LETTER 104

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October 19, 2010

Via Hand Delivery

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

Re: Comments on Draft Environmental Impact Report for the California Pacific Medical Center Long Range Development Plan (Case No. 2005.0555E)

Dear Mr. Wycko:

These comments on the Draft Environmental Impact Report ("DEIR") for the California Pacific Medical Center ("CPMC") Long Range Development Plan ("LRDP") are submitted on behalf of the Good Neighbor Coalition ("GNC") and its member organizations. The GNC is a coalition of more than twenty, mainly Tenderloin and central city community organizations. The member organizations include the North of Market/Tenderloin Community Benefits District, Community Housing Partnership, Tenderloin Neighborhood Development Corporation, Shih Yu-Lang Central YMCA, Tenderloin Housing Clinic, and Central City SRO Collaborative.

104-1 OTH

The GNC's main concerns focus on the environmental and land use planning impacts and consequences for Tenderloin residents, businesses, and community-serving organizations of the LRDP's centerpiece--the proposed new Cathedral Hill Campus. The streets most often used to mark the boundaries of the Tenderloin neighborhood are Post Street to the north, Powell Street to the east, Market Street to the south, and Van Ness Avenue to the west. This area consists of four U. S. census tracts. Within but near its boundaries, the Tenderloin includes Civic Center buildings, San Francisco's theater district, the South East Asian commercial area known as Little Saigon, and the proposed site of the Cathedral Hill medical office building.

CPMC's LRDP is an enormous project with major short-term and long-term consequences for San Francisco across a broad range of public policy issues. These comments on the DEIR specifically address the following issues: housing and affordable housing; transportation and circulation; air quality and greenhouse gas emissions; local hiring and employment; healthcare access and distribution; and the DEIR's discussion of project alternatives.

104-1 OTH

I. The DEIR provides a cursory and skewed analysis of the project's potential impacts on housing development and housing needs in San Francisco.

A. The DEIR fails to acknowledge important project conflicts with housing policy and land use planning goals of the San Francisco General Plan.

Following State CEQA Guidelines, the DEIR states that the project will have a significant impact on the environment if it "conflict[s] with any applicable land use plan, policy, or regulation of an agency with jurisdiction over the project (including but not limited to the general plan, specific plan, local coastal program, or zoning ordinance)."[1] Yet the DEIR provides only a truncated analysis of the project's consistency, or lack thereof, with the San Francisco General Plan's 2004 Housing Element.[2] Instead, the DEIR simply asserts that the two are consistent because "most of the objectives and policies in the Housing Element are not applicable to the proposed LRDP because the project does not include a residential development component."[3] Whether or not the project has a residential component is not the measure of consistency with the General Plan's Housing Element.

104-2 LU

The proposed project potentially conflicts with the Housing Element in two prominent ways, neither of which is subject to much, if any, analysis in the DEIR. First, Objective 1 of the Housing Element establishes as an overarching policy goal the following: "to provide new housing, especially permanently affordable housing, in appropriate locations which meets identified housing needs and takes into account the demand for affordable housing created through employment demand." Second, the proposed project potentially conflicts with Housing Element Policy 11.4. This policy, which explicitly applies to medical institutions, addresses the need to "avoid or minimize disruption caused by expansion of institutions, large-scale uses and auto-oriented development into residential areas." The concern is that the development of large institutions like hospitals "often conflict with efforts to preserve and protect the scale and character of residential neighborhoods."

104-3 LU

The failure to consider Objective 1 of the Housing Element is especially striking because the site of the proposed project is in the Van Ness Avenue Area Plan ("VNAP").[4] The top policy

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[1] Project Significance Criterion 4b, DEIR 4.1-37.

[2] San Francisco General Plan, Housing Element. The General Plan is available at http://www.sf-planning.org/ftp/General_Plan/

[3] DEIR 3-6.

[4] San Francisco General Plan, Van Ness Avenue Area Plan.

priority for this special area plan is the intense development of new housing. The VNAP establishes the following objective and policies for the section of Van Ness Avenue between Redwood and Broadway that encompasses the site of the proposed Cathedral Hill Campus:

> *VNAP OBJECTIVE 1*
> *Continue existing . . . and add a significant increment of new housing.*
>
> *VNAP POLICY 1.1*
> *Encourage development of high density housing above a podium of commercial uses in new construction or substantial expansion of existing buildings.*
>
> *VNAP POLICY 1.4*
> *Maximize the number of housing units.*
>
> *VNAP POLICY 1.5*
> *Employ various techniques to provide more affordable housing.*

These provisions recognize a strong need for housing along Van Ness Avenue and the construction of permanently affordable housing.

104-4 LU

The emphasis on the development of housing along Van Ness Avenue reflects and reinforces Policy 1.1 of the 2004 Housing Element, which states the following: "[e]ncourage higher residential density in areas adjacent to downtown, in underutilized commercial and industrial areas proposed for conversion to housing, and in neighborhood commercial districts where higher density will not have harmful effects, especially if the higher density provides a significant number of units that are affordable to lower income households." Other Housing Element policies that similarly reflect and reinforce the VNAP's prioritization of housing include Policy 1.9, which requires "new commercial developments . . . to meet the housing demand they generate, particularly for affordable housing for lower income workers and students," and Policy 7.3, which emphasizes "greater investments in and support for affordable housing programs by corporations."

104-5 LU

While the project includes a proposed VNAP amendment to create a new sub-area where medical uses could be allowed with a conditional use permit, such a proposal does not negate the necessity in the DEIR to analyze fully the land use and planning effects of the proposed project, especially its impact on the future development of housing along Van Ness Avenue. Instead of engaging in such an analysis, the DEIR mischaracterizes the VNAP by diminishing the primary importance the plan places on housing.

104-6 LU

The DEIR claims that "the focus of the 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."[5] The type of mixed-use development the Van Ness Avenue Plan envisions is "high-density housing" above ground floor commercial uses as outlined in VNAP Policy 1.1 noted above. None of the policies presented in the Land Use section of the VNAP encourage the development of any non-residential uses along Van Ness Avenue, except for ground floor commercial uses below "high-density housing." The DEIR focuses on the term "mixed-use" to sidestep the overwhelming emphasis the VNAP places on housing development. Such verbiage is no basis for avoiding a full analysis of both the project's consistency with applicable land-use plans and the planning consequences of granting project exceptions. As part of the DEIR, the project's plan inconsistencies and land-use planning impacts need to be considered carefully and fully and measured in accordance with all relevant VNAP policies.

104-6 LU

The project's impacts on housing development along Van Ness Avenue are significant and warrant a discussion of mitigation measures. The proposed project includes no housing in direct contravention of VNAP's most important policy mandates. At a minimum, the construction of a 15-story hospital and a 9-story medical office building removes major acreage from housing development. An actual analysis has to be done to determine the foreseeable consequences for housing elsewhere in the Van Ness Avenue corridor. This analysis also must reflect the special housing requirements of the Van Ness Avenue Special Use District discussed below, which effectuate the VNAP planning objectives and policies. In short, the DEIR is seriously deficient both because of its failure to consider general plan and special area plan land-use provisions affecting development on Van Ness Avenue and because of its total disregard of the extent of likely housing mitigation measures necessary.

104-7 LU

Policy 11.4 of the San Francisco Housing Element directs attention to the impacts of large institutions on surrounding neighborhoods. Under this policy, the City must evaluate the needs of adjacent residential areas for housing, on-street parking and safe, quiet streets and must work to require institutions to provide housing for workers and students. The DEIR superficially analyzes the demand for neighborhood housing generated by the large new medical center campus proposed for Cathedral Hill. Its approach is to disregard the significance of the neighborhood demand by citing highly general data on citywide housing vacancies and housing goals referenced in the Housing Element.[6] Subsequent sections of these comments address deficiencies in the DEIR's analysis of CPMC workforce housing needs and San Francisco housing vacancies.[7] The DEIR's use of housing goals, which represent policy objectives, instead of looking to the actual development and availability of housing, is perplexing. At the very least, the DEIR needs to discuss the likelihood of actually meeting the housing goals, which it does not.

104-8 PH

The DEIR gives short shrift to housing impacts on adjacent neighborhoods, particularly the Tenderloin. Overlooking the environmental effects of the proposed Cathedral Hill campus on the Tenderloin is an omission endemic to the DEIR. As discussed below, this oversight is

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[5] DEIR 3-10.
[6] DEIR 4.3-33.
[7] *See* Sections I.B.2 & I.C. of this comment letter, *infra*.

especially glaring in the DEIR's analysis of transportation and circulation impacts. Here, the DEIR fails to address Policy 11.4 of the Housing Element and its emphasis on avoiding disruption caused by the expansion of a major institution into a new neighborhood. Other than acknowledging the need to replace housing demolished in order to build a medical office building,[8] the DEIR does not discuss any necessity to contribute to the development of new housing, especially affordable housing. In light of the scale and character of Tenderloin housing stock and reasonably foreseeable Cathedral Hill Campus workforce demands for housing nearby, this omission suggests that the project may well be inconsistent with Policy 11.4.

104-9 PH

The bottom line is that there is no reasoned analysis in support of the DEIR's assertion that the "project would not have a substantial impact on the existing character of the vicinity"[9] surrounding the proposed Cathedral Hill Campus. The DEIR ignores the degree to which intense development of housing already characterizes development on Van Ness Avenue and completely disregards the project's reasonably foreseeable future impact on housing development within the Van Ness Area Plan without mitigation. Instead, it describes the immediate neighborhood in a distorted way that downplays the area's now dominant residential character. It also overlooks the impact of the project on the Tenderloin, an adjacent neighborhood. The project involves the development of an enormous hospital and medical office complex. It borders on the absurd that the DEIR does not acknowledge and account for the project's dramatic impact on the surrounding neighborhoods.

104-10 LU

B. The DEIR fails to take into account or analyze properly San Francisco Planning Code provisions that require project developers to contribute to the development of housing, especially affordable housing.

1. Virtually nothing in the DEIR helps decision makers understand the specific consequences of modifying or providing an exception to the housing development requirements of the Van Ness Special Use District (VNSUD).[10]

104-11 LU

The VNSUD requires new construction projects to develop three square feet of residential floor space for every square foot of non-residential floor space developed.[11] Developers may reduce the amount of residential floor space they are required to build by up to 50% if they make in-lieu payments into San Francisco's Affordable Housing Fund.[12] Because the Planning Commission may, by conditional use, modify the 3:1 housing ratio,[13] the DEIR presumes that the Planning Commission will grant the project a modification of VNSUD's residential development

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[8] DEIR 4.3-43, 4-44.
[9] DEIR 4.1-55.
[10] San Francisco Planning Code § 243.
[11] Planning Code § 243(c)(8)(A).
[12] Planning Code § 243(c)(8)(B).
[13] Planning Code § 243(c)(8)(B)(iv).

requirement. But the DEIR never explicitly states what modification the project is seeking.[14] As a result, the DEIR never analyzes the housing development consequences of granting a modification. Nothing in the DEIR helps a public official understand the magnitude of new housing development that will not be undertaken if a modification is granted, nor how much of that loss will be offset by a contribution to the Affordable Housing Fund.

104-11 LU

The DEIR also fails to provide necessary information for determining the amount of housing that needs to be built. This determination requires subtracting occupied floor area in existing buildings from occupied floor area in the new proposed buildings.[15] DEIR Table 2-5 provides incomplete information on relevant square footage for the existing buildings on the proposed Cathedral Hill hospital and medical office building sites.[16] Consequently, it is impossible to determine what the residential square footage requirements may be.

104-12 LU

No project is automatically exempt from the 3:1 residential development requirement of the VNSUD. There is, however, a discretionary general exception clause.[17] Four conditions need to be met to trigger its application as part of the approval process for a specific project. There must be findings that (1) granting the exception will not significantly compromise the "overall objective of adding a substantial increment of new housing on Van Ness Avenue"; (2) the project meets an "important public need," for which a medical use may qualify; (3) the public need cannot reasonably be met elsewhere in the area; and (4) housing cannot reasonably be included in the project.[18] Nowhere in the DEIR is there a discussion of the effects of granting an exception on achieving the intense housing development envisioned for Van Ness Avenue as set forth in the VNAP and implemented through the VNSUD. There is also no serious identification and examination of specific sites elsewhere in the area that would be reasonably suitable for a medical campus.

104-13 LU

An EIR is supposed to help decision makers make informed choices about the environmental consequences of their decisions. According to State CEQA Guidelines, "[t]he purpose of an environmental impact report is to identify the significant effects on the environment of a project, to identify alternatives to the project, and to indicate the manner in which those significant effects can be mitigated or avoided."[19] With respect to enforcing provisions of the VNSUD, the DEIR is silent on providing critical information necessary to determine whether an exception to the 3:1 residential requirement is permissible, what would be the consequences for housing development on Van Ness Avenue if it were justifiable, and what would be appropriate housing mitigation measures to diminish the effects of granting such an exception. The manner and degree of CPMC's compliance with the VNSUD's housing policy

104-14 LU

[14] DEIR 2-45.
[15] Planning Code § 243(c)(8)(A).
[16] DEIR 2-21.
[17] Planning Code §243(c)(8)(B)(iv.)
[18] *Id.*
[19] CEQA Guidelines §21002.1.

has direct and indirect consequences for the physical development of Van Ness Avenue. Such physical impacts have to be considered in an EIR.[20]

104-14 LU

2. In analyzing San Francisco land-use requirements, the DEIR fails to discuss the Jobs/Housing Linkage Program.[21]

In order to offset the housing demands generated by a new development project's permanent employees, the Jobs/Housing Linkage Program requires large-scale projects to contribute land or money to a developer or pay a fee to the City to subsidize housing development.[22] The findings in support of this requirement emphasize the "low vacancy rate for housing affordable to persons of lower and moderate income," and that this shortage forces employees "to commute long distances, having a negative impact on quality of life, limited energy resources, air quality, social equity, and already overcrowded highways and public transport."[23]

104-15 PH

The Jobs/Housing Linkage Program applies to any office development proposed with an additional 25,000 square feet of development.[24] There is no exclusion for a medical office building. The total floor area for the proposed Cathedral Hill medical office building ("MOB") is 496,000 square feet.[25] It is designed as a distinct and separate structure from the proposed hospital. The Jobs/Housing Linkage Program clearly applies to the Cathedral Hill MOB. Yet the DEIR provides no analysis of the nature and extent of CPMC's obligation to contribute to the development of new housing in San Francisco, nor any explanation for this omission.

It may be that because the Cathedral Hill Hospital and MOB are parts of the same conditional use authorization application, the DEIR drafters have assumed that this stand-alone MOB, unlike other office buildings with medical offices, is not to be treated as an office building covered by the Jobs/Housing Linkage Program. Hospitals are not within the mandatory coverage of this ordinance. But to argue that this exclusion also encompasses a nearby medical office building is sophistry. To take this position given that the Cathedral Hill Hospital and MOB are two different buildings is to engage in a legally evasive subterfuge of a major San Francisco land-use requirement. The DEIR needs to be amended to include an analysis of the applicability of the Jobs/Housing Linkage Program to the Cathedral Hill MOB and the steps that need to be taken to mitigate the housing demands attributable to the MOB's workforce.

