and at the St. Luke’s Campus (309 spaces). Without the 623 “off-campus” parking spaces, the Project shortage is 664 parking spaces, about 15 percent of the overall parking demand.

92-30 TR

From Footnote 1 to Table 4.5-34, the 623 “off-campus” parking spaces include 400 spaces at the Japan Center Garage, 180 spaces at 855 Geary Street Garage, and 43 spaces in the garage at 2015 Steiner Street. The discussion in this portion of the Draft EIR does not disclose if the “off-campus” parking spaces at the three locations have been leased by CPMC and would therefore be available to make up a portion of the overall parking shortage. To consider these “off-campus” spaces as part of the parking supply, the Draft EIR must require that CPMC guarantee that the 623 spaces are available and that adequate shuttle service to and from their campuses will be provided.

92-31 TR

In the parking discussion for the individual campuses, the Draft EIR notes that on-street parking nearby is not available during most hours. In conflict with this, the Draft EIR then suggests that motorists can locate parking on these streets. Available off-street parking at certain campuses will also be limited during construction, and the Draft EIR does not provide mitigation for these significant impacts.

92-32 TR

The California Pacific Medical Center (CPMC) Long Range Development Plan (Project) in San Francisco creates significant traffic and transit impacts that have not been properly disclosed, analyzed or mitigated through alternatives and/or



92-33 TR

Ms. Gloria Smith
California Pacific Medical Center Draft EIR – Transportation Comments
October 18, 2010

traffic improvements. The errors identified in this letter require that each of these issues be reanalyzed and reevaluated through additional study in a revised and recirculated EIR. If you should have any questions regarding these findings, please contact me at your convenience.



92-33 TR

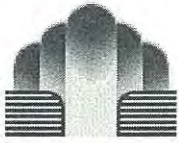
Respectfully submitted,

Tom Brohard and Associates

A handwritten signature in cursive script that reads "Tom Brohard".

Tom Brohard, PE
Principal

Enclosure



Devyani
Jain/CTYPLN/SFGOV
10/20/2010 10:15 AM

To Chelsea Fordham/CTYPLN/SFGOV@SFGOV
cc
bcc
Subject Fw: CNA Comments on CPMC DEIR: Email 4



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----- Forwarded by Devyani Jain/CTYPLN/SFGOV on 10/20/2010 10:15 AM -----



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10/19/2010 09:50 PM

Please respond to
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To bill wycko <bill.wycko@sfgov.org>, Devyani Jain
<Devyani.Jain@sfgov.org>

cc

Subject CNA Comments on CPMC DEIR: Email 4

Please find attached comments from the California Nurses Association on the CPMC DEIR.

The Law Offices of Gloria D. Smith



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Land use comments.pdf

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October 18, 2010

Via mail and email

Gloria Smith
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RE: Comments on the Draft Environmental Impact Report for the proposed California Pacific Medical Center Long Range Development Plan

Dear Ms. Smith:

The purpose of this letter is to provide you with comments on the Draft Environmental Impact Report (hereinafter DEIR) for the proposed California Pacific Medical Center Long Range Development Plan (hereinafter CPMC LRDP or proposed Project). My qualifications as a planning expert include a Bachelor's Degree in Environmental Studies from Stanford University, a Master's Degree in City and Regional Planning from the University of Southern California and over twenty years as a professional planning consultant and paralegal. My resume is attached to this letter, Attachment 1.

These comments focus on the following sections of the DEIR:

- Land Use
- Plans and Policies
- Population, Employment and Housing

In preparing these comments, I have reviewed the following documents:

- The proposed CPMC LRDP DEIR and appendices
- The Administrative Record to the DEIR, provided by the City of San Francisco
- Applicable Plans, Policies and Codes

As described in detail below, the DEIR fails to address the impacts of the whole Project, including all aspects of the Project capable of generating significant impacts. Specifically, key elements of the

93-1 OTH

93-2 PD

proposed Project are apparently not complete or not yet available¹ rendering the project description incomplete and inadequate to support disclosure and analysis of Project-related impacts. Other information about the Project was disclosed in the DEIR, but was extremely difficult to locate.² This approach violates the information gathering purpose of CEQA.

93-2 PD

As a result of missing and incomplete information concerning the proposed Project, as well as flawed assumptions and analyses, the DEIR fails to disclose and analyze potentially significant impacts from this expansive Project on the region, the City and local neighborhoods including, but not limited to: 1) significant unmet demand for housing, and in particular, housing affordable to the workforce; 2) jobs-housing imbalance and related impacts on transportation, air quality, growth inducement and public services; and 3) other impacts that would be generated by the proposed Project as well as the Project plus cumulative projects. In short, the release of this DEIR was premature because information critical to the disclosure and analysis of Project-related impacts has not yet been provided to the public for review. A revised DEIR must be prepared with full and adequate project description and environmental setting sections. Once this key information is available to fully analyze all of the Project's potentially significant impacts, then the City will be in a position to ensure that it has required all feasible measures and/or alternatives to mitigate the Project's identified impacts.

93-3 OTH

93-4 INTRO

I. Introductory Comments

The proposed Project is of a scale that would reshape how health care is provided in San Francisco. Virtually eliminating services at the California Campus, reducing beds and the scope of services at St. Luke's and converting Davies into a specialty facility, among other Project proposals would generate a myriad of impacts not evaluated in the DEIR. Major flaws with this DEIR along these lines stem from two overarching deficiencies: First, the DEIR fails to describe the existing conditions with respect to health care services (e.g., the full health care system including people, facilities, services that provide health care to San Francisco's population). As such, the DEIR's analyses of Project impacts is incomplete. Second, the because the City lacks a Health Care Services Master Plan³, the analysis of this and other

93-5 HC

¹ Examples of project description information that is not included in the DEIR or the administrative record include but is not limited to: 1) the proposed detailed text of plan and policy amendments; and 2) the project's specific proposal for replacement housing.

² For example, information about the construction workforce was buried in the Transportation and Circulation section of the DEIR and not described in the project description. See DEIR Table 4.5-10. Another source of useful information concerning project details is the Alternatives chapter. See DEIR, Chapter 6. For example, it is in the Alternatives chapter that tables can be found describing key details such as: a) building square footage by specific use; b) proposed project square footage compared with existing uses; and c) staffing. See e.g. Tables 6-1, 6-10a and 6-11. These numbers, and the assumptions underlying them, are necessary to assess the Project's various environmental impacts, especially those that are estimated based on square footage (e.g. employment generation, parking, and transportation). As such, these and other "numbers" set forth in the various sections of the DEIR must be presented clearly in one place in a revised DEIR; the project description.