C. The DEIR provides a faulty analysis of the project's impacts on housing demand in San Francisco, and fails to demonstrate that the City's vacant housing supply is affordable to CPMC's workforce.

104-16 PH

[20] CEQA Guidelines §§ 15126.2(a), 15064(d), 15131(a).
[21] Planning Code §413.1 et seq. (formerly codified as §313.2 et seq.).
[22] Planning Code §413.1 (A)&(F).
[23] Planning Code §413.1 (A)&(B).
[24] Planning Code §413.3(a)(3).
[25] Table 2-5, DEIR 2-21.

1. The DEIR underestimates the impact the project will have on housing demand in San Francisco, particularly in the residential neighborhoods surrounding the Cathedral Hill Campus.

The proposed project would create demand for additional housing in the neighborhoods surrounding the proposed Cathedral Hill Campus, necessitating the construction of new housing. The DEIR predicts the project will cause an increase in population of over 3,200 persons at the site of Cathedral Hill Campus during the period from 2006 to 2015.[26] According to the DEIR, the number of projected workers at the Cathedral Hill Campus will be equal to 30% of San Francisco's total population growth during the period.[27] If the number of workers employed at the proposed Cathedral Hill Campus is the equivalent of that much of the total projected population growth in San Francisco for a nine year period, it is reasonable to expect a high percentage of those workers will seek housing in the residential areas surrounding the campus. The increased demand for housing caused by Cathedral Hill employees is likely to necessitate new construction in the residential neighborhoods surrounding the campus, especially when those neighborhoods have already been identified as having a high need for housing.

104-16 PH

According to DEIR Significance Criterion 3b, the project will have a significant impact on the environment if it will create substantial demand for additional housing.[28] The population growth connected to the Cathedral Hill Campus reasonably crosses this qualitative threshold. Therefore, the DEIR must acknowledge that the project will have a significant impact on the environment and put forth mitigation measures to diminish it.

104-17 PH

Furthermore, the DEIR underestimates the demand for housing generated by the project by overestimating the percentage of CPMC employees that will not live in San Francisco. The DEIR does this in several ways: it bases commute patterns in 2015 and 2030 on commute patterns of 2006; it uses outdated ABAG projections of future population and employment growth; and it uses full-time equivalent personnel to estimate housing demand.

104-18 PH

First, the DEIR bases future commute patterns of CPMC employees on the way in which CPMC employees commuted in 2006.[29] In 2006, 49% of CPMC employees resided in San Francisco, while 51% of employees resided outside of San Francisco.[30] The DEIR then applies this same split to CPMC employees in 2015 and 2030.[31] However, the cost of commuting, as

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[26] DEIR Table 4.3-9 at DEIR 4.3-14. For this period, the DEIR projects that there will be 1,280 new CPMC workers at the Cathedral Hill Campus and that only half (a very questionable assumption) will want to live in San Francisco. DEIR 4.3-19. At a minimum, this means that the number of new-to-San Francisco Cathedral Hill employees represents 8% of the projected total San Francisco population growth from 2006 to 2015. DEIR 4.3-20. But the actual percentage could be as high as 16%.

[27] *Id.*

[28] DEIR 4.3-12

[29] DEIR 4.3-10, citing to California Pacific Medical Center 2008 Institutional Master Plan, 47.

[30] *Id.*

[31] *Id.*

well as the time it takes to commute from outside of the City, is likely to increase dramatically between now and 2015 and 2030, as the population of the entire region grows. Furthermore, as discussed below,[32] to meet the mandatory carbon emissions reductions established by California Senate Bill 375, ABAG and the cities of the Bay Area are going to have to reduce new development in suburban areas and increase development in urban areas where jobs are located.[33] Thus, the assumption on page 4.3-13 that 51% of CPMC's future employees will be commuting into San Francisco from elsewhere in the Bay Area should be abandoned because it ignores the direction that future development is most likely to go.

104-18 PH

Second, CPMC personnel numbers are measured in terms of full time equivalent, or FTE, personnel. In other words, an employee who works half time is a 0.5 FTE.[34] Traffic analyses, however, use a different approach that equates part- and full-time employees, because the number of vehicle trips generated by a full time and part time employee is the same (they each make one trip to and from work).[35] The rationale that bars the use of FTE measurements in traffic projections also applies to housing projections. Each part time employee should be counted the same as a full time employee because each employee has an equal need for a housing unit. The approach in the DEIR grossly underestimates housing demand generated by the project. Thus, on page 4.3-13, the determination of whether increased personnel at CPMC would induce demand for housing should be based on a revised Table 4.3-10 that projects actual personnel, not FTE personnel.

104-19 PH

Third, to assume that any percentage of CPMC employees should have to look outside of San Francisco for housing ignores that fact that many CPMC employees may prefer to live in San Francisco, but are unable to find affordable or desirable housing. The percentage of CPMC employees forced to live outside of San Francisco in 2006 is wholly irrelevant to how many CPMC employees in 2015 and 2030 would prefer to live in San Francisco but may not be able to find appropriate housing. The DEIR should consider the possibility that all employees would prefer to live near their jobs, and make certain that this possibility is fully mitigated by accurately identifying the burden of the project on housing demand. Thus, after revising Table 4.3-10 to estimate actual personnel, as opposed to FTE personnel, the housing demand should then be equivalent to this number, abandoning the assumption that any employee should have to commute into San Francisco from elsewhere in the Bay Area.

104-20 PH

The DEIR is also unclear as to whether the future employment projections include both hospital doctors and staff employed by CPMC directly, and the doctors and medical professionals in private practice that will be using the CPMC hospital and medical office facilities. While both

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[32] *See* Section III of this comment letter, *infra*.

[33] For general information regarding regional efforts to reduce greenhouse gas emissions through development of a Sustainable Communities Strategy, *see* www.onebayarea.org.

[34] DEIR 4.3-4.

[35] DEIR 4.3-6.

groups are clearly considered in the 2006 data, this should be clarified in regards to future projected employees at 2015 and 2030.[36]

104-21 PH

Fourth, the DEIR bases its jobs/housing balance analysis on an outdated projection of future development and does not take into account recent legislation that aims to refocus new development in the Bay Area's most urban areas. In Table 4.3-5, *San Francisco Employed Residents and Jobs (2000-2030)*, the DEIR uses population and employment data from *Projections 2007*.[37] These projections were generated by ABAG prior to the passing of SB 375, which mandates that ABAG develop and adopt a Sustainable Communities Strategy, or "SCS," that reallocates future housing and employment in a manner that drastically reduces commute times across the region.[38] ABAG's most recent projections, *Projections 2009*, apply the methodology adopted as part of the region's future SCS. By overestimating the jobs/employed residents ratio, the DEIR underestimates the housing need in San Francisco and, specifically, the housing need generated by the CPMC development. The DEIR should use *Projections 2009*, which better reflects future development patterns, as the basis for the jobs/employed residents ratio.

104-22 PH

2. The DEIR inadequately analyses the project's impacts on housing by failing to describe the income levels of CPMC workers and the levels of affordability of available housing in San Francisco.

The DEIR gives no consideration to employees' estimated income levels in analyzing the project's generation of housing demand. After reassessing the housing demand as described above (removing the assumptions that 51% of employees will live outside of the City, and basing the housing demand on actual personnel and not FTE personnel), the DEIR should then address the income levels of estimated employees. Only by identifying the income levels of the CPMC personnel can the DEIR appropriately analyze housing demand.

104-23 PH

Demand for affordable housing units in San Francisco, especially in the neighborhoods surrounding the proposed Cathedral Hill Hospital, is already extremely high. To ignore the demand for affordable housing that is specifically generated by this project is inappropriate. The DEIR analysis of housing demand should include a new table providing a breakdown of employee income levels and the resulting demand for affordable and market rate housing. Affordable and market rate housing should not be lumped together.

104-24 PH

The DEIR also fails to demonstrate that the current and future housing supply in San Francisco will be sufficient to meet the needs of CPMC's workforce. The DEIR claims that San Francisco currently has 17,100 vacant housing units and the capacity to develop over 34,000

104-25 PH

[36] DEIR 4.3-7.
[37] DEIR 4.3-1.
[38] For general information regarding regional efforts to reduce greenhouse gas emissions through development of a Sustainable Communities Strategy, see www.onebayarea.org.

residential units before 2016.[39] The DEIR uses these numbers to conclude that the project will not create substantial new demand for housing in San Francisco.[40] These assertions mask the DEIR's utter failure to address the level of affordability of current vacant units and to provide appropriate projections for future development. These omissions, together with a complete lack of information about the income levels of CPMC workers, make it impossible for the public, or any decision maker, to assess accurately the project's impacts on housing demand in San Francisco.

104-25 PH

The Planning Code recognizes that "San Francisco faces a continuing shortage of affordable housing."[41] Between 2000 and 2004, San Francisco produced less than half of the new low-income housing units needed to meet demand and only 12% of the necessary moderate income housing units.[42] These statistics combined with the fact that "the San Francisco residential real estate market is one of the most expensive in the United States"[43] makes the DEIR's lack of analysis of worker income levels and housing cost especially shocking. Furthermore, while the City may technically have the potential to develop 34,000 additional units of housing, it seems dishonest for the DEIR to suggest that any number of new housing units even approaching 34,000 will be constructed before 2016, especially given the current economic conditions.

104-26 PH

Finally, the DEIR fails to analyze the project's impacts on housing in individual neighborhoods in San Francisco by claiming that employees make housing decisions on a regional level "rather than simply choosing to reside near their employer."[44] While the criteria that individual employees use to make housing decisions clearly varies, it seems unreasonable to claim, as the DEIR does, that introducing over 3,200 new employees into a largely residential neighborhood will not affect housing demand in that neighborhood.

104-27 PH

3. The DEIR does not adequately describe the housing stock surrounding the Cathedral Hill Campus and mischaracterizes San Francisco's ability to meet the housing needs of low and moderate-income persons.

104-28 PH

The DEIR fails to analyze the character of the housing surrounding the Cathedral Hill Campus. The Downtown/Civic Center neighborhood had 962 building code violations in 2008, the highest number in the city.[45] It also had the highest total building code violations for the number of residents in a particular area at 30.7 per 1,000 inhabitants.[46] These numbers show a

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[39] DEIR 4.3-9, 4.3-20.
[40] DEIR 4.3-33.
[41] Planning Code §415.1(c)(2).
[42] *Id.*
[43] Planning Code §415.1(c)(4).
[44] DEIR 4.3-17
[45] San Francisco Department of Public Health, Healthy Development Measurement Tool, http://www.thehdmt.org/neighborhoods/view/7
[46] *Id.*

lack of quality housing surrounding the Cathedral Hill Campus. However 23% of residents in the Downtown/Civic Center neighborhood pay more than 50% of their income towards their rent, and 45% of the Downtown/Civic Center residents pay more than 30% of the income towards rent.[47] The fair market rate for a two-bedroom apartment is $1,658 or 163% of the income for two people earning minimum wage.[48] The low quality of a significant percentage of the housing stock in the Downtown/Civic Center area combined with its high cost relative to its residents' income demonstrates the importance of San Francisco's policies requiring developers to contribute to the development of quality, affordable housing. The DEIR dismisses such concerns by claiming that many San Francisco workers make housing decisions on a regional level unaffected by quality and cost of local San Francisco housing. To the contrary, there is every reason to expect that the project will increase demand for housing in the Downtown/Civic Center neighborhood if quality, affordable housing is available. Enhancement of housing stock is also a health care issue to the extent that substandard housing conditions negatively affect the health of San Francisco residents. The DEIR should analyze the condition of the housing stock surrounding the Cathedral Hill Campus as well as the project's impact on that stock.

104-28 PH

The DEIR should also use available demographic information to analyze more completely housing need on an income level basis. The Planning Code has described San Francisco's housing needs on an income level basis as follows: "[ABAG] estimates that San Francisco's low and very low-income housing production need from 1999 through 2006 is 7,370 units out of a total new housing need of 20,372 units, or 36 % of all units built. Within the past four years [2000-2004], only 23 % of all housing built, or 49% of the previously projected housing need for low and very low-income housing for the same period, was produced in San Francisco."[49] San Francisco has consistently fallen short of its low income housing demands. Additionally, the production of moderate-income rental units also has fallen short of the ABAG goal. Only 351 moderate income units were produced over the previous four years [2000-2004], which is only 4% of total units built compared to ABAG's call for 28% of all units to be affordable to households of moderate income.[50] Given the need for 3,007 moderate-income units for the period 1999-2006, only 12% of the projected need for moderate income units was built between 2000 and 2004.[51] Planning Code section 415.1(c)(4) goes on to state that, "extreme housing pressures face San Francisco, particularly in regard to low- and moderate-income residents."[52] This codified housing snapshot in all likelihood has only gotten worse since the data was compiled. Instead of analyzing housing data by income level, the DEIR states that San Francisco has a historically high ratio of jobs/employed resident ratio.[53] This statement is sufficiently vague to give the false impression that San Francisco is meeting its market rate and affordable housing goals.

104-29 PH

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[47] *Id.*
[48] *Id.*
[49] Planning Code §415.1(c)(2)
[50] *Id.*
[51] *Id.*
[52] *Id.*
[53] DEIR 4.3-6.

Overall, the DEIR's housing analysis is woefully inadequate. The report fails to recognize major inconsistencies between the proposed project and the General Plan's Housing Element. The DEIR also assumes the project will receive conditional use authorization to modify its residential development requirements, but fails to analyze the project's suitability to receive a conditional modification or the impacts on the surrounding neighborhoods that could result from one. Furthermore, the DEIR underestimates the impacts the project will have on housing demand. While the report asserts that San Francisco has enough vacant units and development potential to meet the demands of CPMC's workforce, no analysis of the level of affordability of vacant units or CPMC employee income levels is provided whatsoever. The DEIR must address these inadequacies to afford Planning Commissioners, the Board of Supervisors, and the general public a genuine opportunity to evaluate the project's impacts.

104-30 LU

104-31 PH

II. The DEIR needs to be substantially amended to take into account the project's transportation and circulation impacts on the Tenderloin.

A. The geographic scope of the transportation and circulation analysis is too narrow.

The DEIR neglects to analyze or even mention the Tenderloin as a neighborhood in the vicinity of the proposed Cathedral Hill Campus. One particularly glaring consequence is that the DEIR fails to address the onerous traffic volume that already exists on Tenderloin streets, especially those leading to Van Ness Avenue. This omission defies common knowledge that traffic going to and from South of Market flows through the Tenderloin.

104-32 TR

A DEIR is required to discuss significant impacts that the proposed project will cause in the area affected by the project.[54] CEQA guidelines require the DEIR to "define the geographic scope of the area affected by the cumulative effect and provide a reasonable explanation for the geographic limitation used."[55] The San Francisco Transportation Impact Analysis Guidelines ("SF Guidelines") provide that the normal vicinity is a radius between two blocks and a quarter-mile. However, these mechanical figures are simply guidelines and a larger area needs to be used when reasonable to account for well-known traffic patterns.[56] The DEIR's overall transportation study area for the Cathedral Hill Campus for some purposes is a somewhat larger circular area with a half-mile radius and a perimeter marked by Webster, Fulton, Jones and Washington Streets. [57] These boundaries too are formalistic and exclude an analysis of traffic leading into the circumscribed area. However, in examining congestion levels, the scope of analysis uses the narrow two-block benchmark. As a consequence, the DEIR does not examine congestion at traffic intersections east of Polk Street thereby eliminating almost entirely consideration of transportation and circulation impacts of major concern to Tenderloin residents. The DEIR

[54] CEQA Guidelines §15126.2 (a).
[55] CEQA Guidelines, §15130 (b)(3).
[56] San Francisco Planning Dept., Transportation Impact Analysis Guidelines 6 (2002).
[57] DEIR 4.5-2.

provides no explanation for its virtual exclusion of the Tenderloin, a neighborhood directly abutting the proposed Cathedral Hill Campus, from its transportation and circulation analysis.

By limiting the analysis area, the DEIR fails to analyze how streets in the Tenderloin currently function as arterials or quasi-arterials for moving traffic through the Tenderloin. The City's Congestion Management Program (CMP) defines Golden Gate Avenue and Hyde Street as arterials.[58] Arterials are defined as "cross-town thoroughfares whose primary function is to link districts within the city and to distribute traffic from and to the freeways; these are routes generally of citywide significance; of varying capacity depending on the travel demand for the specific direction and adjacent land uses."[59] Tenderloin streets specifically designated as arterials and additional streets that function as arterials (*e.g.* Leavenworth Street) are not identified by the DEIR. Several freeway exits lead cars through the Tenderloin as a means of entry and departure for Van Ness Avenue, especially when there are high traffic volumes on Van Ness Avenue. To illustrate, cars originating from the East Bay and South Bay regularly exit 7th Street from 101 and then drive to Leavenworth Street, where they will take one of the Tenderloin's one way streets to Van Ness Avenue. Instead of using a formulaic quarter- or half- mile radius for the boundaries of analysis, the DEIR should examine the actual flow of traffic on arterial and quasi-arterial Tenderloin streets. This analysis would provide the community and decision makers with a much more complete picture of the potential traffic impacts of the project on the Tenderloin.

104-32 TR

B. The DEIR fails to consider traffic plans for the Tenderloin including the plans proposed by the Tenderloin-Little Saigon Neighborhood Transportation Study.

In 2004, the San Francisco County Transportation Authority ("SFCTA") in partnership with community organizations initiated a study to identify high priority transportation needs and develop conceptual designs and strategies for transportation improvements to the overlapping Tenderloin and Little Saigon neighborhood. The final report, published in March 2007, is entitled the Tenderloin-Little Saigon Neighborhood Transportation Plan Final Report ("Little Saigon Report").[60] Key among the issues identified by the Little Saigon Report were "the need for enhanced pedestrian safety" and measures "to slow and 'calm' traffic traveling through the neighborhood" and "improve transit reliability."[61] Projects proposed under this plan were adopted before notice of this DEIR's preparation. The DEIR has to consider the potential consequences of increased traffic in the Tenderloin attributable to the Cathedral Hill Campus on effectuating the implementation goals of the Little Saigon Report. While a number of the Little Saigon Report's project proposals have been implemented, several projects remain incomplete due to financial constraints.

104-33 TR

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[58] 2007 CMP Report, Appendix III. *See* www.sfcta.org/content/view/301/147

[59] General Plan, Transportation Element.

[60] SFCTA, Tenderloin-Little Saigon Neighborhood Transportation Plan Final Report 1-1 (2007) (attached hereto as "Appendix A").

[61] *Id.* at 3-1.

The Better Streets Plan ("BSP") is a citywide effort implemented by the San Francisco Planning Department and the San Francisco Municipal Transportation Agency to develop street typology and determine what amenities should be provided. While the BSP is mentioned in the DEIR, the DEIR fails to address various aspects of the plan's implementation in the Tenderloin.[62] Recommendations of the Tenderloin-Little Saigon Report are now being implemented as part of the BSP. CEQA guidelines require EIRs to "discuss any inconsistencies between the proposed project and applicable general plans and regional plans."[63] Accordingly, the DEIR needs to analyze potential inconsistencies between the project's transportation and circulation impacts and the recommendations of the Little Saigon Report that are now part of the BSP.

104-33 TR

1. The DEIR fails to adequately assess what impact increased traffic through the Tenderloin poses on pedestrian safety.

The Tenderloin has the lowest car ownership rate in San Francisco at 18%.[64] Tenderloin residents are a transit-dependent population who must walk to access public transit. Consequently, safe pedestrian conditions are especially important to residents. Even now, without a voluminous hospital facility in the vicinity of the Tenderloin, the neighborhood has hazardous traffic and pedestrian conditions. The streets of the Tenderloin are currently designed to move large volumes of traffic going through the Tenderloin.[65] These multi-lane, one-way arterials cause drivers to speed and make careless turn movements. As a result, pedestrian accident rates are six times higher in the Tenderloin then in San Francisco at large.[66] In the "Downtown/Civic Center" area which includes the Tenderloin, there were 519 pedestrian injuries or deaths between 2004 and 2008.[67] In addition, the Little Saigon report found that pedestrian accident rates were especially high at Market Street intersections and the intersection of McAllister and Leavenworth Streets.[68] This analysis was not provided in the DEIR. These statistics are particularly disconcerting due to the fact that approximately 3,500 children reside in the Tenderloin.[69] The DEIR does not recognize, analyze, or discuss how the project proposal will magnify the already hazardous pedestrian conditions in the Tenderloin.

104-34 TR

The DEIR Transportation and Circulation section does address the need to examine potential conflicts between pedestrians and vehicles.[70] The DEIR states, "[t]he project would have a significant effect on the environment if it" among other things would "create potentially hazardous conditions for pedestrians . . . ."[71] However, it carries out its analysis within too

104-35 TR

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[62] DEIR 3-24
[63] CEQA Guidelines §15125(d).
[64] Little Saigon Report, at 3-2.
[65] *Id.* at 3-4
[66] *Id.* at 3-3.
[67] San Francisco Dep't of Public Health, *Number and Rate of Pedestrian Injuries*, Available http://www.thehdmt.org/indicators/view/56.
[68] Little Saigon Report, at 3-3.
[69] Tenderloin Neighborhood Development Corp., *Fact Sheet*, Available http://www.tndc.org/home/fact_sheet.html.
[70] Transportation Impact Analysis Guidelines, at 14.
[71] *Id.* at 54

narrow a geographic frame. As a result, the DEIR incorrectly and sweepingly concludes that because an additional 600 hospital-related pedestrian trips during each of the peak hours time frames "would not result in substantial overcrowding on the sidewalks and crosswalks, or result in hazardous conditions, the project's impact on pedestrians would be less than significant."[72] What also needs to be examined is the extent to which additional traffic from CPMC Cathedral Hill Campus' staff, patients and visitors will exacerbate already hazardous pedestrian conditions in the Tenderloin.

104-35 TR

The DEIR's failure to analyze pedestrian safety impacts in the Tenderloin also disregards provisions of the San Francisco General Plan that promote pedestrian safety and comfort throughout the city. [73] Policy 18.4 discourages high-speed traffic on local streets through calming measures.[74] In accordance with this policy, the Little Saigon Report's proposals include calming measures, one of which is to convert one-way streets to two-way streets. The Little Saigon Report concludes that this change is not likely to increase congestion or cause vehicle delay but would (1) reduce average travel speeds and (2) reduce traffic volume thus making conditions safer for pedestrians.[75] Another proposal calls for additional pedestrian lighting to improve pedestrian conditions by implementing pedestrian street light fixtures as a part of standard street lighting infrastructure. [76] Additionally, the General Plan specifically designates Van Ness Avenue and Hyde Street as parts of the city-wide pedestrian network. A Citywide Pedestrian Network Street is defined as "an inter-neighborhood connection with citywide significance."[77] On these streets especially, pedestrian movement is a priority and should not be compromised.[78] Pedestrian safety is too important of an issue to have received such little attention in the DEIR.

104-36 TR

2. The DEIR's traffic analysis is incomplete and inadequate because it fails to examine the potential traffic impacts on the Tenderloin as well as traffic impacts midday.

104-37 TR

The DEIR fails to examine the traffic impacts that the Cathedral Hill Campus will have on Tenderloin streets, even though the site borders the neighborhood. San Francisco's General Plan calls for discouraging "excessive automobile traffic on residential streets by incorporating traffic-calming" measures. [79] The Little Saigon Report is the latest of at least nine separate studies conducted by public and private organizations in the Tenderloin since 1997 that

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[72] *Id.* at 2.
[73] General Plan, Transportation Element, Policy 1.2.
[74] General Plan, Transportation Element, Policy 18.4.
[75] Little Saigon Report, at 3-4.
[76] *Id.* at 5-1.
[77] General Plan, Transportation Element, Policy 18.4.
[78] *Id.*
[79] General Plan, Transportation Element, Policy 15.1

recommend traffic-calming measures due to negative impacts from current traffic conditions.[80] Most streets in the Tenderloin are designed to move cars through as quickly as possible.[81] Because of problems caused by over-prioritizing traffic flow ahead of other neighborhood needs, the Little Saigon Report focuses on traffic calming recommendations. One example is converting Ellis/Eddy and Leavenworth/Jones to two-way streets.[82] San Francisco public agencies are now in the process of implementing various Little Saigon Report recommendations.[83]

104-37 TR

Yet the DEIR does not study vehicular routes east of Polk Street and north of Market Street that go through the Tenderloin, even though the Tenderloin is clearly a neighborhood "in the vicinity" of the Cathedral Hill Campus.[84] As a result, the DEIR fails to consider to what extent traffic generated by the Cathedral Hill Campus complicates implementation of the Little Saigon Report's recommendations, which aim to improve Tenderloin neighborhood development and livability. Conversely, it also fails to consider the extent to which traffic calming measures to be implemented as part of the Little Saigon Report's recommendations, like the two-way conversion of Ellis and Eddy, may affect the DEIR's previous traffic estimates by increasing traffic on other thoroughfares.

The DEIR also needs to study traffic impacts during midday, rather than only during a.m. and p.m. peak hours, because a hospital is likely to have a greater volume of daytime traffic than most projects. Currently, the DEIR calculates expected traffic impacts for only the peak a.m. and p.m. hours. While this at times is an appropriate default methodology, San Francisco's traffic consultant guidelines acknowledge that greater analysis may be necessary depending on the nature of the project.[85]

104-38 TR

The proposed hospital is not like most projects. The sprawling complex would border two of the busiest arterial streets in the city. In addition to the proposed Cathedral Hill Campus' numerous staff with non-traditional work hours, most patients and visitors likely will arrive during the day. This influx of traffic at irregular times may cause unacceptable traffic delays during off-peak hours. This is especially probable for streets like Van Ness Avenue, which already experiences heavy traffic all day, and for which the DEIR already found significant and unavoidable impacts during both the a.m. and p.m. peak hours.[86] A proposed hospital located in two of the city's busiest traffic corridors needs to account for traffic patterns throughout the day in order to provide an accurate assessment of its potential impacts.

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[80] SFTCA, Tenderloin-Little Saigon Area Study, Summary of Past Studies 2-5 (2005) (attached hereto as Appendix B).
[81] Little Saigon Report, at 3-4.
[82] *Id* at 5-2.
[83] *Id.* at 6-5 & 6-6.
[84] CEQA Guidelines §15125 (a).
[85] Transportation Impact Analysis Guidelines, at10.
[86] DEIR 4.5-215 to 4.5-232.

3. The DEIR's transit analysis is inadequate because it ignores the disproportionate crowding and delays that the proposed hospital will likely cause in the Tenderloin.

Transit routes in the Tenderloin are already crowded and reliability is below average. Therefore, the neighborhood is likely to experience the most significant transit impacts caused by the proposed hospital. As outlined in the Little Saigon Report, Muni buses in the Tenderloin are some of the most crowded and unreliable because they are in the middle of very long routes with many opportunities for passenger loading and delays.[87] Two lines through the Tenderloin already exceed Muni's load standards, and all lines but one are less reliable than the Muni average.[88] Even the DEIR's own draft traffic study found that over half of all studied lines were at their maximum load point ("MLP") at stops within or bordering the Tenderloin.[89]

104-39 TR

The DEIR measured the proposed hospital's effects on transit by combining multiple bus lines into north/south and east/west transit corridors on the assumption that people will choose to walk to a line that is less crowded even if it is farther away.[90] The DEIR determined that an increase in demand would be a significant impact if the number of passengers rose above 85% of a corridor's total capacity during the a.m. or p.m. peak hours or if any individual lines needed more buses in order to maintain their usual time between stops.[91] The DEIR never mentions the locations of the MLPs for each bus route even though that information is in the draft version of the DEIR's underlying transportation impact study, which found that one-third of the respective a.m. and p.m. MLPs were within the Tenderloin.[92] In addition, when expanded by only two blocks in each direction, the area contained nearly half of the a.m. and nearly two-thirds of the p.m. MLPs for the studied routes.[93]

An EIR should consider "coverage, speed, convenience, reliability, safety and comfort" when evaluating transit impacts.[94] An EIR may study transit routes individually, as groups or in some combination of the two, depending on the nature of the project.[95] EIRs typically account for the project's location in relation to each transit line's MLP.[96] The DEIR's method of analyzing transit impacts better applies to projects in certain Downtown, SOMA and Mission Bay districts.[97] The proposed hospital is not in any of those districts. Consequently, the DEIR

104-40 TR

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[87] Little Saigon Report, at 3-4.
[88] *Id.*
[89] Fehr & Peers, California Pacific Medical Center Long Range Development Plan: Cathedral Hill Campus Draft Transportation Impact Study, 29-30 (2010).
[90] DEIR 4.5-27.
[91] DEIR 4.5-60.
[92] Fehr & Peers, 29-30.
[93] *Id.*
[94] DEIR Appendix F, 5.
[95] *Id.*
[96] *Id.*
[97] San Francisco Planning Dept. Guidelines 11 (transit corridor analysis for C-3, SOMA, and Mission Bay districts).

should tailor its transit analysis to the nature of the proposed hospital and their nature of its surrounding neighborhoods in order to adequately evaluate its potential transit effects.[98]

104-40 TR

The DEIR's transit analysis needs to account for the disproportionate number of MLPs that are within or bordering the Tenderloin as well as the neighborhood's current transit conditions. It is not accurate to assume that people will walk to less crowed lines that are farther away, because the mere act of walking is more likely to be difficult for people who need to travel to a hospital. Moreover, it does not take into account that the Tenderloin has a large number of disabled and elderly residents who depend on transit, as well as a large number of small children who also depend on transit to get to and from school.

104-41 TR

Grouping lines together does not tell the community and decision makers which lines are most crowded. Nor does measuring ridership capacity for the entire route indicate whether there is an especially high concentration of riders along one part of the route while other parts may be virtually empty. The DEIR's reliability analysis similarly does not take into account whether certain sections of the route have longer delays for which the bus must compensate along more sparse sections. As the Little Saigon Report outlined, the Tenderloin already suffers from crowded, unreliable transit service, and therefore is likely to have a disproportionate amount of significant impacts due to the proposed hospital. To study adequately the potential transit effects the proposed hospital will have on the Tenderloin, the DEIR needs to examine each transit route individually and should at least determine the transit impacts of the proposed hospital for the stops at and near the MLPs.