³ Supervisor Campos's proposal for the completion of a Health Care Services Master Plan should come first, at least the overall framework, and major projects evaluated for consistency with that Plan. CPMC's proposal predetermines major outcomes that may or may not result in adequate services for San Francisco. A determination should be made whether the timeline for seismic upgrades allows completion of the Master Plan

health care projects is at best piecemeal and incomplete. Moreover, feasible alternatives to the proposed Project are not devised with the success of San Francisco’s overall health care services system in mind.⁴

93-5 HC

Project impacts must be analyzed in comparison with existing health care system services currently serving the San Francisco population (e.g., in San Francisco and in adjacent communities serving San Francisco’s population) so that all potentially significant impacts can be analyzed including impacts stemming from the responses to such questions as listed below. This is the environmental baseline for the Project.⁵ If proposed project’s like the CPMC LRDP are not evaluated based on its impacts compared with the existing health care setting (existing environmental conditions) potentially significant impacts cannot be analyzed, including but not limited to:

93-6 HC

1. How and where lower income people will receive health care, and the corresponding range of effects on transportation, air quality and public services?
2. What new gaps in health care services result from the proposed Project? Such gaps translate into physical environmental impacts, including, but not limited to additional and potentially longer trips by San Franciscan’s to obtain service as well as people without adequate health care which can lead to physical environmental problems including demand for additional facilities (e.g., specialized shelters; diversion of public funding from other services; and the like). None of these impacts are addressed in the DEIR.
3. How will the proposed Project impact other existing health care providers locally and regionally? Will the Project capture the higher-end medical services; thereby potentially putting other facilities and services at risk for economic failure? Do some of the competing facilities currently provide a range of not necessarily profitable services to the lower income residents that will be

93-7 HC

93-8 HC

93-9 HC

93-10 HC

“vision” first and review of major projects second. This is the first question the City’s decision-makers should ask before any further consideration of the Project.

⁴ The Project’s stated overarching objectives only include optimizing the use of CPM’s resources to provide an integrated health-care system affording the highest quality of patient care to CPMC’s patient population in the most cost-effective and operationally efficient manner. DEIR at page 6-5. The City’s objective is not represented here – to support the health care services system community-wide that affords the highest quality of patient care to all of San Francisco’s population. Whether the proposed Project helps or hinders that overall goal cannot be know without – at a minimum – comparison of the Project as proposed to the existing health care services system serving the SF population. Such an evaluation would expose any gaps in services in the current system and/or gaps that would be created by the proposed Project.

⁵ Every CEQA document must start from a “baseline” assumption. The CEQA “baseline” is the set of environmental conditions against which to compare a project’s anticipated impacts. Section 15125(a) of the CEQA Guidelines (14 C.C.R., § 15125(a)) states in pertinent part that a lead agency’s environmental review under CEQA:

“...must include a description of the physical environmental conditions in the vicinity of the project, as they exist at the time [environmental analysis] is commenced, from both a local and regional perspective. This environmental setting will normally constitute the baseline physical conditions by which a Lead Agency determines whether an impact is significant.”

impacted? Might existing facilities be forced out of business, resulting in “blighted” neighborhoods? The DEIR does not address this potential set of impacts.

↑ 93-10 HC

4. What are the unmet health care services needs and will these needs be impacted by the proposed Project? If needs remain unmet in the City, impacts to transportation, air quality, greenhouse gas emissions and other impacts increase.

93-11 HC

5. How will emergency patients be accommodated if they need to be air-lifted in or out of the City?

93-12 HC

6. How will the proposed Project impact services at St. Luke’s? How will proposed changes and reduced services impact the southeastern portion of the City in addition to the City at large?

93-13 HC

7. Given the proposed Project’s actual indirect and likely significant induced job/services multiplier effect, the Project will impact existing neighborhoods and health care services. Therefore, must additional businesses or residences be converted to health care support services for the new Cathedral Hill Campus?

93-14 HC

These and other questions must be analyzed and addressed in a revised DEIR containing a full description of the existing health care services.

In addition, the City’s environmental review of health care project proposals like the CPMC LRDP is occurring piecemeal because the City lacks a Master Plan for health care services. The preparation of a Master Plan is critical to major health care project review, but more importantly to making decisions that will result in meeting existing and future public health care services needs. Without a Master Plan, the environmental review of the proposed Project cannot be complete.

93-15 HC

II. Project Background

The DEIR’s project description sections describe the existing Project sites in a fair amount of detail. However, understanding the Project as proposed requires reviewing numerous sections of the DEIR in order to get a sense of the whole Project, as the key elements are not adequately or clearly described in the project description section (e.g., construction activities, workforce, and health care services to be provided at each campus). Table 1 below, provides a comparison of the existing CPMC campuses to the proposed Project assembled from a review of the entire DEIR to inform the comments in this letter.

93-16 PD

According to the DEIR, CPMC’s long range strategy is to meet state seismic safety requirements for hospitals and create a 20-year framework and institutional master plan (IMP) for CPMC’s four existing medical campuses and one proposed new medical campus in San Francisco, the Cathedral Hill Campus. The four existing CPMC medical campuses are the Pacific Campus in Pacific Heights, the California Campus in the Presidio Heights area, the Davies Campus in the Duboce Triangle area, and the St. Luke’s Campus in the Mission District. DEIR at page 1-1. The Project’s objectives do not address how the proposed Project results in benefitting the overall health care services system for the San Francisco community.

Summary of Key Project Elements

The proposed Project would add a major new medical campus in the Cathedral Hill area by 2014 and cease operations of the California Campus by 2020. Other key project elements include.

- Design, construction and operation of Cathedral Hill campus, including a 555-bed hospital and medical office buildings at two locations.
- Development of a new ambulatory care center, underground parking, and renovation of existing buildings at the Pacific campus.
- Development of a new neuroscience institute building and new medical office building (MOB) and parking improvements at Davies campus.
- Construction of a new 80-bed acute-care replacement hospital and an MOB/expansion building after the demolition of the existing tower at St. Luke's.
- Sale of the California campus (by 2020) after relocating inpatient services (all patients staying longer than 24 hours) to the proposed Cathedral Hill Hospital and other services to the Pacific campus. A limited amount of leased office at the California campus would be used indefinitely for medical activities. DEIR at page 1-1 to 1-2.

Table 1 compares the existing CPMC campuses to the proposed CPMC campuses and briefly discusses the proposed changes.

93-17 HC

Existing CPMC	Proposed CPMC	Comments
Four-campus: <ul style="list-style-type: none"> • Pacific • California • Davies • St. Luke's 	Four-campus: <ul style="list-style-type: none"> • Cathedral Hill • Pacific • Davies • St. Luke's 	The changes to services at each of these facilities are not well described in the DEIR project description. In order for the DEIR to be an adequate information document, this and other detailed information about the Project, must be clearly described in the project description as this information is essential to the adequate analysis of transportation-related, air quality, greenhouse gas, housing and other impacts.
Four acute care hospitals	Three acute care hospitals <ul style="list-style-type: none"> • Cathedral Hill (555 bed acute care hospital) • Davies • St. Luke's 	Again, these changes likely impact who accesses the hospitals and how these patients travel – beyond CPMC – for services. Additional details are needed to analyze those likely implications of the proposed Project. Such details must be described in a revised project description.