104-42 TR

4. The DEIR incorrectly analyzed parking conditions as a social impact rather than focusing on the potential physical impacts on the Tenderloin.

The parking conditions as described in the DEIR will potentially result in physical impacts in the Tenderloin. The DEIR estimates the peak parking demand shortfall for the Cathedral Hill Campus to be 162 spaces.[99] In addition, the proposed sidewalk widening and other pedestrian improvements would result in the displacement of 26 standard metered spaces, one handicapped-accessible space, and ten commercial vehicle loading/unloading spaces.[100] The DEIR concludes that parking conditions are considered to be social impacts rather than physical impacts on the environment.[101] This conclusion relies on the assumption that "the secondary effect of drivers searching for parking is typically offset by a reduction in vehicle trips due to some drivers, who are aware of the constrained parking conditions in a given area, shifting to other modes."[102] However, the DEIR recognizes "[t]he loss of parking may cause potential

104-43 TR

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[98] *Id.*
[99] DEIR 4.5-163.
[100] *Id.*
[101] DEIR 4.5-162.
[102] DEIR 4.5-166.

social effects, which would include cars circling and looking for a parking space in neighboring streets."[103]

104-43 TR

The DEIR does not analyze what impact the parking shortfall will have on the parking demand in the Tenderloin neighborhood. CEQA provides that, "[e]conomic or social effects of a project may be used to determine the significance of physical changes caused by the project."[104] Although "the social inconvenience of having to hunt for scarce parking spaces is not an environmental impact, the secondary effect of scarce parking on traffic and air quality is."[105] Accordingly, the DEIR needs to fulfill its CEQA-mandated purpose by identifying ways in which the secondary environmental impacts resulting from the project parking deficits can be mitigated.[106] The Tenderloin is close to downtown, which leads to a significant number of commuters parking in the neighborhood. The consequences of Cathedral Hill's parking shortfall could overflow into the Tenderloin causing an increase in traffic on the streets of the Tenderloin and a decrease in parking spaces available for non-hospital related drivers and local residents. The DEIR must analyze the potential physical impacts on the Tenderloin of increased traffic caused by CPMC staff, patients, and visitors seeking parking in the neighborhood.

104-44 TR

5. The DEIR fails to address the impact of the project on the quality of life in the Tenderloin.

The project's Cathedral Hill Campus development will impede the Little Saigon Report's goals of making the Tenderloin more livable and viable for development. It will create an influx of traffic into the areas surrounding the hospital and medical building, including the Tenderloin. The Little Saigon Report found that the speed of the high traffic volume currently endangers pedestrians and lowers the neighborhood's quality of life.[107] The project must ensure it will be a benefit to the neighborhood. Without inclusion of appropriate transportation and circulation mitigation measures, project impacts could push a struggling, largely low-income neighborhood into a downward spiral of urban decay and deterioration.[108]

104-45 PH

The purpose of CEQA is to regulate activities with environmental impacts "so that major consideration is given to preventing environmental damage, while providing a decent home and satisfying living environment for every Californian."[109] The CEQA guidelines state that economic or social effects on people can be used to determine whether a physical effect is significant. For example, if a project would cause overcrowding of a public facility and the overcrowding causes an adverse effect on people, the overcrowding would be regarded as a

104-46 OTH

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[103] DEIR 4.5-166.
[104] CEQA Guidelines §15131(b).
[105] *San Franciscans Upholding the Downtown Plan v. City and County of San Francisco,* 102 Cal. App. 4th 656, 697 (1st Dist. 2002).
[106] *Id.*
[107] Little Saigon Report, at 3-3.
[108] *See Bakersfield Citizens for Local Control v. City of Bakersfield,* 124 Cal. App, 4th 1184.
[109] CEQA Guidelines §21000(g).

significant effect.[110] Additionally, the DEIR must discuss "health and safety problems caused by the physical changes" that the proposed project will produce.[111]

104-46 OTH

The cumulative effect of traffic from the proposed Cathedral Hill site would exacerbate the pedestrian safety, traffic, parking, and transit problems that already plague the residents of the Tenderloin. More traffic and pedestrian collisions create an unsafe environment for residents, specifically the elderly, the disabled, and children.

104-47 TR

Pollution and air quality as a result of increased traffic is also a concern. The DEIR states that according the San Francisco Department of Health the combined traffic volumes from Van Ness Avenue, Geary Boulevard, O'Farrell Street and Franklin Street exceed 137,000 vehicles a day.[112] Now, even without the increased traffic attributable to the proposed Cathedral Hill Campus, 100% of households in the Downtown/Civic Center live within a traffic-related air quality hazard area.[113] The Cathedral Hill campus is expected to generate an additional 8,220 daily vehicle trips on the surrounding streets, which will result in an approximately six percent additional traffic volume. These estimates do not include traffic going through the Tenderloin. Not taking into account Tenderloin impacts, the DEIR needs to undertake further studies not only with respect to impacts on pedestrian safety, traffic circulation, and public transit, but also how increased traffic volume affects air pollution in the neighborhood. For more detailed comments regarding the air quality impacts of the project in the Tenderloin, see Section III, *infra*.

104-48 AQ

E. The DEIR fails to provide substantial evidence that justifies overriding the proposed hospital's significant and unavoidable traffic impacts.

While the DEIR's transportation analysis is deeply flawed and inadequate, it already admits that the proposed hospital, both by itself and in combination with the rest of the LRDP, will have significant and unavoidable environmental impacts on traffic and transit.[114] The DEIR admits that the Cathedral Hill Campus alone would cause significant and unavoidable delays at three intersections (Van Ness/Market, Polk/Geary and Franklin/Bush) and would create a traffic hazard on Geary Street.[115] The DEIR also admits that the proposed hospital, when combined with the LRDP, will result in further significant and unavoidable environmental impacts on both traffic and transit.[116] Three more intersections (Gough/Geary, Van Ness/Pine and Church/Market/14th Street) and five transit lines (49-Van Ness-Mission, 47-Van Ness, 38/38L-

104-49 TR

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[110] CEQA Guidelines §15064(e). *See also El Dorado Union High School District v. Placerville*, 144 Cal. App. 3d 123 (3d Dist. 2003).

[111] *Bakersfield, supra* n. 108, 124 Cal. App. 4th at 1219; CEQA Guidelines §15126.2(a).

[112] DEIR 4.7-75.

[113] Measured as "Proportion of households living within 150 meters of streets with 0.2 ug/m3 or greater of PM2.5". Sixty-eight percent of households live within potential traffic-related air quality hazard area in San Francisco at-large. San Francisco Dep't of Public Health, *Proportion of households living within potential traffic-related air quality hazard area*, Healthy Development Measurement Tool, http://www.thehdmt.org/indicators/view/40.

[114] DEIR 6-1 & 6.2.

[115] *Id.*

[116] DEIR 6-3 & 6-4.

Geary, 19-Polk and 3-Jackson) will experience unavoidable delays due to increased traffic and congestion.

104-49 OTH

A project that acknowledges it will have such significant and unavoidable impacts should have powerful overriding considerations. Having seismically safe hospitals is vital to the quality of life for San Francisco's residents. However, the DEIR does not appear to meet the CEQA-required burden of providing substantial evidence that the proposed project as presently configured sufficiently safeguards the environment of San Francisco.[117]

III. The DEIR does not adequately assess air quality and greenhouse gas impacts or present project alternatives sufficient to mitigate those impacts.

104-50 AQ

In assessing the air quality impacts of the project, the more stringent significance thresholds of the 2010 Bay Area Air Quality Management District (BAAQMD) CEQA Guidelines should apply. The BAAQMD is the regional government agency that regulates sources of air pollution within the nine counties of the Bay Area.[118] It requires that projects for which an EIR notice of preparation is published after June 2, 2010 apply the most recent 2010 CEQA Guidelines over the prior 1999 CEQA Guidelines.[119] Although the notice of preparation in this case was issued a year earlier, the City has the discretion to apply the 2010 Guidelines to this project.[120]

104-51 AQ

The BAAQMD CEQA Guidelines recommend air quality significance thresholds, analytical methodologies, and mitigation measures for cities within the San Francisco Bay Area to use when evaluating air quality impacts under CEQA. The updated 2010 Guidelines "seek to better protect the health and well-being of Bay Area residents by addressing new health protective air quality standards, exposure to toxic air contaminants, and adverse effects from global climate change."[121] To do this, the updated 2010 Guidelines pose additional or more stringent air quality regulations than are included in the 1999 Guidelines. Most specifically, the more recent guidelines include updated thresholds for particulate matter (PM) and ozone, both of which cause adverse health impacts in humans, including increased risk for cardiovascular disease, asthma, reduced birth weight, and mortality.[122]

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[117] *See* CEQA Guidelines §15093.

[118] *See* www.baaqmd.gov for more information.

[119] The adopted CEQA thresholds of significance are effective June 2, 2010, with the exception of risk and hazards thresholds for new receptors, which are effective January 1, 2011. It is BAAQMD's policy to require application of the new thresholds for projects with a notice of preparation published after the applicable effective date.

[120] *See* CEQA Guidelines §15064.7(a) ("Each public agency is encouraged to develop… thresholds of significance…."); *see also* §15064.7(c) ("When adopting thresholds of significance, a lead agency may consider thresholds of significance previously adopted or recommended by other public agencies… provided the decision of the lead agency to adopt such thresholds is supported by substantial evidence.")

[121] *Id.*

[122] *Id.*

Application of the 2010 Guidelines would not require additional analysis, as the 2010 thresholds are already provided in the DEIR for information purposes.[123] The thresholds established by the 1999 Guidelines are more than a decade old and do not appropriately reflect modern and acceptable standards in air quality. As a City that touts its green credentials, San Francisco should seek to apply air quality standards based on the most recent air quality science available.

104-51 AQ

The table below identifies the significant impacts of the project pursuant to the 1999 Guidelines and the 2010 Guidelines, as identified in the DEIR. As indicated in the table, the 2010 Guidelines identify new or increase the prior significance thresholds for long term annual emissions of PM_{10}, construction emissions of NO_X, and short and long term GHG emissions.[124]

Significance Thresholds & Project Impacts Comparison Under 1999 BAAQMD Guidelines and 2010 BAAQMD Guidelines

Description of Air Pollutant or Impact	1999 and 2010 Significance Thresholds	Significant Project Impact as Identified in the DEIR
Increased cancer risk in nearby children due to construction	10 in one million, per 1999 Guidelines	17 in one million
Long term daily emissions of PM_{10}	80 pounds/day, per 1999 Guidelines	104 pounds/day
Long term annual emissions of PM_{10}	15 tons/year, per 2010 Guidelines	19 tons/year
Construction emissions of NO_X	54 pounds/day, per 2010 Guidelines	261 pounds/day in the near term, and 84 pounds/day over the long term
Direct and indirect greenhouse gas emissions	1,100 metric tons/year of CO_2 equivalent per 2010 Guidelines	22,503 metric tons per year of CO_2 equivalent

104-52 AQ

Thus, under both the 1999 and the 2010 BAAQMD CEQA Guidelines, the project poses significant and unavoidable impacts, including: (1) increased cancer risk to nearby children due to construction;[125] (2) long term daily emissions of PM_{10};[126] (3) long term annual emissions of PM_{10};[127] and (4) construction emissions of NO_X.[128]

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[123] DEIR 4.7-1.
[124] 1999 BAAQMD CEQA Guidelines; 2010 BAAQMD CEQA Guidelines.
[125] DEIR 4.7-34, 35.
[126] DEIR 4.7-30.
[127] DEIR 4.7-39.
[128] *Id.*

Significant air quality impacts have health and quality of life implications for the surrounding neighborhoods, including the more than 3,500 children living in the Tenderloin.[129] The project's significant and unavoidable impacts include both temporary construction emissions and long-term operational emissions of PM_{10}.[130] PM_{10} has well documented health-effects, and the significance threshold for PM_{10} was established to protect the public from adverse health impacts resulting from exposure.[131] Similarly, the project has a significant and unavoidable impact of NO_X emissions.[132] NO_X is a gas compound resulting from the combustion of fuels, and when exposed to sunlight, NO_X reacts with other pollutants to form ozone.[133] Ozone's adverse health effects include manifestation and worsening of asthma in both children and adults. Ozone can also alter lung function by increasing respiratory rates, throat dryness, headaches, nausea and impairment of the body's immune system.[134] While air pollution impacts may be unavoidable in urban areas, the Planning Commission should consider the health impacts on the project's surrounding neighborhoods in determining whether or not the project truly has overriding considerations that necessitate its approval.

104-52 AQ

The more than 22,500 metric tons of greenhouse gas (GHG) emissions generated by the project on an annual basis will have a significant impact on the environment. Under the 1999 BAAQMD Guidelines, the project's direct and indirect green house gas (GHG) emissions would have a significant impact on the environment. Using the 1999 BAAQMD Guidelines' threshold levels of significance, a project's GHG emissions significantly impact the environment if the proposed project will "generate GHG emissions, either directly or indirectly, that may have a significant impact on the environment; or conflict with an applicable plan, policy, or regulation of an agency adopted for the purpose of reducing the emissions of GHGs."[135] While the DIER states that the project does not conflict with any existing GHG emissions reduction plans or policies, the DEIR presents no analysis of why the projects GHG emissions will not surpass the qualitative threshold of "may have a significant impact on the environment."

104-53 GH

Whether or not the proposed project conflicts with an applicable GHG emissions reduction plan or policy, it will generate the equivalent of more than 22,500 metric tons of CO2 per year. The DEIR should recognize that this level of emissions would cause the project to have a significant environmental impact based on the qualitative standard. 22,500 metric tons of GHG emissions are more than 20 times the recently adopted 2010 BAAQMD Guidelines for EIR GHG significance thresholds.[136] Operational GHG emissions per service population at the Cathedral Hill Campus will also exceed the new guidelines by over 25%.[137] The DEIR admits that the Cathedral Hill Campus' GHG emissions will easily surpass the threshold levels established by

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[129] Tenderloin Neighborhood Development Corp. Fact Sheet, http://www.tndc.org/home/fact_sheet.html.
[130] DEIR 4.7-30.
[131] DEIR 4.7-2.
[132] DEIR 4.7-39.
[133] DEIR 4.7-4.
[134] DEIR 4.7-5.
[135] DEIR 4.8-13.
[136] DEIR 4.8-31.
[137] *Id.*

the 2010 BAAQMD Guidelines. However, the DEIR still claims that the project's GHG emissions would not have a significant impact on the environment under the 1999 BAAQMD Guidelines. Given how greatly the Cathedral Hill Campus' GHG emissions would exceed the recently adopted 2010 BAAQMD Guidelines, it is more than reasonable to find that the campus' GHG emissions would surpass the qualitative threshold of "may have a significant impact on the environment," as used under the 1999 BAAQMD Guidelines. The DEIR should acknowledge that the project's GHG emissions would have a significant impact on the environment under the 1999 BAAQMD Guidelines and put forth mitigation measures to diminish it.

104-53 GH

It is important that the DEIR acknowledge the project will have a significant impact on the environment under the 1999 BAAQMD Guidelines, so that decision makers are able to accurately evaluate the project's costs and benefits. By falsely claiming the project will not have a significant impact on the environment under the 1999 BAAQMD Guidelines, the DEIR is essentially downplaying the effects of the project's GHG emissions. State CEQA Guidelines establish that the "[t]he purpose of an environmental impact report is to identify the significant effects on the environment of a project, to identify alternatives to the project, and to indicate the manner in which those significant effects can be mitigated or avoided."[138] By denying that the project's GHG emissions "may have a significant impact on the environment," the DEIR fails to comply with the fundamental objectives of an EIR. Failing to recognize a significant impact not only mischaracterizes a project's environmental cost, but also distorts the DEIR's discussion of alternatives, and mitigation measures. The DEIR must recognize that the project's GHG emissions will have a significant impact on the environment under the 1999 BAAQMD Guidelines, as well as the 2010 version. Failure to do so downplays the project's impacts on the environment, distorts the DEIR's discussion of alternatives and mitigation measures, and therefore inhibits Planning Commissioners, Supervisors, and the general public's ability to properly evaluate the project.

104-54 GH

As required pursuant to Section 15126.6(a) of the CEQA Guidelines, the DEIR should identify and analyze reasonable project alternatives that would attain project objectives while reducing these dangerous air quality impacts. While the project identifies several significant and unavoidable air quality impacts and acknowledges the impacts will have adverse health impacts on residents of nearby neighborhoods, the DEIR fails to identify additional alternatives that reduce these dangerous impacts. While Alternative 2 results in one less significant and unavoidable air quality and GHG emissions impact, Alternatives 3A and 3B do not result in any fewer significant and unavoidable impacts than the project itself. The significant and unavoidable project impacts are summarized in the table below. As depicted in the table below, significant and unavoidable air quality impacts are induced by every project alternative, with the exception of the no project alternative.[139]

104-55 ALT

[138]CEQA Guidelines §21002.1.

[139] *See* Section VI of these comments, *infra*, for a discussion of project alternatives.

Cathedral Hill Campus Significant and Unavoidable Air Quality and GHG Impacts for Project Alternatives 1, 2 and 3[140]

Alternative	Significant and Unavoidable Air Quality Impacts at Cathedral Hill	Significant and Unavoidable GHG Impacts at Cathedral Hill
Project	Significant and unavoidable impacts: - Exposes resident children to increased cancer risk above the acceptable threshold - Long term daily and annual PM10 emissions exceed the acceptable threshold - Construction emissions of NOX exceed the acceptable threshold	Significant and unavoidable impact: - Direct and indirect GHG emissions exceed the acceptable threshold
Alternative 1A: No Project, with no demolition at St. Luke's Campus	No impact	No impact
Alternative 1B: No Project, with demolition of St. Luke's Campus	No impact.	No impact.
Alternative 2: Four Campus Rebuilding, Retrofit, Redevelopment Alternative	Significant and unavoidable impact: - Long term daily and annual PM10 emissions exceed the acceptable threshold - Construction emissions of NOX exceed the acceptable threshold	Significant and unavoidable impact: - Direct and indirect GHG emissions exceed the acceptable threshold
Alternative 3A: Reduced Development at Cathedral Hill, with bed shifting to St. Luke's.	Significant and unavoidable impacts: - Exposes resident children to increased cancer risk above the acceptable threshold - Long term daily and annual PM10 emissions exceed the acceptable threshold - Construction emissions of NOX exceed the acceptable threshold	Significant and unavoidable impact: - Direct and indirect GHG emissions exceed the acceptable threshold
Alternative 3B: Reduced Development at Cathedral Hill, with bed shifting to	Significant and unavoidable impacts: - Exposes resident children to increased cancer risk above the acceptable threshold	Significant and unavoidable impact: - Direct and indirect GHG emissions exceed

104-55 ALT

[140] DEIR 6-405.

Alternative	Significant and Unavoidable Air Quality Impacts at Cathedral Hill	Significant and Unavoidable GHG Impacts at Cathedral Hill
California Campus	- Long term daily and annual PM10 emissions exceed the acceptable threshold - Construction emissions of NOX exceed the acceptable threshold	the acceptable threshold

The DEIR recognizes that the project will have the following significant impacts on the environment related to air quality and GHGs:

- Construction will expose nearby resident children to an increased cancer risk of 17 in one million. The BAAQMD threshold is 10 in one million.

- The BAAQMD threshold for daily PM10 emissions is 80 lbs/day. The Cathedral Hill Hospital will emit 104 lbs/day.

- The BAAQMD threshold for annual PM10 emissions is 15 tons/year. The Cathedral Hill Hospital will emit 19 tons/year.

- The BAAQMD threshold is 54 pounds per day of NOX emissions for both the near and long term. Construction of the Cathedral Hill Hospital will emit 261 pounds per day in the near term, and 84 pounds per day in the long term.

- Direct and indirect GHG emissions greatly exceed the BAAQMD threshold of 1,100 metric tons per year of carbon dioxide equivalent. The Cathedral Hill Hospital is anticipated to generate the equivalent of 22,503 metric tons of carbon dioxide per year.

104-55 ALT

It is critically important that San Francisco decision makers carefully examine these serious impacts when evaluating the project's merits, as well as the DEIR's claim that there are few, if any, mitigation measures available. The DEIR attempts to downplay the project's air quality and GHG impacts by using outdated guidelines as significance thresholds, and by claiming that the project's impacts do not cross qualitative thresholds notwithstanding substantial evidence to the contrary. While the DEIR does acknowledge multiple significant air quality and GHG impacts resulting from the project, it fails to present project alternatives or mitigation measures which are capable of substantially reducing the severity of these impacts. The DEIR should fully acknowledge the significance of the project's air quality and GHG impacts and present further alternatives or mitigation measures to reduce them.

IV. The DEIR fails to address San Francisco's goal of increasing its resident workforce through a First Source Hiring Program.

The DEIR must analyze specific land use plans and policies related to employment. A stated objective of the San Francisco General Plan is to "expand employment opportunities for City residents, particularly the unemployed and the economically disadvantaged.[141] The General Plan emphasizes the need to promote measures designed to increase the number of San Francisco jobs held by San Francisco residents.[142] To achieve this goal, San Francisco established the First Source Hiring Program, which seeks to provide job opportunities for the unskilled workforce in the City.[143] These opportunities include job training and retention programs. To implement this program, the First Source Hiring Administration has the authority to condition building permits based on specific requirements including: (1) hiring and retention goals, (2) first source interviews, (3) recruitment and hiring goals for all construction on the project, (4) record keeping and monitoring goals, and (5) good faith standards for complying with the first source hiring program.[144] This program should be utilized during the construction phase of the project and for subsequent permanent hiring by CPMC and its lessees and successors. 104-56 PH

Currently, the percentage of CPMC workers living in San Francisco is 49%.[145] This falls short of the City's overall rate, where 56% of the workers live in San Francisco.[146] These figures highlight the need to implement a first-source hiring program for the project to increase job opportunities for San Francisco residents. Presently, 23% of San Franciscans must commute outside of the City to work.[147] If provided the opportunity, these residents could potentially obtain jobs through the hiring program and subsequently increase the percentage of CPMC workers that live in San Francisco. 104-57 PH

The health care industry is a vital and growing aspect of the San Francisco economy. This project provides a unique opportunity to implement a first source hiring program in a burgeoning industry. Job categories in a hospital and medical office building breakdown as such: healthcare practitioner and technical occupations (44%), healthcare support occupations (19%), office and administrative support (14%), and other miscellaneous jobs (23%).[148] Within this breakdown, there is a wide variety of job opportunities for workers with different skill levels and interests. This analysis does not take into account the construction phase of the project, which will create additional job opportunities for entry level, unskilled workers as well as for experienced construction workers. 104-58 PH

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[141] San Francisco General Plan, Commerce and Industry Element, Objective 3.
[142] *Id.*
[143] San Francisco Administrative Code § 83.2.
[144] San Francisco Administrative Code 83.11.
[145] DEIR 4.3-11.
[146] San Francisco Department of Public Health, Healthy Development Measurement Tool, http://www.thehdmt.org/neighborhoods/view/7 (last visited October 16, 2010).
[147] *Id.*
[148] *Housing Trust Fund Nexus Analysis*, Keyser Marston Associates, Inc.: Prepared for Sacramento Housing and Redevelopment Agency (March 2007).

The First Source Hiring Program implements the General Plan's objective to expand employment opportunities for City residents. It is an important City policy that should be addressed in the DEIR, as the information provided will allow decision makers to determine reasonably and realistically whether the potential employment opportunities generated by the project outweigh its unavoidable and significant, adverse environmental impacts.

104-59 PH

V. The DEIR analyzes CPMC's LRDP without examining its effects on San Francisco's healthcare delivery system.

A. The DEIR needs to consider project impacts on nearby St. Francis Hospital.

The proposed Cathedral Hill Campus site and St. Francis Memorial Hospital ("St. Francis") are located only 0.48 miles apart. In discussing the social and economic effects of the Cathedral Hill Campus, the DEIR analyzes only the project's consequences for neighboring retail stores.[149] It does not even mention St. Francis. Yet given the enormous changes taking place in the American healthcare system, the potential closing of St. Francis as a direct or indirect result of a new major hospital and medical office complex is reasonably foreseeable. Closure of St. Francis would create an adverse impact on its immediately surrounding neighborhood, most obviously by contributing to urban decay (a clear environmental impact) and by drastically reducing the community's access to affordable health care (a social impact with grave consequences). These reasonably foreseeable physical, economic and social impacts must be addressed in the DEIR.[150]

104-60 HC

Here, the DEIR should have considered whether there would be a sufficient demand for hospital services to sustain both Cathedral Hill and St. Francis as economically viable hospitals.[151] If there is not sufficient demand, and the project is likely to contribute to the closure of St. Francis, the DEIR must examine the potential impacts on St. Francis' immediate neighborhood. At the very least, following a potential closure, St. Francis' hospital buildings would be vacant and could fall into disrepair and spiraling deterioration. Furthermore, there would be a potential for nearby businesses, currently sustained by the employees, patients and visitors to St. Francis, to also close, which further increases the potential for urban decay. The physical impacts of such deterioration are well recognized as environmental harms.[152]

104-61 HC

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[149] DEIR 5-21.

[150] *Bakersfield Citizens for Local Control v. City of Bakersfield*, 124 Cal. App. 4th 1184, 1205-1207; *Friends of Davis v. City of Davis* 83 Cal. App. 4th 1004, 1019-21 (2000). *See also* CEQA Guidelines §§ 15126.2(a), 15064(d), 15131(a).

[151] For example, St. Francis has the only Burn Clinic in San Francisco. If CPMC were to establish a competing burn clinic at Cathedral Hill, it is likely to have severe, adverse financial consequences for St. Francis.

[152] Hernandez v. City of Hanford, 41 Cal. 4th 279 (2007); Wal-Mart v. City of Turlock, 483 F. Supp. 2d 1023 (2007); Van Sicklen v. Browne, 15 Cal. App. 3d 122 (1971); Ensign Bickford Realty Corp. v. City Council, 68 Cal. App. 3d 467 (1977).

In addition to the physical impacts St. Francis' closure would have on the community, closure of a hospital with St. Francis' record of charity care would also be devastating for the Tenderloin community. A comparison of St. Francis' and CPMC's record reveals that St. Francis receives more charity care applications from residents in Supervisorial District 6 (which includes the Tenderloin) than any CPMC campus.[153] This District makes up 17% of San Francisco's charity care requests.[154] In 2008, St. Francis provided medical services to 3,164 charity care patients, while the three long-term CPMC campuses combined (excluding St. Luke's Hospital) served only 1,562 charity care patients.[155] At St. Francis, 2008 charity care expenditures amounted to a little more than $20,000 per staffed bed. At CPMC campuses (again excluding St. Luke's), the reported charity care expenditures were $7,270 per staffed bed.[156] As a result, St. Francis' 2008 charity care expenditures nearly equal those of all three long-term CMPC campuses.[157]

104-62 HC

Looking at St. Luke's charity record since its merger with CPMC only reinforces concern that a new Cathedral Hill hospital will not be accessible to low-income Tenderloin residents. In zip code 94110, where St. Luke's is located, over ten thousand patients received charity care in 2008. St. Luke's that year served only 166 charity care patients.[158] The remainder received hospital care at San Francisco General. It is reasonable to expect that the loss of St. Francis would further strain the resources of San Francisco General, which already provides for the majority of the city's charity care.[159]

When the economic or social effects of a project cause physical change, this change is to be regarded as a significant effect in the same manner as any other physical change resulting from the project.[160] Conversely, where economic and social effects result from a physical change that was itself caused by a proposed project, then these economic and social effects may be used to determine that the physical change constitutes a significant effect on the environment.[161] Both of these impacts need to be examined in the project's DEIR. The potential closure of St. Francis as a result of competition from a new Cathedral Hill Campus is a reasonably foreseeable concern that requires serious environmental analysis.

104-63 HC

B. The DEIR fails to analyze how the project will affect the accessibility and distribution of healthcare services in San Francisco.

104-64 HC

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[153] Charity Care Report San Francisco Hospitals Fiscal Year 2008. Table 4 "*Charity Care Applications by Hospital and Supervisorial District: FY 2008.*"
[154] *Id.*
[155] *Id.*
[156] *Id.*
[157] Charity Care Report San Francisco Hospitals Fiscal Year 2008, Table 10 "*Charity Care Expenditures: FY 2008.*"
[158] *Id.*
[159] Charity Care Report San Francisco Hospitals Fiscal Year 2008. Table 4 "*Charity Care Applications by Hospital and Supervisorial District: FY 2008.*"
[160] CEQA Guidelines § 15064(e). *El Dorado Union High School Dist. v. City of Placerville*, 144 Cal. App. 3d 123, 131 (1983).
[161] *Christward Ministry v. Superior Court*, 184 Cal. App. 3d 180, 197 (1986).

Two San Francisco land use plans--the General Plan's Commerce and Industry Element and the Sustainability Plan for San Francisco--address the responsibilities of private health care providers. While the DEIR identifies these two plans as applicable to the project,[162] it neglects to address their health services provisions. There is also now pending before the San Francisco Board of Supervisors the Health Care Services Master Plan.[163] Though this proposed ordinance is not binding upon this project, it is instructive. Furthermore, CMPC as a non-profit hospital has an obligation to "provide community benefits in the public interest" under California Health & Safety Code section 127340(a).[164] Accessible and equitably distributed healthcare services are major San Francisco and California priorities.

104-64 HC

The DEIR states that the Commerce and Industry Element "focuses on economic vitality, social equity, and environmental quality."[165] Objective 7 of this element emphasizes the importance of enhancing San Francisco's position as a national and regional center for health services.[166] An important admonition in the discussion following Objective 7 is that "future growth must be managed to achieve equitable distribution of benefits to all geographical and cultural sub-populations of the city and to minimize associated adverse effects on surrounding areas."[167] San Francisco hospitals have an obligation to be neighborhood serving and culturally competent in addition to any regional function.