1,253 licensed beds/ 875 staffed beds	952 licensed beds/ 831 staffed beds	St. Luke's Campus: Reduction of licensed beds from 229 (150 acute and 79 skilled nursing) to 80 beds. Overall licensed beds would be reduced by 178 beds.
45 emergency room bays	65 emergency room bays	The DEIR's description of existing and projected emergency room trips/admissions related to CPMC, as well as existing and projected total San Francisco population-related emergency room trips/admissions is incomplete. The omission of this information renders impact analyses related to transportation, air quality and greenhouse gas emissions incomplete.
2 triage areas	3 triage areas	
No helicopter landing	No helicopter landing	No helicopter landing could have impacts on health care services, but also on air quality and greenhouse gas emissions due to reliance on other heliports outside of San Francisco.
2004: 648,530 outpatient visits		Detailed patient information needed to fully assess Project impacts is not included in the DEIR.
2004: 1/3 of all emergency room visits – approx. 70,220		See above. This information is needed to fully assess Project impacts and should be provided by facility and campus.
2006: Full-time equivalent personnel: Pacific: 2,641 California: 1,638 Davies: 925 St. Luke's: 597 Total: 5,801 (2008 data)	2030: Full-time equivalent personnel: Cathedral Hill: 5,380 Pacific: 2,060 California: 10 Davies: 1,750 St. Luke's: 1,530 Total: 10,730	The DEIR improperly omits information concerning future employment at the California campus sites. The sale of these sites is part of the Project and as such assumptions concerning future use and total employment should be included if not in the project description, in the cumulative and growth-inducing sections of the DEIR.

93-17 HC

<p>Housing units</p> <p>Cathedral Hill: 5 residential units and 20 residential hotel units.</p>	<p>Housing units = None</p>	<p>CPMC is still working with the Mayor's office to determine how to address replacement housing. CPMC is seeking exceptions and amendments to City regulations that would require housing be provided as a ratio to non-residential uses.</p>
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93-17 HC

III. Potentially Significant Impacts Were Either Not Analyzed or Inadequately Analyzed in the DEIR

A fair argument clearly can be made based on the record that the proposed Project will have a number of potentially significant impacts that were either not disclosed in the DEIR at all or were inadequately analyzed. These include, but are not limited to:

93-18 PH

- Impacts related to population, housing and jobs including an increased demand for housing affordable to the full workforce generated by the proposed Project (e.g., construction plus induced and indirect employees). The DEIR only analyzes a segment of net new employment generated by the Project, thereby underestimating the proposed Project's impact on housing. This impact in turn results in an underestimation of traffic, parking, air quality and greenhouse gas emissions impacts (see letters submitted under separate cover by Dr. Petra Pless, and Tom Brohard, P.E.). These impacts are commonly analyzed as jobs-housing balance and jobs-housing "fit" impacts.
- Impacts associated with Project-Plan inconsistencies including, but not limited to, precedent setting amendments to the general plan, zoning code and other departures from adopted plans, policies and regulations that could result in significant impacts not disclosed or analyzed in the DEIR.
- Growth-inducing Impacts as a result of unmet demand for housing and particularly housing affordable to the Project workforce as well as growth inducing impacts associated with exempting this Project from applicable policies, plans and regulations. In addition, the DEIR fails to analyze the growth inducing impacts related to indirect and induced growth in employment to serve the Project and foreseeable uses at the California campus sites once sold.
- Cumulative impacts, including those related to housing demand and potential development at the abandoned California campus.
- Potentially significant impacts associated with the shifts and changes in health care city-wide that would in turn change patient patterns (travel distances, types of trips, etc.), increased impacts on air quality emissions, public services and possibly other health care services (e.g., competition and or the abandonment of the California Street campus could result in loss of other existing services). These impacts are not addressed in the DEIR.

93-19 PH

93-20 LU

93-21 GRO

93-22 PH

93-23 HC

A revised DEIR must not only disclose these likely significant impacts, it must also include a reasonable range of alternatives capable of reducing or eliminating significant impacts.

93-24 INTRO

A. The Project Description is Incomplete

The DEIR’s Project Description sections omit information that is essential to an adequate analysis of Project-related and cumulative impacts. Key examples vital information omitted from the DEIR are a plan for replacement housing for units demolished to make way for Project construction and a clear and complete description of the change in health care services to be provided by each campus. According to the DEIR, CPMC is continuing to work with the Mayor’s Office of Housing to identify the best mechanism to meet the City’s need to place the units lost and is evaluating a range of options. DEIR at pages 4.3-33. While the actual replacement number as a percent of total units in the City may be low, as a cumulative total for the income level these lost units represent, replacement units is a significant issue and as such should be a key element of the Project Description.⁶ In addition the location of these affordable units may render their loss even more significant as they are in a high-end neighborhood. Similarly, additional detail concerning the exact types of health care services and target patient profiles is essential to an accurate and thorough description of Project-related and cumulative impacts. Impacts such as whether CPMC will result in a loss of key services to San Francisco residents cannot be analyzed without additional information on both the proposed Project as well as existing health care services.

93-25 HC

93-26 PH

93-27 HC

93-28 HC

Other information missing from the DEIR’s Project Description sections includes, but is not limited to the following:

- Profile of the “net” new CPMC workforce by income range and job type to inform analyses of jobs-housing balance, jobs-housing fit and actual demand for additional housing affordable to the workforce. Only general information concerning the net new workforce can be gleaned from the DEIR (e.g., such as provided in Table 4.5-10 which provides no information on the income range of physicals and staff). Income has been shown to play a significant role in where an employee lives and therefore commuting distance.
- A financing plan for the proposed Project and a discussion of whether such a financing plan would include sale of the California campus to finance the project. The financing plan would necessarily result in disclosure of related environmental impacts and alternatives.
- Specific retail service and other commercial uses. This detailed information is critical to accurate trip generation assumptions, parking demand and determining whether or not uses will actually result in reducing trips/air quality and greenhouse gas emissions or merely become attractors for additional vehicle trips.
- Projected emergency room admissions and ambulance trips for both near-term and long-term project phases. This information is essential to an analysis of the adequacy of health care services and conclusions concerning impacts such as cumulative impacts of transit and

93-29 PH

93-30 PH

93-31 PD

93-32 TR

93-33 HC

⁶ The omission of the details of the replacement units as part of the Project Description also represents an example of improperly omitted and/or deferred mitigation as the discussions with the Mayor’s housing team is the DEIR’s basis for not requiring additional mitigation. DEIR at page 4.3-33. Moreover, the DEIR fails to include any disclosure or analysis of the cumulative numbers of affordable housing being displaced by cumulative projects in the project area and City-wide.

traffic generated by patients having to travel greater distances for services. Details including total projected psychiatric admissions is essential for impact analyses as well.