104-65 HC

CPMC promotes the proposed Cathedral Hill Hospital as a tertiary care facility and establishes as a primary objective for that location the consolidation of all its specialized medical services as well as all women and children's services. With respect to the Cathedral Hill Campus, the DEIR provides no information about how CPMC intends to meet the healthcare needs of residents in surrounding neighborhoods. Nor does the DEIR address the compatibility of CPMC's approach to consolidation with the city's policy of "actively encouraging the decentralization of major institutional facilities to . . . areas . . . without adequate services."[168] The Tenderloin, for example, has the highest rate of preventable ER visits in the city, at 452.2 visits per 10,000 people.[169] This rate is nearly double the citywide rate of 237.8 visits per 10,000 people.[170] Yet nothing in the DEIR even alludes to how the Cathedral Hill Hospital will reach out to and serve Tenderloin residents either on-site or in support of neighborhood-based health care clinics.

104-66 HC

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[162] DEIR 3-2

[163] Attached hereto as "Exhibit C." A hearing before the Planning Commission on the HCSMP is scheduled for October 28, 2010.

[164] Cal. Health & Safety § 127340(a) (West 2008).

[165] *Id.*

[166] San Francisco General Plan, Commerce and Industry Element: Objective 7

[167] *Id.*

[168] *Id.* Policy 7.3

[169] Health Matters in San Francisco, available http://www.healthmattersinsf.org/. This indicator shows an overreliance on ER services, as many individuals who lack access to primary care delay treatment until an emergency visit is required.

[170] *Id.*

The San Francisco Sustainability Plan became official City policy in 1997.[171] It serves as a blueprint for environmentally sound development broadly understood. DEIRs commonly review projects in accordance with provisions of this plan.[172] The analysis in the CPMC DEIR is cursory at best.[173] It briefly discusses consistency with only physical environmental topics, such as greenhouse gas emissions. The Sustainability Plan covers not only such environmental topics, but also broader issues having significant effects on the lives of both present and future generations. One of its fifteen topics is human health: "To achieve a sustainable society, environmental, cultural, and institutional barriers to good health must be removed and appropriate health care services must be equitably distributed throughout the city. A primary value underlying these goals is that no individual or group should bear a disproportionate health burden."[174] With respect to healthcare delivery, the Sustainability Plan stresses the importance of both removing barriers to healthcare access and the equitable distribution of health care services throughout San Francisco. As a city plan, it provides further support for why the DEIR in considering the impacts of CPMC's proposed reconfiguration of hospital facilities needs to examine both neighborhood-based and citywide healthcare access and distribution issues.

104-67 HC

A principal objective of the proposed Health Care Services Master Plan ("HCSMP") is to provide decision makers with sufficient information and appropriate criteria, so that they are able to evaluate specific hospital and other healthcare development proposals in accordance with citywide priorities regarding health services access and distribution.[175] Two of the plan's components are especially instructive.

First, the HCSMP requires a land use assessment. The land use assessment's function is to "assess the supply, need and demand for medical institutions in the different neighborhoods of the City; the potential effects or land use burdens of locating such services in particular neighborhoods; and the potential for displacement of other neighborhood-serving uses that may occur as a result of the placement of medical institutions."[176] If this assessment were to be used in reviewing CPMC's LRDP, city officials would be in a much more informed position to evaluate the relative merits for San Francisco of a large 555-bed hospital at Cathedral Hill and a downsized 80-bed St. Luke's Hospital, and the extent to which a new Cathedral Hill Hospital would threaten the continuing viability of St. Francis Hospital.

104-68 HC

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[171] Sustainability Plan, The Department of the Environment, San Francisco, July 1997.

[172] *See, e.g.*, Treasure Island and Yerba Buena Island Redevelopment Plan, case 2007.0903E; San Francisco 2004 and 2009 Housing Element Draft Environmental Report, case 2007.1275E.

[173] DEIR 3-2.

[174] Sustainability Plan, http://www.sustainable-city.org/Plan/Health/intro.htm.

[175] Proposed Health Care Services Master Plan § 342. This provision is consistent with the San Francisco City Charter, which provides that "the Department of Public Health and Health Commission shall provide for the preservation, promotion and protection of the physical and mental health of the inhabitants of the City and County of San Francisco." SF Charter § 4.110.

[176] HCSMP § 342.2.

Second, the HCSMP requires a gap assessment. The gap assessment's purpose is to "identify medical service gaps across the City and medically underserved areas for particular services with reference to geography, transportation/communication options, and unique barriers to accessing care, including but not limited to language, race, immigration status, gender identity, substance abuse, and public assistance."[177] The Cathedral Hill development and changes at St. Luke's will have important effects on healthcare access in two underserved areas. Whether those effects on balance will be good or bad for underserved populations is still a large unknown.

104-69 HC

As articulated in the HCSMP, the City's overarching healthcare goals include distributing healthcare services across the city equitably and efficiently; eliminating healthcare service gaps and medically underserved areas; and placing medical institutions where they complement the needs and infrastructure of the different neighborhoods while promoting and protecting the public health, safety, convenience and general welfare.[178] These goals resonate with the healthcare objectives of the Commerce and Industry Element and the San Francisco Sustainability Plan. Although the specific terms of the HCSMP are not applicable to the CPMC project, its provisions do offer guidance as to what kinds of inquiries should have been undertaken. A land use assessment and a gap assessment are the kinds of tools the DEIR should have utilized in analyzing the impacts of the LRDP on healthcare access and distribution. A thoroughly prepared DEIR would have identified and weighed the healthcare access and distribution costs and benefits of CPMC's LRDP. Without such information, San Francisco decision makers are not in a position to determine whether the project taking into account its effects on San Francisco's healthcare delivery system truly outweighs its adverse environmental impacts.

104-70 HC

VI. The DEIR's alternatives analysis hinges on project objectives that are impermissibly narrow, fails to address a sufficient range of alternatives, and does not adequately analyze the given alternatives.

A. The project objectives are impermissibly narrow.

While many of the project objectives are broadly written, several objectives are impermissibly narrow. These narrow objectives seriously limit the range of alternatives that the DEIR discusses and curtail meaningful consideration of the feasibility of examined alternatives. This use of objectives to dismiss alternatives is a severe flaw in the DEIR's methodology.

104-71 PD

CEQA requires a "statement of the objectives sought by the project."[179] These objectives are used by the lead agency in developing a reasonable range of alternatives. Narrow objectives

[177] HCSMP § 342.2.
[178] *Id.*
[179] CEQA Guidelines § 15124(b).

can limit this range, inhibiting the purpose of CEQA.[180] While the overarching objectives of the project are anything but narrow, several of the core medical services objectives are so drawn as to exclude any option other than the preferred project. Notably, the project seeks to consolidate women's and children's services and a broad range of specialty medical services at a single location.[181] This framing always favors maximizing development on the Cathedral Hill Campus. Alternative 3 proposes moving women's and children's services away from Cathedral Hill, but it inevitably fails as a alternative because it is contrary to the project's consolidation objective. The same holds true for Alternative 2, which because it does not centralize services to the extent of the preferred project cannot compete.

104-71 ALT

CEQA requires consideration of alternatives that will "feasibly attain most of the basic objectives."[182] For this project, a single objective--consolidation--trumps all other considerations. The reason is that consolidation is a feature or method of providing medical services, not a beneficial outcome, such as having seismically safe hospitals, providing quality care, or serving particular populations. Making consolidation a project objective leaves no room for evaluating how different alternatives compare in meeting a range of substantive outcomes. The answer is always going to be the alternative that permits the greatest centralization of services in a single location. The practical effect is to render meaningless the alternatives analysis.[183]

B. The DEIR fails to address a sufficient range of alternatives.

Even though the project is a complicated, multi-site development, the DEIR only analyzes three project alternatives,[184] one of which is the required No Project Alternative.[185] Section 15126.6(a) of the CEQA Guidelines requires that an EIR describes a range of reasonable alternatives to the project that would feasibly attain most of the project objectives while avoiding or substantially lessening any of the significant environmental effects of the project.[186]

104-72 ALT

In several areas, none of the alternatives, with the exception of the No Project Alternative, substantially reduces significant impacts. For example, the Project, Alternative 2, Alternative 3(a), and Alternative 3(b) all have significant and unavoidable air quality and greenhouse gas emissions impacts. These include long term daily and annual PM10 emissions exceeding

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[180] The California Supreme Court has confirmed that overly narrow project objectives can violate CEQA. *In Re Bay Delta Coordinated Environmental Impact Report Coordinated Proceedings* 43 Cal. 4th 1143, 1166 (2008) ("a lead agency may not give a project's purpose an artificially narrow definition").

[181] DEIR 2-7 & 6-6.

[182] CEQA Guidelines § 16126.6(a).

[183] Several Court of Appeal decisions place limits on the ability of project objectives to dictate the feasibility of alternatives. *See Preservation Action Council v. City of San Jose* 141 Cal App 4th 1336, 1351-2 (2006); *Uphold Our Heritage v. Town of Woodside* 147 Cal. App. 4th 587, 595 fn. 4 (2007); and *Save Round Valley Alliance v. County of Inyo* 157 Cal. App. 4th 1437, 1460 (2007).

[184] DEIR, Chapter 6.

[185] However, Alternative 1: No Project Alternative and Alternative 3: Reduced Development at Cathedral Hill Campus have 'sub-alternatives'.

[186] CEQA Guidelines § 15126.6(a).

BAAQMD thresholds, construction emissions of NOX that exceed the BAAQMD threshold, and exposure of nearby children to an increased cancer risk.[187] Similarly, the Project, Alternative 2, Alternative 3(a), and Alternative 3(b) also all have direct and indirect GHG emissions that exceed the BAAQMD threshold.[188] A primary purpose of CEQA is to identify alternatives that avoid or reduce environmental damage.[189] Alternatives failing to reduce these significant greenhouse gas and air quality effects are insufficient. The DEIR needs to include alternatives that lessen these impacts in order to fulfill CEQA obligations. [190]While lead agencies do have discretion in identifying alternatives,[191] they must still demonstrate that they have made a good faith effort to evaluate a reasonable range of alternatives.[192] This DEIR fails to meet this important CEQA requirement.

104-72 ALT

C. The DEIR does not adequately analyze given alternatives.

In the DEIR, alternatives are deemed inferior because they do not meet the project's self-serving consolidation objective. This treatment deemphasizes environmental concerns. In order to accept an alternative with greater environmental impact, decision makers must explain, in writing, the overriding considerations that outweigh negative environmental effects.[193] This explanation must be based on the materials in the record.[194] This DEIR does not provide the extent and level of information needed to support findings of overriding considerations.

104-73 ALT

These comments by the Good Neighbor Coalition address important areas in which the DEIR is deficient in its analysis of the project.[195] The concerns raised regarding the project itself also need to be taken into account when comparing the preferred project with a reasonable range of alternatives. For the Planning Commission to make an informed decision, the DEIR must revisit these critical areas and examine the relative significance of the impacts discussed for the LRDP and its alternatives.

104-74 ALT

VII. Conclusion: The DEIR's analysis is inadequate and has to be revised and re-circulated to better account for the project's true impacts, especially in the Tenderloin.

104-75 INTRO

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[187] DEIR 4.7-34, 35
[188] DEIR 4.8-31
[189] CEQA Guidelines § 15002(a)(2).
[190] CEQA Guidelines 15126.6(a).
[191] *See e.g., California Native Plant Society v. City of Santa Cruz*, 177 Cal. App. 4th 957 (2009).
[192] *See e.g., City of Long Beach v. Los Angeles Unified School District*, 176 Cal.App.4th 889 (2009).
[193] CEQA Guidelines § 15093(b).
[194] *Id.*
[195] *See* Section I of this comment letter for deficiencies related to housing; Section II for deficiencies related to transportation; Section III for deficiencies related to air quality and greenhouse gases; Section IV for deficiencies related to workforce hiring programs; and Section V for deficiencies related to health care delivery.

A. The DEIR fails to provide city officials with all the information they need to make an informed project decision and to explain the reasons for their decision.

104-75 INTRO

The first listed CEQA criterion is that an EIR is inadequate if it does not allow for informed decision making.[196] Another criterion is to "[d]isclose to the public the reasons why a governmental agency approved the project in the manner the agency chose if significant environmental effects are involved.[197] This DEIR as written fails to meet both criteria.

The DEIR identifies Alternative 3(a) as environmentally superior. The Planning Commission may not approve the project as proposed if feasible alternatives can substantially lessen significant environmental impacts. Whether 3(a), or any other alternative, including any unmentioned alternatives, will *substantially* lessen environmental impacts is unclear. Because the DEIR is deficient in several critical areas as detailed in this comment letter,[198] new or broadened analyses are required to determine the foreseeable impacts of the project and the various mitigation measures required. There then needs to be a comparison of impacts across a reasonable range of alternatives. After a more complete analysis, if the alternatives are deemed "infeasible," then an agency may reject them. But, the agency "bears the burden of affirmatively demonstrating that . . . the agency's approval of the proposed project followed meaningful consideration of alternatives and mitigation measures."[199]

104-76 ALT

The DEIR does not provide sufficient support for city decision makers to draft a statement of overriding considerations. While the bases for such a statement need not necessarily be a part of the final EIR, such grounds must be a part of the record.[200] To inform the Planning Commission fully, and to allow for meaningful public comment, the DEIR notwithstanding its bulk needs to be substantially augmented with additional studies and analysis. The importance and magnitude of this project's impact on healthcare delivery in San Francisco demand full and careful consideration of all relevant environmental factors.

104-77 OTH

B. A decision on a project should not be based on narrowly tailored and self-serving project objectives, but on consideration of the project's true impacts including those impacts that are ignored or under-analyzed in the DEIR.

104-78 PD

The DEIR rejects alternatives for no reason other than the applicant's preferences as expressed in narrowly drafted project objectives, in particular its insistence that all women's and children's services and specialized medical services be consolidated at the Cathedral Hill

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[196] CEQA Guidelines § 15002(a)(1).
[197] CEQA Guidelines § 15002(a)(4).
[198] *See* Section I of this comment letter for deficiencies related to housing; Section II for deficiencies related to transportation; Section III for deficiencies related to air quality and greenhouse gases; Section IV for deficiencies related to workforce hiring programs; Section V for deficiencies related to health care delivery; and Section IV for deficiencies related to alternatives analyses.
[199] *Mountain Lion Foundation v. Fish and Game Commission*, 16 Cal.4th 105, 134 (1997).
[200] CEQA Guidelines § 15093(b).

Campus. Rejecting alternatives because they are inconsistent with self-serving project objectives is incompatible with the purpose of CEQA. For this project, there needs to be a full and honest discussion of its potential substantive benefits across a reasonable range of alternatives, not just a narrow focus on CPMC's preferred method for providing hospital services. If alternatives are rejected based on policies *underlying* project objectives, the DEIR should have examined these rationales.

104-78 ALT

Because the DEIR downplays or overlooks significant environmental impacts, city decision makers lack important and necessary information for determining whether the overriding considerations or justifications for the project outweigh the negative impacts. As discussed in this comment letter, this project especially warrants heightened justification given its potential impacts on myriad environmental and related non-environmental issues, including affordable housing, neighborhood traffic and transit, air quality and greenhouse gas emissions, job opportunities for San Francisco residents, and the accessibility and equitable distribution of healthcare services.

104-79 HC

C. The DEIR has to be amended and then re-circulated for an additional round of public comments.

Significant new information must be added to the DEIR. As detailed in this comment letter, the DEIR sidesteps any serious consideration of housing and affordable housing impacts; ignores entirely the traffic impacts for the Tenderloin neighborhood, especially regarding pedestrian safety; dismisses any serious concern about significant and unavoidable air quality and greenhouse gas emissions impacts; fails to address the need for a first source hiring program; and presumes that building a hospital and medical building complex is its own justification without any regard as to its impact on healthcare accessibility and distribution. In addition, the DEIR dismisses alternatives, including the environmentally superior alternative, in a formulaic and mechanical way without examining the underlying merits of a principal project objective—the centralization of services at the Cathedral Hill Campus.

104-80 INTRO

Such a substantial revision will require a recirculation of the DEIR. California Public Resources Code section 21092.1 mandates that a lead agency re-circulate a DEIR for public comment when significant new information is added after public notice is given. CEQA Guidelines section 15088.5(a)(1) requires that a DEIR be re-circulated when information added after public notice is given recognizes that "a new significant environmental impact would result from the project or from a new mitigation measure proposed to be implemented." Any new studies identified or undertaken also affect the DEIR's analysis of mitigation measures and alternatives. Accordingly, when this new information is added, the DEIR must be re-circulated to ensure that the public and decision makers have a meaningful opportunity to evaluate and comment on the proposed project's true environmental impacts.

Respectfully submitted,

Hastings Civil Justice Clinic for the Good Neighbor Coalition

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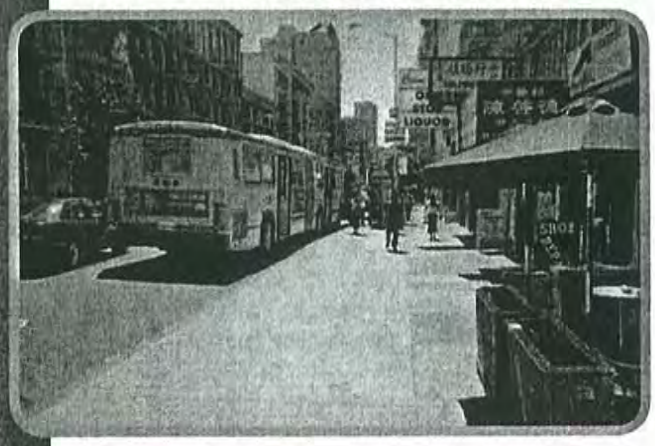
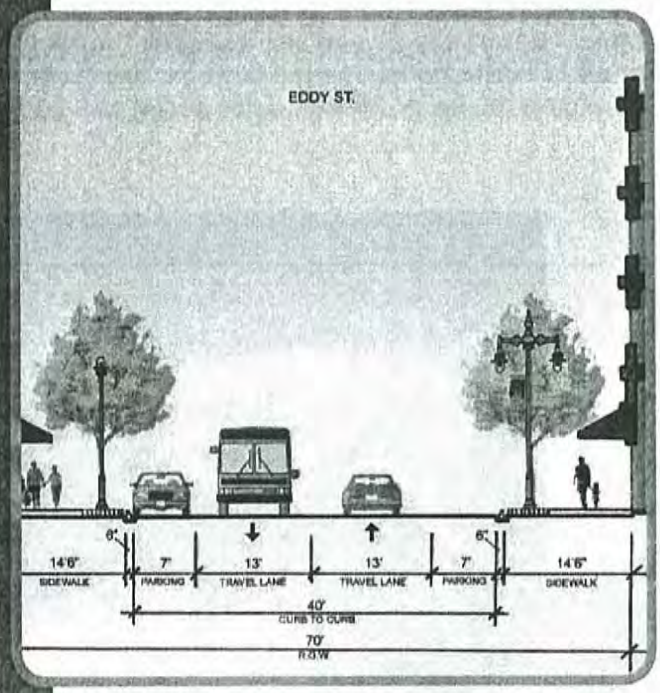
Attachment to Letter 104

San Francisco County
Transportation Authority



Tenderloin-Little Saigon Neighborhood Transportation Plan Final Report



March 2007

Acknowledgements

This study has been a truly collaborative effort. The Authority would like to thank:

STUDY TEAM MEMBERS

Authority staff: Rachel Hiatt, project manager; Tilly Chang, Deputy Director for Planning; and interns Mary Brown, Aileen Carrigan, Karla Solheim, and Danny Yost.

Outreach Consultants: Casey Mills, project manager, Tenderloin Housing Clinic; Luis Barahona, Tenderloin Housing Clinic; Philip Nguyen, Richard Wada, and Tony Nguyen, Southeast Asian Community Center; Peter Cohen, Asian Neighborhood Design.

Technical Consultants: the Nelson/Nygaard team, including Jay Primus, project manager; Bonnie Nelson; Steve Boland; Chris Mitchell, Fehr & Peers; Thomas Kronemeyer; Sam Zimmerman-Bergman, CD+A.

TECHNICAL ADVISORY COMMITTEE MEMBERS

Peter Straus, Javad Mirabdal, Frank Markowitz, Sam Fielding, and Jim Campbell, Municipal Transportation Agency; Patrick Rivera, Department of Public Works; Therese Knudsen, Metropolitan Transportation Commission; Ana Validzic, Department of Public Health; Erica Byrne and Diego Sanchez, community participants.

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CHAPTER 1: OVERVIEW

TENDERLOIN-LITTLE SAIGON NEIGHBORHOOD TRANSPORTATION PLAN

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1.1 Neighborhood Transportation Planning Program

The Tenderloin-Little Saigon Transportation Study is a community-based transportation plan designed to prioritize community transportation needs and develop near and mid-term improvements in the Tenderloin and Little Saigon neighborhoods. The study is part of the MTC's Lifeline Transportation Program and the Authority's Neighborhood Transportation Planning program. The goal of both programs is to find consensus within communities on transportation problems and preferred solutions. Each NTP study:

- partners with community-based organizations (CBOs) to conduct outreach;
- works with the community to identify top priority transportation needs;
- develops top priority improvements through technical analysis, agency participation, and outreach; and
- builds capacity in the community to help develop the recommended projects through to implementation.

The Metropolitan Transportation Commission provided support for the study through its Community Based Transportation Planning program, which focuses on improving transportation in low income and minority neighborhoods. San Francisco's Proposition K sales tax also contributed funding. Recommended projects have been grouped into short (1 to 2 years) and medium (3 to 5 years) term phases to achieve visible change soon.

1.2 Methodology

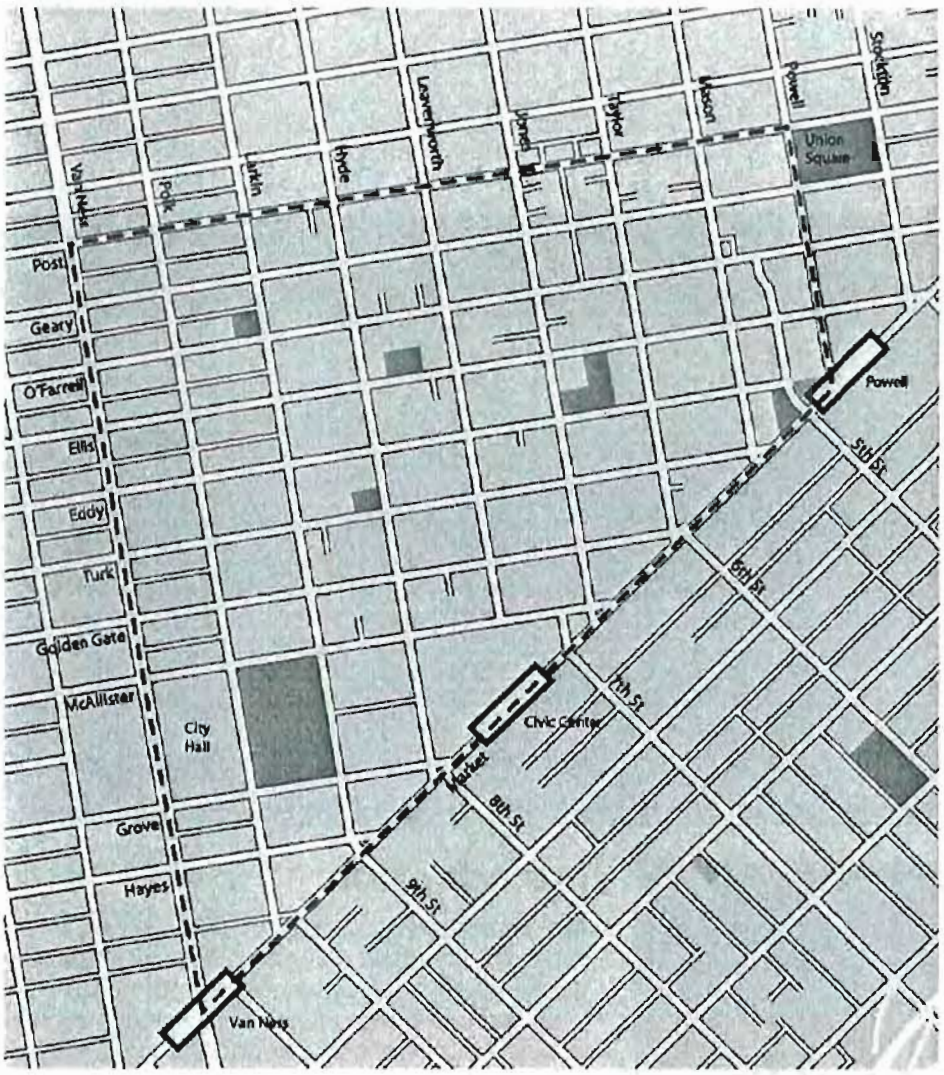
The Authority's Neighborhood Transportation Planning (NTP) process is designed to integrate community and agency stakeholders in the planning process. Led by the Authority, the study team included a technical advisory committee consisting of implementing agency partners working alongside members of the community, and a consulting team that included both Technical Consultants and Community Based Organizations serving as outreach consultants. By creating opportunities for collaboration between residents, neighborhood organizations, implementing agencies and technicians, the project will have benefits that go well beyond the traditional planning and engineering study.

The Tenderloin Housing Clinic, the Southeast Asian Community Center, and Asian Neighborhood Design, three community-based organizations (CBOs) with strong ties to the Tenderloin community, served as outreach consultants on the study. The study also utilized traditional planning and engineering analysis in a variety of specialties including transit planning, urban design, and traffic engineering to develop solutions that are implementable within the study's time frame. The Technical Consulting team was led by Nelson\Nygaard Consulting Associates and included Fehr & Peers, a traffic engineering consultant and Community, Design and Architecture, an urban planning firm. Agency partners on the Technical Advisory Committee included MUNI, the Department of Parking and Traffic, the Department of Public Works, the Planning Department, the Department of Public Health, and MTC.

1.3 Study Area

For purposes of the study the Tenderloin was defined as the area bounded by Van Ness Avenue, Market Street, Powell Street, and Post Street (see Figure 1-1). The community identified the core residential area bounded by Larkin, Ellis, Taylor, and McAllister as a priority for focus.

Figure 1-1 Study Area



CHAPTER 2: OUTREACH PROCESS

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Introduction

The Tenderloin Housing Clinic (THC) served as the lead outreach consultant to this process, with assistance by the Southeast Asian Community Center (SEACC) and Asian Neighborhood Design. These organizations were selected through a competitive selection process because they are well-established and active in the community and provide links to the broad diversity of stakeholders in the Tenderloin and Little Saigon neighborhood.

The outreach consultants organized an array of activities to involve the broader Tenderloin and Little Saigon communities in developing and prioritizing transportation improvements that address their top needs. Activities began in Fall, 2005. The complete Outreach Plan is provided as Appendix 1.

REGULAR COMMUNITY MEETINGS

Attending regularly scheduled meetings of community organizations was one of the cornerstones of the study outreach approach. These included:

- La Voz Latina de la Ciudad Central
- Tenant Associations Coalition
- Alliance for a Better District 6

- Tenderloin Futures Collaborative
- Central City SRO Collaborative
- Community Leadership Alliance

FOCUS GROUPS AND STAKEHOLDER INTERVIEWS

The study gathered input from senior and youth groups, as well as civic non-profits, through focus groups and stakeholder interviews. These included:

- Curry Senior Center
- YMCA after school program
- Transportation for a Livable City

WALKING TOURS

The THC and SEACC, along with the Authority, hosted three separate walking tours with a wide array of stakeholders including participants invited from the community at large. Three walking tours were held over a two-week period.

These tours were held in addition to the TAC walking tour. The purpose of the tours was to visit key problem and opportunity sites in the neighborhood, and discuss and envision potential improvements. Each participant was given a disposable camera to shoot pictures of problem areas or opportunities. Figures 2-1 includes some of the hundreds of photos that were taken.

Figures 2-1 Walking Tour

MERCHANT INTERVIEWS

THC organized targeted outreach to small merchants. Merchants with a long history in the neighborhood were specifically targeted. 20-minute interviews were conducted with three merchants representing food, retail, and convenience store businesses.

MULTILINGUAL SURVEYS

The Authority developed a survey to obtain community feedback on potential projects. These surveys were distributed by the Tenderloin Housing Clinic and the Authority at community meetings; the walking tours; at the June community meetings; and directly by SEACC (in Vietnamese) and the THC to their organizations' clients. Over 100 surveys were completed.

COMMUNITY-WIDE WORKSHOPS

Two community-wide workshops were held at key points in the study: after the initial assessment of existing conditions and needs, and after the development of potential improvements.

The first workshop was held after the study team completed technical analysis as well as outreach activities to understand transportation existing conditions and needs in the neighborhood. The purpose of this workshop was to confirm the study team's understanding of the community's transportation concerns, share technical analysis of transportation conditions in the neighborhood and work with the community to prioritize needs and issues.

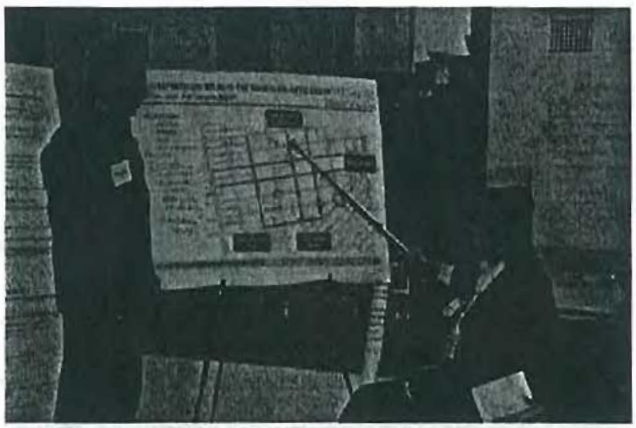
The second workshop was held after the study team hosted walking tours and developed transportation improvement concepts. The purpose of the workshop was to present a technical evaluation of the potential benefits and impacts of the array of proposed improvements, and work with the community to prioritize improvements.