- Actual disclosure of the wording (proposed text) of all required plan, policy and regulation amendments.
- Justification (proposed findings) for the requested variances.
- Justification (proposed findings) for all other exceptions/amendments including but not limited to parking, housing, Proposition M, etc.
- Events schedule and visitors (e.g., CPMC currently has a robust schedule of seminars, lectures, workshops and other events). This information was used at least in part based on surveys for the transportation section of the DEIR, but does not appear in the Project Description.
- The construction schedule in Appendix B provides a general overview of expected activities for near-term projects (the DEIR fails to provide adequate information on the buildout of long-term projects). Also, some sections of the DEIR provide additional details on construction activities by campus (e.g., Transportation and Noise). However, the DEIR omitted the details concerning the construction workforce, thus is it impossible to analyze impacts including housing demand, transportation, air quality and other impacts. This information would include, but is not limited to the type of worker by trade and tier status. The US Census provides information on the construction workforce including: area workforce characteristics by type of worker, worker residence locations, wages, and status – full or part-time. It is highly possible that given the cost of housing in the City that lower paid workers (Tier 1 or Blue Color Construction Workers) reside outside the area and thus have long commutes to and from their residences. Again, this information is readily available and critical to complete the DEIR’s Project Description.⁷

93-33 HC

93-34 LU

93-35 PD

93-36 LU

93-37 PD

93-38 PH

Without this critical project description information, the DEIR cannot disclose or analyze the project-related and cumulative impacts. In addition, the actual General Plan amendment language is essential to a determination of whether the proposed Project will result in Plan inconsistencies. A revised DEIR must be prepared when the project description is complete.

93-39 LU

B. The DEIR Omits Critical Project Setting Information

CEQA requires that an initial study contain “an identification of the environmental setting.” Guidelines Section 15063(d)(2). Here, however, the DEIR’s Environmental Setting section omits essential information.

93-40 HC

Examples of omitted Environmental Setting information that must be included in a revised DEIR are:

⁷ Just as the transportation section describes construction period traffic impacts based on detailed descriptions of the Worker Population by Construction Phase, so should the section concerning Population, Employment and Housing. See e.g. Table 4.5-29. This information should be the starting basis for a revised analysis of jobs-housing balance and jobs-housing fit impacts.

- A detailed description of San Francisco’s existing (and surrounding Bay Area communities, if applicable) health care services including personnel, services, facilities, emergency room admissions and ambulance trips, etc. This complete description of the health care service setting should provide information on any gaps or leakage of San Francisco’s health care needs to other communities, accessibility of services, and other basic background information to provide a “baseline conditions” basis for analyzing Project impacts. Without this information, very basic impact analyses cannot be performed (e.g., how far will patients travel for care? What are the transportation, air quality and greenhouse gas emissions impacts of those travel patterns?). 93-41 HC
- Projected health care services needs for the projected San Francisco population based on changing demographics (e.g., aging population, etc.). 93-42 HC
- Additional information concerning the housing stock in the area surrounding the campuses (How much of the substandard stock is not occupied/livable? Are there overcrowding conditions? What are the rents and for-sale prices? What are the current rental and owner profiles? What is the current jobs-housing fit in these neighborhoods? The City? Region?). 93-43 PH
- Information concerning the available construction workforce in the area by trade. 93-44 PH
- More detailed information concerning cumulative projects including potential cumulative development at the California campus (based on the General Plan and Zoning/other), and in particular, other health care services projects in the City and immediately adjacent communities (e.g., Southern Marin, Peninsula, inner East Bay). 93-45 HC
- Information on existing jobs-housing balance and jobs-housing fit in San Francisco and the region. The DEIR only provides information on employed residents-jobs. This is not an adequate surrogate for either jobs-housing balance or jobs-housing fit. Impacts that flow from a lack of jobs-housing balance and fit include but are not limited to increase in- and out-commuting, impacts on air quality and greenhouse gas emissions. The distance of commutes and other information critical to a thorough impact analysis can only be determined based on adequate setting information. 93-46 PH

A revised DEIR must be prepared that includes this information and based on this information, analyzes the full impacts of the proposed Project on housing, jobs-housing balance, jobs-housing fit and the related impact topics of transportation, impacts on air quality and greenhouse gas emissions, among others. 93-47 PH

C. The Project Will Have Potentially Significant Impacts on Housing

Any environmental review must analyze the proposed project’s potential impacts to population, housing and jobs. The DEIR includes discussions of potential housing impacts in number of chapters of the DEIR including Population, Housing and Employment; Land Use; Plans and Policies, Growth Inducement and Alternatives. In every discussion, the DEIR concludes that the Project would not result in any significant impacts to housing without mitigation. Specifically, the DEIR reached the sweeping conclusion that the project would not result in any significant impacts to population, employment and housing including demand for housing or housing displacement. The DEIR reaches this conclusion without an adequate 93-48 PH

analysis of jobs and housing impacts and without analyzing the full demand for housing generated by the Project and the Project plus cumulative development. DEIR Section 4.3, pages 4.3-18 to 4.3-37.

The DEIR's significance criteria for housing-related impacts were based on whether the Project will:

- Induce substantial population growth in an area, either directly (for example, by proposing new homes and businesses) or indirectly (for example, through extension of roads or other infrastructure);
- Displace substantial numbers of existing housing units or create demand for additional housing, necessitating the construction of replacement housing; or
- Displace substantial numbers of people, necessitating the construction of replacement housing elsewhere.

93-48 PH

According to the DEIR, the population and household analysis takes into account a number of factors including CPMC employment, San Francisco employment, San Francisco households and San Francisco population growth and considers whether Project implementation would result in changed or increased housing demand and contribute substantially to residential population growth in San Francisco. DEIR at page 4.3-13. Based on this cursory and incomplete analysis, the DEIR concludes impacts will be less than significant across the board. DEIR at pages 4.3-18 to 4.3-31. However, this conclusion is mistaken. As discussed below, the Project will likely result in significant unmitigated impacts to housing and in particular, impacts on affordable housing needed to meet the needs of Project's workforce.

93-49 PH

The DEIR's conclusion that housing impacts will be less than significant without mitigation is based on a number of erroneous assertions including:

- The CPMC LRDP Project projected growth is within the household and population projections by the Association of Bay Area Governments (ABAG).
- CPMC is working with the Mayor's office on a plan to replace housing demolished by the Project, most likely through fees rather than construction of units.
- As estimated by the City's adopted Housing Element, San Francisco has the capacity to accommodate the approximately 1,490 households generated by the Project.
- The City has the capacity to accommodate cumulative housing need based on net new workforce assumptions for cumulative projects, an employed residents/household ratio of 1.37, and assumptions about housing production in the City. Specifically, according to the DEIR, the new jobs would generate a demand for 1,300 housing units compared to the approved housing supply in San Francisco of 8,200 units plus vacant units and projected housing. DEIR at page 4.3-45.

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93-52 PH

The DEIR's conclusions in this regard fail to consider the following reasons why housing demand will be much greater than disclosed:

- Full new household demand generated by the Project, plus the construction workforce, plus indirect and induced jobs (the multiplier effect);

93-53 PH

- Jobs-housing fit.⁸
- Cumulative jobs-housing fit.

93-53 PH

As a result of underestimating demand for housing generated by all “known” Project elements (e.g., net new direct, indirect and Project-induced employees and construction workers), the proposed Project is likely to result in demand for housing in excess of supply, particularly of housing at costs/rents that fit the workforce needs (i.e. housing affordable to the salaries of the CPMC direct, indirect and Project-induced workforce). These potentially significant impacts will in turn, likely lead to an underestimation of commute trips and length of trip as net new populations generated by the Project seek housing further from San Francisco causing additional impacts on traffic, public services, air quality and global climate change due to greenhouse gas emissions.

93-54 PH

93-55 PH

The conclusion reached in the DEIR concerning the lack of Project impacts on housing is flawed in the following major respects: First, the DEIR evaluates impacts against incorrect baseline environmental conditions. Second, the DEIR bases the impact analysis on an incomplete and flawed description of Project elements likely to result in significant impacts related to housing demand and supply, and fails to disclose key setting information necessary to complete an adequate analysis of housing impacts. As a result of these omissions, the DEIR fails to identify any housing impacts as significant. Third, the DEIR fails to identify feasible mitigation measures for these significant impacts.

93-56 PH

Incorrect Environmental Baseline for the DEIR’s Housing Sections: To reach the conclusion that the proposed Project will result in less than significant impacts on housing, the DEIR improperly relies on a comparison of the project impacts to conditions that are not relevant to a proper CEQA evaluation. For example, the analysis concludes that housing impacts will be less than significant based on future conditions rather than existing environmental conditions. The analysis concludes that because population and housing demand generated by the Project is within ABAG projections and *projected* housing supply, the Project has no significant impact. Just because the Project’s employment, household creation and population is within growth projections and future housing projections does not provide the proper comparison of the Project’s impacts to existing conditions. See CEQA Guidelines Section 15125(a).

93-57 PH

In setting the baseline for the analysis of housing and other impacts (e.g., employment, growth inducement and jobs-housing balance and jobs-housing fit) the DEIR fails to analyze the “real conditions on the ground,” and instead compares the Project to hypothetical future environmental conditions (e.g., projected housing, population and employment growth) that do not exist. DEIR at page 4.3-29. Again, these future conditions include projected housing, population and employment growth in the project area and region. This artificial baseline creates the illusion that the Project’s impacts on housing are not

93-58 PH

⁸ Jobs-housing fit refers to the relationship between housing costs/rents and the salaries of the workforce generated by the proposed Project. Acceptable jobs-housing fit means that the demand for housing generated by the project can be met by a housing supply in the project area at prices and rents affordable to the project workforce generating the demand.

significant because those growth and housing projections make the Project contribution to housing demand appear small in number.

93-58 PH

When *full* Project housing demand is compared to existing availability of housing affordable to the workforce, impacts are likely significant. If the analysis also includes the loss of actual housing units plus the loss of future housing that could occur on the Project campus sites under current plans and zoning and takes into consideration jobs-housing “fit,” Project related impacts will be much more significant than presented in the DEIR. The DEIR’s baseline calculation violates the plain language of CEQA.

93-59 PH

For the housing sections, a revised DEIR must analyze the proposed Project’s *full* impacts on the existing conditions. The revised analysis must also identify the likely significant short-fall of housing affordable to the Project’s direct, indirect, and Project-induced workforce as a result of the proposed Project plus cumulative projects. More detailed setting information concerning the status of affordable housing in the Project neighborhoods, City and beyond must be a basis for this revised analysis.

93-60 PH

Incomplete Project Description and Assumptions for Housing: In addition to reliance on the wrong environmental baseline to justify conclusions of less than significant impacts, the overarching conclusion that the Project would not have significant housing impacts is not supported by the facts:

- 1) The DEIR fails to describe all elements of the Project that generate housing demand including, but not limited to construction workforce, Project-induced and indirect employees. If all of these net new employees are included, the underestimation of the Project’s housing demand is even greater than disclosed in the DEIR. A proper analysis of full housing demand would likely result in a significant shortfall of housing, particularly housing affordable to segments of the new direct, Project-induced, indirect and long-term construction workforce.
- 2) The DEIR fails to account for the additional indirect employment (based on a reasonable multiplier⁹) generated by the construction component of the Project. As a result, net new demand for housing will likely be even greater. Table 4.5-29 provides an indication of the workers by general phase/shift. Total construction should provide a basis for applying a multiplier to determine the housing need for this element of the Project in a revised analysis.
- 3) The DEIR fails to account for where workers will likely live and simply relies on the assumption from the CPMC IMP that 49% of employees reside in San Francisco, 22% in South Bay/Peninsula; 19% in East Bay; 8% in North Bay to extrapolate the locations where future employees will reside. DEIR at pages 4.3-12 to 13. Moreover, these assumptions, valid or not, do not include construction workers. Census and other information are available to more accurately project the likely places workers will live. These studies clearly show a correlation between worker

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⁹ The total jobs generated by a project can be determined using “multipliers” that indicate the number ratio of direct jobs to indirect and induced jobs. Used to measure the number of times each dollar of direct spending cycles through an economy thereby producing indirect and induced spending, multipliers also describe indirect and induced employment produced by a project’s economic impacts.

wages and salaries the location of their residences.¹⁰ A revised DEIR must do the work and not simply extrapolate from the prior Plan.

93-63 PH

- 4) The DEIR fails to deduct from planned and projected housing, housing that would be developed on these sites under current planning and zoning. Moreover, the DEIR fails to regard the loss of this potential housing as an impact.
- 5) The DEIR does not include housing that would be required to be built under current City regulations, but that the Project is requesting to be excused from constructing. DEIR at page 4.3-33.
- 6) The DEIR fails altogether to analyze the "housing fit" – that is the cost of housing compared with the Project workforce's ability to pay for that housing. Various segments of the net new workforce, as well as indirect and induced jobs, are likely to fall into lower income categories.

93-64 PH

93-65 PH

93-66 PH

As a result of these and other omissions, flawed and incomplete analysis and assumptions, the Project is likely to result in significant demand for housing affordable to the workforce over supply in the immediate neighborhoods surrounding the Project's various campuses, in the City and potentially around the Bay Area (Marin, East Bay, Peninsula).

93-67 PH

After including a complete project description and environmental setting, a revised DEIR must disclose and analyze the full impacts of the proposed Project on housing such as housing demand over supply taking into consideration jobs-housing fit, unmet demand for housing affordable to the workforce and impacts on the housing supply (e.g., as a result of amending plans, zoning and code sections). It is likely that a revised CEQA analysis along the lines described above would show significant impacts on housing requiring full alternatives and mitigation to address housing impacts.

93-68 PH

Feasible Mitigation Measures to Address Significant Housing Impacts Including Unmet Demand for Affordable Housing: The DEIR does not identify any mitigation measures because it finds that project-related and cumulative impacts associated with housing to be less than significant. DEIR at pages 4.3-21 to 4.3-42. As described above, these conclusions are based on incomplete and flawed analyses. A revised DEIR must include feasible mitigation measures to reduce and/or eliminate significant housing, housing affordability, housing supply, jobs-housing balance and jobs-housing fit impacts. Such measures generally include but are not limited to replacement housing on or off site for units demolished as well as for units required under the City's policies and regulations (e.g., Van Ness Avenue Area Plan (VNAP) regulations requiring development of residential square footage for each square foot of non-residential uses); impact fees and other means of generating financing for housing affordable to the workforce. The Project applicant should also consider entering into a Community Benefits Agreement with affected community residents and stakeholders and set forth enforceable benefits that could also be relied on to mitigate project housing impacts. Other measures that should be considered include:

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93-70 PH

93-71 PH

¹⁰ Academic and empirical research supports our inference from Census statistics that wages matter to residents' decisions where to work and live. See Attachment 2 and 3 hereto: "Wages, benefits, hours, commuting time, and license renewal for Iowa Registered Nurses;" and "The Effects of Housing Prices, Wages, and Commuting Time on Joint Residential and Job Location Choices."

- A commitment to build housing for the workforce on one or more of the Project campus sites. Total units should be based on a nexus or other detailed study of actual Project-related housing demand and jobs-housing fit. 93-71 PH
- A revolving loan fund at no interest toward the building of new affordable units in the Project areas and/or rehabilitation of existing units by community non-profits working in collaboration with a "Coalition Advisory Committee" (see below). The size of the loan fund must be sizable enough to substantially address the full impacts of the Project particularly on affordable housing demand. As an example, a revolving loan fund of approximately \$20 million over 5 years would allow for the creation or preservation of about 200 units of affordable housing, with the fund providing acquisition and/or construction loans for rehabilitation, new construction or preservation of existing subsidized properties at risk of converting to market. 93-72 PH
- An additional revolving loan fund at no interest could be established to rehabilitate housing in the areas surrounding the campuses, with specific attention to leveraging other funding to increase the energy efficiency of these units (thereby saving residents on energy bills and reducing greenhouse gas and air quality emissions). 93-73 PH
- Creation of a "Coalition Advisory Committee" (and specialized technical sub-committees on housing, energy efficiency and other issues). Among the considerations of the Committee should be to support local community land trust that would help to provide affordable housing in the Project areas and a rental assistance program for low-income staff and workforce. 93-74 PH

A Community Benefits Agreement can also provide a useful vehicle to mitigate for parking, traffic, energy, air quality and other impacts associated with the Project. 93-75 PH

D. The DEIR Underestimates Project-Related Employment and Fails to Adequately Disclose and Analyze Jobs-Housing Balance and Jobs-Housing Fit Impacts

The DEIR concludes that Project-level and cumulative impacts associated with employment would be less than significant. DEIR at pages 4.3-18 to 4.3-31. The DEIR further concludes that cumulative impacts with respect to employment would be less than significant without adequate data or analysis. DEIR at page 4.3-31. Obviously, the Project's contribution to new jobs in San Francisco is a good outcome. However, these new direct, indirect and temporary employees must be accounted for in the environmental analysis. The DEIR concludes as follows: 93-76a PH

The total number of personnel at CPMC campuses would grow to approximately 10,730 by 2030. This would be a net new growth of 4,170 full time equivalent (FTE) personnel CPMC system wide between 2006 and 2030. This personnel growth would create population growth and household growth of approximately 3,480 people or approximately 3% and 1,409 households or approximately 3% overall, that would be within ABAG's population projections for San Francisco. Also, the increase in housing demand could be accommodated by the city's vacant housing supply

(approximately 17,100 vacant units)¹¹ and available capacity to build approximately 34,100 new housing units. DEIR at page 4.3-31.

93-76a PH

These conclusions are based in part on the projected employment generated by the Project being within ABAG’s employment forecasts. DEIR at page 4.3-31. As described above, comparison of the Project against future population projections relies on an improper baseline. Id. A revised DEIR must evaluate the physical and other environmental impacts of net new employment generated by the Project against existing conditions (e.g., existing supply of housing at rents/prices affordable to new employees).

93-76b PH

The DEIR appears to grossly underestimate employment generated by the Project. According to the DEIR, the Project will generate 10,730 full time equivalent (FTE) personnel at the four campuses. For analysis purposes, the DEIR relies on an overall project impact of only 4,170 net new jobs. This figure underestimates the full employment impact of the proposed Project because it does not include construction workers, or induced and indirect jobs. Nor does the projected number include any non-medical jobs at the California campus (under the foreseeable scenario that campus will be sold and redeveloped consistent with existing plans and policies).¹²

93-77 PH

The DEIR underestimates new jobs generated by the Project and the impacts associated with this underestimation for reasons including, but not limited to, the following:

- Omission of total “net” new direct and indirect and Project-induced jobs. The DEIR does not appear to include jobs that would be generated by the Project based on a reasonable multiplier effect and failure to apply that multiplier to certain key categories of population generated by the Project (e.g., to construction workers, medical services, etc.).
- Jobs associated with the redevelopment/future use of the California campus sites after they are sold and reused/redeveloped.
- The actual imbalance of jobs and housing taking into consideration the salaries of new jobs with housing costs or “Jobs-Housing Fit.”

93-78 PH

The omission of ALL indirect and induced jobs in the DEIR’s analysis of employment and population growth and jobs-housing balance has a ripple effect throughout the DEIR. Specifically, to the extent the DEIR underestimated total new jobs and population generated as a result of the Project directly and indirectly, other impacts including, but not limited to traffic, parking, greenhouse gas emissions, public services, air quality, among others are also underestimated.

93-79 PH

Indirect and Project-Induced Jobs: The impact of the proposed Project on the local, regional and even State economies is greater than the total of direct spending and direct job creation. This economic ripple effect is typically measured by an “input-output” economic model such as IMPLAN. While these models have historically been used to describe the economic benefits of projects, they are increasingly being used in DEIR’s to analyze the full job generation potential of projects and therefore the full

93-80 PH

¹¹ Inadequate information is provided on the locations, type, condition and price/rent of these units to support any conclusion that they are adequate for the Project’s workforce needs.

¹² Or potentially purchased by another medical group desirous of the same exemptions from City plans, policies and regulations CPMC is seeking.

environmental impact of projects. The multiplier effects for the proposed uses likely range from a minimum of .5 or ½ additional new job for every job created to over 1.4 under commonly applied models. Of course employment multiplier effects can vary depending upon the specific types of jobs being created. The redevelopment of the St. Luke’s campus site may not result in as high a multiplier due to the fact a medical facility already exists and so do complimentary services in the area. However the multiplier for a new hospital at the Cathedral Hill site could mean that a higher multiplier effect is warranted because of the introduction of a brand new facility in an area that may lack complementary services. A revised DEIR must re-analyze the multiplier based on the specific types of jobs generated by the Project and produce a revised analysis of impacts to employment, population and housing, jobs-housing balance, jobs-housing fit, traffic, greenhouse gas emissions and air quality impacts among other impacts.

93-80 PH

A typical multiplier based on what is known about the Project would suggest that the DEIR has grossly underestimated indirect and induced jobs by a significant number. A recent Oregon Study found that the average physician in Oregon supported 14 to 48 total jobs or 25 total jobs on average¹³. While some of those jobs are reflected in other employee categories for the Project (e.g., staffing on site), some are not and would be created off-site in support services and other jobs. A University of Kentucky Study of Rockcastle Hospital and Respiratory Care Center concluded that for every hospital job, an additional .48 jobs were created in the local economy.¹⁴ Not only must a revised DEIR include an analysis of the impacts of all jobs – indirect, Project-induced, construction, but the multiplier should be applied to construction as well as facility jobs by job classification and salary. Moreover, depending upon the location of all net new jobs (including induced and indirect), revised impact analyses for traffic, air quality, urban decay, housing demand, jobs-housing fit, and greenhouse gas emissions impacts is required. These new jobs have the potential to significantly increase the impacts of the Project as well as to influence the mitigation measures necessary to reduce or eliminate Project-related and cumulative impacts.

93-81 PH

Jobs-Housing Fit: As a result of the omissions and flawed assumptions underlying the DEIR’s analysis of employment, the DEIR’s analysis of employment growth and housing demand and supply is incomplete and inadequate. If the DEIR had completed an adequate analysis as described above, it would have shown significant impacts associated with the Project in terms of jobs-housing balance, demand for housing and related impacts.

93-82 PH

Cumulative Impacts are Not Adequately Analyzed: The DEIR uses forecasted employment growth as a proxy for “related projects.” DEIR at page 4.3-6. Based on this approach, the DEIR concludes that the Project’s incremental employment effect is not “cumulatively considerable” within the meaning of CEQA and hence its cumulative employment impact is less than significant. DEIR at 4.3-31. To the contrary, there is information concerning likely future employment growth based on the cumulative list as well as planning and zoning. A revised analysis should be prepared that uses both methodologies to re-evaluate cumulative impacts to jobs and in particular jobs-housing fit.

93-83 PH

Feasible Mitigation Measures to Reduce or Eliminate Potentially Significant Employment Related Impacts: The DEIR does not identify any mitigation measures to address employment impacts because

93-84 TR

¹³ Attachment 4. The Economic Contributions of Oregon’s Physician Practices, May 2010.

¹⁴ Attachment 5. CBRE Consulting, Inc. Direct, Indirect, and Induced Economic Impacts of UC San Diego; Attachment 6. Kentucky Study, www.cauky.edu/krhw

it finds that Project-related and cumulative-impacts associated with employment to be less than significant. DEIR at page 4.3-31. A revised DEIR must include feasible mitigation measures to reduce or eliminate employment related impacts to transportation, housing and air quality, such as measures that would draw new employees from the local workforce. In addition to housing related measures (see list above), mitigation measures should consider all of the following:

1. Creation of a Local Apprentice Employment Program that involves training and other strategies to maximize the number of local entry-level opportunities for area residents in both service and construction jobs that lead to middle-income careers.
2. Establishment of a Local First Source Policy to promote the hiring of local journey-level workers (in a community benefits agreement and the development agreement).
3. Creation of a small business assistance program and funding for small businesses in the project areas that exist and could provide secondary services (to reduce the impacts of a multiplier).
4. Establishment of a scalable Transportation Demand Management Fee linked to the average vehicle miles traveled of the construction workforce. The revised analysis of construction worker transportation impacts would provide a basis for this fee.

93-84 TR

E. The DEIR Fails to Adequately Analyze the Project’s Significant Inconsistencies with Adopted Plans and Policies

The Project as proposed requires general plan amendments, variances from the existing Codes, Floor Area Ratio (FAR) amendments, parking reductions and other significant departures from adopted plans, policies and regulations in order to be built. DEIR Chapter 3. The lengthy list of necessary and sweeping departures from adopted plans and policies call into question whether the Project benefits and merits justify the requested departures and amendments. Because the DEIR omitted critical documents for review (e.g. proposed policy amendment text), it is impossible to fully evaluate Project consistency with adopted plans and policies. Moreover, Project consistency is based on the Project receiving all of the myriad major entitlements, amendments and exceptions from existing plans, policies and regulations. This is not the correct method for measuring Project consistency.

93-85 LU

Broadly speaking, in order to protect California’s land resources and improve the quality of life in the state, each California City and county must adopt a comprehensive, long-term general plan governing development.

93-86 LU

The myriad of applicable existing plans and policies from which to evaluate Project consistency includes, but is not limited to, the following:

- The San Francisco General Plan and all applicable elements, including the Housing Element
- Regional Plans and policies (e.g., Bay Area Air Quality Management plans and regulations)
- Van Ness Avenue Area Plan (VNAP)
- Market & Octavia Neighborhood Plan
- Mission Area Plan
- Japan town Better Neighborhood Plan

93-87 LU

- Mission District Streetscape Plan
- Measure M

93-87 LU

The Project consistency “analysis” contained in the DEIR provides conclusory statements of consistency that are in most cases unsupported by evidence in the record. For example, according to the DEIR, the Project is “generally consistent with the Recreation and Open Space Element. Implementing the LRDP would result in an increase in FTE employees and new San Francisco residents.” The paragraph points to other sections of the DEIR for further information. DEIR at page 3-7. In the place of such conclusory statements, a revised DEIR must include a table with the full text of applicable policies and provisions and a specific description of why the Project is or is not consistent with each applicable policy or provision. While other sections of the DEIR contain statements regarding Project consistency or general consistency with applicable plans, policies and regulations, these statements are largely devoid of analysis and evidence to support the conclusions of Project-plan/policy consistency even with amendments and exceptions. The table below provides just a few of the key examples of plan provisions where Project consistency has not been adequately demonstrated.

Examples of Applicable Plan, Policy, or Regulation	Comment
<p>Van Ness Avenue Area Plan (VNAP): The focus of this visionary plan is to revitalize the area by encouraging new retail and housing to facilitate the transformation of Van Ness Avenue into an attractive mixed use boulevard. The VNAP does not encourage medical centers and instead encourages high-density mixed use development. To accomplish this the VNAP has a number of key provisions including:</p> <ul style="list-style-type: none"> • Establishes a require ratio for new development of 3 square feet of residential use for every 1 square foot of nonresidential uses. • Eliminates density for residential uses. • Allowable FAR of 7.0:1. 	<p>The proposed Project requires a major general plan amendment to achieve heights and bulks that are inconsistent with VNAP, to waive housing requirements and density requirements, among other amendments and exclusions necessary for the Project as proposed to be found consistent with the VNAP.</p> <p>In addition the proposed Project is inconsistent with the overall vision of the VNAP and would impact its objectives for a vital pedestrian environment, lower parking ratios and mix of uses. Requested amendments would also increase the current allowable floor area ratio (FAR) of 7.0:1 to an FAR of 9.0:1. Waiver of density limits in the VNAP was intended to encourage housing, not a major medical center.</p> <p>The DEIR concludes that with the proposed amendments, the project is “generally consistent” with the VNAP. This could not be a greater reach. Permitting the CPMC project to completely ignore the VNAP, including its residential requirements, opens the door for further erosion of the Plan and its vision. Neither the direct Project impacts, nor the precedent set by allowing the Project to ignore the VNAP is adequately analyzed in the DEIR.</p>
<p>Housing Element: Applicable provisions include</p>	<p>The proposed Project has numerous</p>

93-88 LU

<p>proposed housing on the CPMC sites (e.g. Cathedral Hill), requirements for adequate housing for the workforce and requirements for replacement housing.</p>	<p>inconsistencies with the City’s Housing Element that are not analyzed or disclosed in the DEIR including but not limited to:</p> <ul style="list-style-type: none"> • Inconsistencies with sites (housing site inventory) designated for housing and that would help the City meet its regional housing needs assessment. • Inconsistencies with housing element policies requiring non-residential uses to do their fair share to provide workforce housing. • Inconsistencies with replacement housing requirements.
<p>Proposition M – Accountable Planning Initiative which added Section 101.1(b) to the Planning Code to establish eight priority policies including preservation and enhancement of affordable housing and discouragement of commuter automobiles.</p>	<p>The findings for consistency between the Project and Measure M priority policies are not supported by the evidence in the DEIR. Additional information and mitigation is needed to make such findings of consistency particularly with the provisions noted.</p>

93-88 LU

Other Project inconsistencies with applicable plans, policies or regulations include, but are not limited to the following:

- Height and bulk limits for numerous campuses: For example, an amendment is required to the Height and Bulk District map to reclassify the block for the Cathedral Hill hospital from the 130-V Height and Bulk District to a 265-V Height and Bulk District, allowing a maximum height of 265 feet. DEIR at Table S-1.
- Height limit for Cathedral Hill campus: Conditional Use authorization is required for the Cathedral Hill Hospital and Cathedral Hill MOB in an RC-4 zoning district to allow buildings taller than 40 feet within the Van Ness Special Use District. DEIR at Table S-1.
- Off-street loading space dimension: The proposed Cathedral Hill campus would also require Conditional Use authorization to exceed the allowable parking. DEIR at Table S-1.

93-89 LU

A revised DEIR must include a detailed table that provides the applicable text of all policies and regulations for all applicable plans, policies and regulations and provides the rationale for a finding of Project consistency with each. If consistency can only be found because of amendment or exception to a policy or regulation, feasible alternatives and mitigation should be described that would not require the amendment or exception. For example, consistency with the VNAP housing requirements could be achieved by providing those required units or other measures described above.

93-90 LU

The DEIR contains evidence that the Project is inconsistent with a number of adopted policies. DEIR Table S-1; See also Project Description chapters for each campus site. Since the project description sections fail to describe the proposed text of the necessary general plan amendments and the proposed text of other required exceptions and amendments, the significance of these impacts cannot be analyzed. Unless and until the Project is shown to be consistent with all applicable plans and policies, either through appropriate amendments that do not render plans internally inconsistent or through changes to the project, it cannot be approved.

93-91 LU

Moreover, feasible alternatives and mitigation to address policy and regulation inconsistencies must be identified. For example, a reduced scale project at the Cathedral Hill campus would be more consistent with policies and regulations (e.g., Floor Area Ratio (FAR)) for those sites.

93-92 LU

F. The DEIR Fails to Adequately Analyze the Project’s Growth Inducing Impacts

The DEIR concludes that the Project will not result in direct or indirect substantial growth inducement. The conclusion of the DEIR’s “analysis” of growth inducement is that implementing the proposed CPMC would not induce substantial population of employment growth and the growth that is generated is within growth projections and projected housing capacity. DEIR at pages 5-16 to 5-17. This conclusion is reached notwithstanding the DEIR’s admission that:

93-93 GRO

- CPMC is the second largest private employer in San Francisco;
- The analysis fails to consider all growth generated by the Project (e.g., the multiplier effect on direct construction and ongoing operations jobs including induced and indirect jobs); and
- The analysis fails to consider growth at the California Campus once sold; among other considerations.

As discussed in detail above, every CEQA document must start from a “baseline” assumption. A revised DEIR must include an analysis of the extent to which the Project could lead to growth in the area beyond the existing conditions. At a minimum, the analysis should include: a) identification of infill parcels in the Project areas that may be underutilized or vacant; and b) the potential for additional growth of secondary services to the Project (e.g., from housing to janitorial, plumbing, repairs/maintenance and other specialized support services not provided by the Project). Moreover, the analysis should evaluate the potential growth inducing effects of sweeping land use; zoning and code changes that could be replicated by other projects (e.g., Floor Area Ratio (FAR) and other variances). Such an analysis should also include an evaluation of the potential for the project to “gentrify” the neighborhood thereby displacing existing housing and non-residential uses.

93-94 GRO

93-95 PH

G. Feasible Alternatives to the Project Exist that Mitigate Impacts

CEQA’s purpose of avoiding or substantially reducing effects of a project through the adoption of feasible alternatives is defeated where an EIR fails to ensure that information about potentially feasible alternatives is subject to public and decision-maker review. The DEIR dismisses alternatives based on statements such as the CPMC decided that the alternative would not be cost effective. See e.g. DEIR at page 6-24:

93-96 ALT

“According to CPMC, retrofitting could not bring existing on-campus structures up to ‘new construction’ standards of safety without prohibitive costs.”

93-96 ALT

Where a project proponent asserts that various alternatives are not financially feasible or cost effective, they must disclose the financial information and economic data and analysis underlying the assertion to allow the public and decision-makers to fully understand why certain alternatives could be rejected as infeasible.

The DEIR identifies Alternative 3A as the environmentally superior alternative other than the No Project alternatives. See DEIR at page 6-401. In describing the merits and limitations of Alternative 3A, the DEIR points to specific project elements, such as the loss of the pedestrian through connection at St. Luke’s, that could be addressed with more detailed attention to the planning for that campus. Given that the alternatives analysis contains the same flaws as the DEIR’s analysis of the Project as described in detail in the sections of this letter above, a revised DEIR must re-analyze Project alternatives. Such a re-analysis should focus on the environmentally superior alternatives and specifically, should modify those alternatives for re-analysis in a manner that would further reduce impacts while potentially improving performance related to project objectives. Reducing the development program at the Cathedral Hill campus while maintaining and/or expanding the health care services at the St. Luke’s campus would be a likely candidate for revised analysis. Finally, a revised and recirculated DEIR must include sufficiently detailed financial and economic analysis to allow the public and decision-makers to understand why some alternatives warrant rejection, including the retrofit-only alternative.

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CONCLUSION

For all the above reasons, the City must prepare and recirculate a revised DEIR based on a complete project description and environmental setting that addresses these omissions.

93-99 OTH

Very truly yours,

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Terry Watt
DocuSigned By: Terry Watt
Terrell Watt, AICP

Attachments:

1. Resume of Terrell Watt
2. Imerman, Mark M. and Orazem, Sikdar and Russell. Wages, benefits, hours, commuting time, and license renewal for Iowa Registered Nurses; September 15, 2006.
3. So, Kim and Orazem and Otto. The Effects of Housing Prices, Wages, and Commuting Time on Joint Residential and Job Location Choices; 2001.
4. Isgrigg, Jo, Ph.D., Beleciks, Moorhead, Dodson, Swendsen, Conkin, Beck. The Economic Contributions of Oregon’s Physician Practices; May 7, 2010.

5. Description of Multipliers: CBRE Consulting, Inc Chapter VII. Direct, Indirect, and Induced Economic Impacts of UC San Diego
6. KY Rural Health Works. Economic Impact of Rockcastle Hospital and Respiratory Care Center, Inc. On Four Kentucky Counties: Fayette, Jefferson, Franklin & Madison; January 2005.