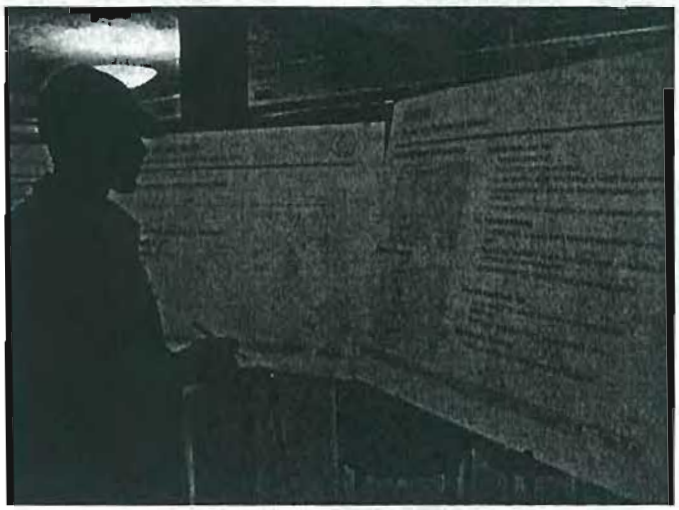
THC publicized both workshops to a broad array of stakeholders, including residents, merchants, and community leaders. Publicizing strategies included announcement on the Authority's website, e-mail lists distribution, placing notices in local media, posters in businesses, flyers in apartments and other buildings, and door-to-door outreach. The media contacted to promote the community workshop included:

- Print: Central City Extra, Street Spirit, Bay Area Reporter, SF Weekly, SF Bay Guardian, SF Examiner, SF Chronicle;
- Online: Beyond Chron, SF Sentinel;
- Ethnic media: Ming Pao Daily News, Nichi Bei Times, El Tecolote, El Bohemio, El Mensajero;
- Email listservs: District 6 email list

Figures 2-2 Workshop Activities

Figures 2-2 Workshop Activities





CHAPTER 3: GOALS AND NEEDS

TENDERLOIN-LITTLE SAIGON NEIGHBORHOOD TRANSPORTATION PLAN

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This chapter summarizes the process for identifying the highest priority transportation needs in the Tenderloin, and reports the key findings. This effort resulted in community-derived goals to guide the development of improvement projects. The complete Existing Conditions and Needs Report is provided as Appendix 2.

3.1 Needs Assessment Methodology

The Tenderloin-Little Saigon Neighborhood has been the subject of a number of previous studies that all identified similar transportation issues in the community. Key among these were the need for enhanced pedestrian safety, to slow and "calm" traffic traveling through the neighborhood, to improve the condition of the sidewalks, and to improve transit reliability. These needs were further developed through technical analysis and outreach.

Technical steps to identify transportation needs included:

- 2000 U.S. Census data, used for demographic and land-use analysis;
- Travel patterns and mode shares estimated using the San Francisco County Transportation Authority's

San Francisco Travel Demand Model (SF-CHAMP);

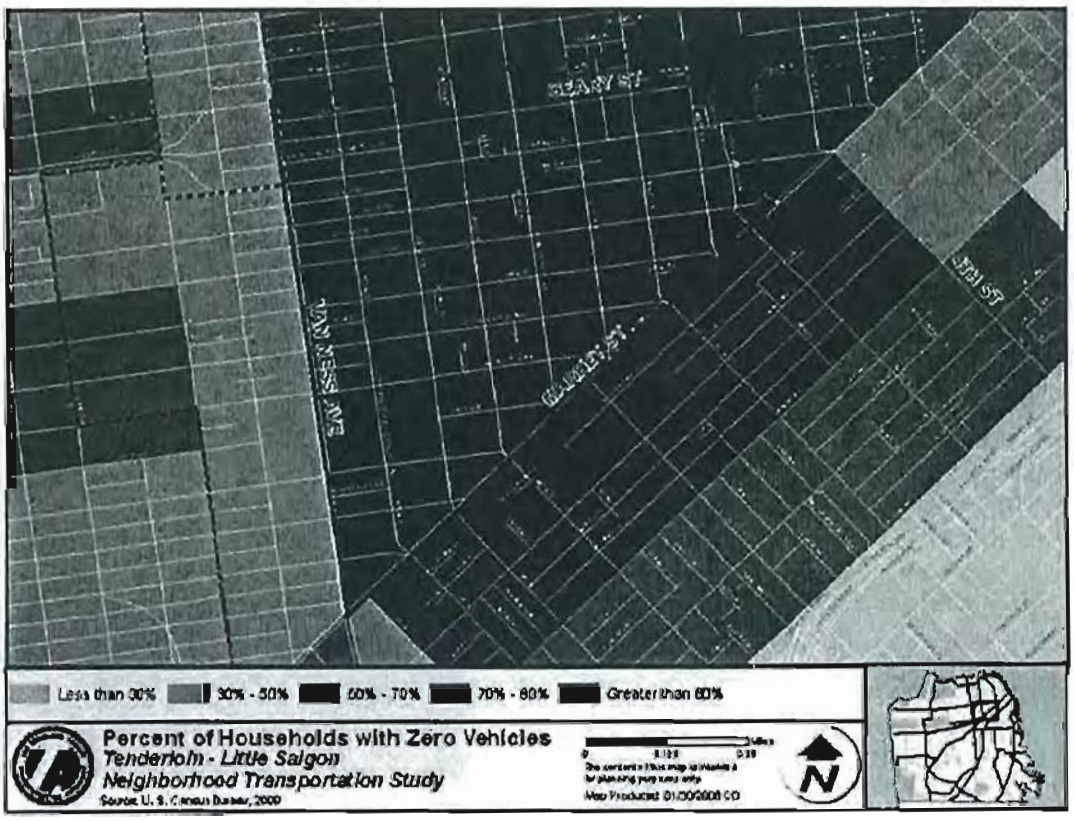
- Field observations and inventories to assess streetscape, bus stop, and pedestrian conditions;
- Statewide Integrated Traffic Records System (SWITRS) data on pedestrian accidents to assess pedestrian safety and collisions;
- Transit schedules and performance data from Muni records;
- Muni ridership statistics from Muni's National Transit Database (NTD) Data for fiscal year 2005;
- Field observations and reviews of roadway geometry (e.g. number of lanes, directionality (one-way vs. two-way) and functional classification (arterial, collector) to document automobile circulation patterns;
- City-provided data on traffic volumes were independently verified by supplemental field observations;
- City's Synchro model of traffic operations, updated with newly collected traffic counts; and
- Site visits and city diagrams to catalog parking spaces and evaluate conditions.

3.2 Existing Conditions and Needs Assessment

The Tenderloin-Little Saigon area is unique among San Francisco neighborhoods. As a place, it is one of San Francisco's oldest neighborhoods, and its fine-grained streets provide a humane, pedestrian scale. Located next to San Francisco's urban core, it is home to a high density of housing, employment, and shops.

The Tenderloin is unique in other ways. It is San Francisco's most ethnically diverse neighborhood, providing a home to many recent immigrants who give it a dynamic and rapidly evolving character. It is also one of its poorest communities, with low household incomes and the lowest car ownership rates in the City - just 18% of households own an automobile (see Figure 3-1). To get around the City, Tenderloin residents are first and foremost pedestrians who use transit. Perhaps because of this, the key transportation needs that emerged from the community focused on improving transit and walking conditions.

Figure 3-1 Percent of Households with Zero Vehicles



Given the unique environment and transportation setting in this neighborhood, it is not surprising that the primary needs identified by the community focus on establishing a safe environment for diverse users including pedestrians, cyclists,and transit riders. One of the most critical needs identified by the community was the need to "rebalance" the transportation system to improve the pedestrian and transit environment, since most Tenderloin residents walk or take transit for nearly all their trips. The most critical needs include:

- **Improve pedestrian safety.** Accident rates are six times higher in the Tenderloin than in the city at large, and especially at intersections with Market Street and the intersection of McAllister and Leavenworth Streets.
- **Improve transit service reliability and accessibility to low income individuals.** The neighborhood is well served by multiple bus lines with frequent service, but buses are often crowded and bunched together - in other words, service is unreliable. Residents are also concerned with the affordability of transit for low-income individuals.
- **Reduce the speed of traffic through the neighborhood.** The Tenderloin's multi-lane, one-way streets, many with excess capacity, encourage speeding and careless turn movements, endangering pedestrians and lowering the neighborhood's quality of life.
- **Use the street environment as a tool to enhance security and improve the community experience.** Narrow, cluttered, damaged and often barren sidewalks aren't just unattractive; sidewalk activity in confined spaces often forces pedestrians into the street.

Improve Pedestrian Safety

As shown in Figure 3-2, the Tenderloin has a high rate of pedestrian incidents: order of magnitude estimates show that pedestrians are about six times more likely to be injured or killed by a car in the Tenderloin than in other areas of the City. Additionally, collisions are distributed throughout the neighborhood, indicating that traffic speeds are an issue in the neighborhood at large and not just at one or two "hot spots."

Figure 3-2 Locations of Pedestrian Accidents

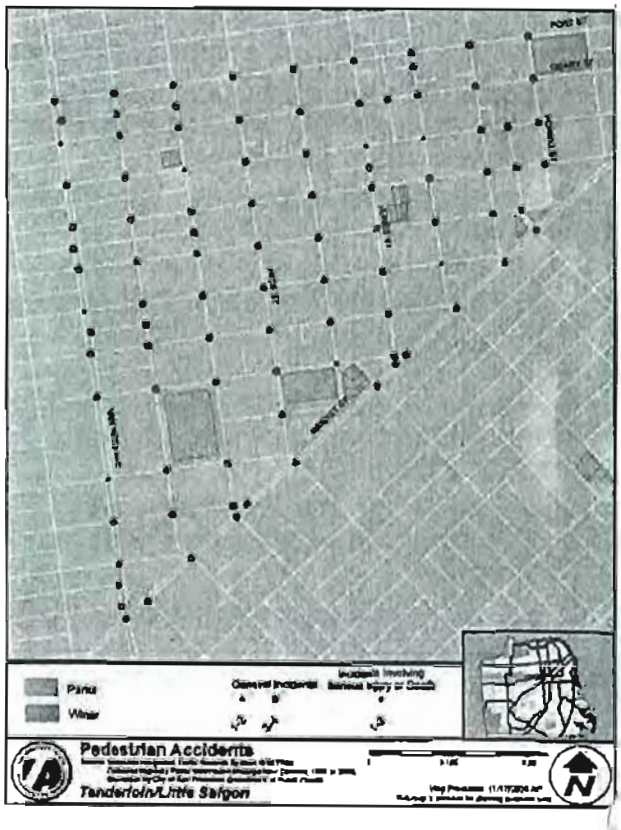
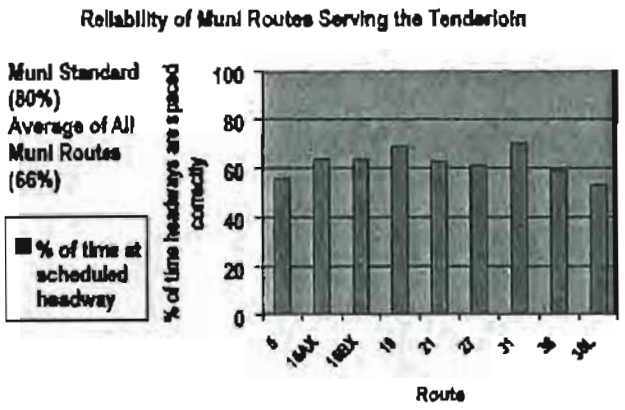


Figure 3-3 Sidewalk space is often constrained relative to demand

Figure 3-4 Reliability of Muni Routes Serving the Tenderloin



Improve transit service reliability and accessibility

Because of its central location, no neighborhood in San Francisco has a better supply of transit in terms of geographical coverage, frequency of service, regional connectivity, or amount of late night (i.e., 24 hour) service. In this sense, there is an abundance of transit in the Tenderloin.

The Tenderloin community's concerns with transit are not related to its supply, but rather to its performance. Many Tenderloin residents perceive Muni as unreliable and crowded, and data confirm these impressions. The 5-Fulton and the 38L-Geary Limited recently have surpassed Muni's load standards, and only about half of trips on those lines arrived according to scheduled headways. Every Tenderloin route except the 27-Bryant is less reliable than the Muni average.

Unfortunately, the Tenderloin's location is related to transit performance problems. Transit routes are typically at their fullest when they arrive in the neighborhood. Routes that pass through the Tenderloin are among the longest in the City, so they have many opportunities to get off schedule before arriving in the Tenderloin, impacting their reliability. Moreover, it is likely that transit reliability degrades when traveling within the Tenderloin because of unpredictable delays caused by high volumes of vehicle, passenger, and pedestrian activity.

Finally, Tenderloin residents frequently mention the expense of paying for transit trips as a significant concern, particularly since a fare increase in September 2005.

Reduce The Speed Of Traffic Through The Neighborhood

While the location, density, demographics and scale of the neighborhood support walking and transit as the primary modes of travel, the streets themselves are generally designed to move large volumes of traffic going through the Tenderloin to the downtown core and the freeway system. The majority of the streets in the area are multi-lane one-way arterials designed to move cars as efficiently as possible to and from downtown or the freeway entrances and exits south of Market Street. The tension between the desires of residents living in this high-density, largely residential and mixed-use neighborhood, and the role its roads currently play for cars, is a common theme throughout this report. Community members repeatedly expressed concerns about speeding traffic and pedestrian conflicts, and the technical analysis found that in many locations there is excess auto capacity. Analysis of nine key intersections found afternoon-peak Level of Service (LOS) rankings at seven of them to be "free flowing" or Level of Service A - a very unusual result for an urban neighborhood with high volumes of traffic. The finding demonstrates the fact that cars move through the neighborhood very quickly, and indicates that the area is over-designed for automobile flow relative to other needs.

Use the street environment as a tool to enhance security and improve the community experience

One of the primary concerns expressed by community members was the condition of sidewalks, their lack of cleanliness and state of disrepair. Desire for more pedestrian scale lighting was widely voiced. Additionally, because so much of the public right of way has been dedicated to automobile travel and parking, sidewalks in the Tenderloin may be too narrow for the high volume of pedestrian traffic they carry. Although considered pedestrian and streetscape amenities, the existing street furniture, trees, and transit shelters further constrain the effective width of the sidewalks. Finally, pedestrian conditions in the Tenderloin are degraded by the quantity of automobile traffic.

Figure 3-5 Tree wells can collect refuse

3.3 Summary of Project Goals

Figure 3-6 Community Prioritization of Needs

Working with the community through stakeholder meetings, focus groups and public workshops, the high priority needs were translated into goals for the project. The relationships between transportation needs and project goals are summarized in Figure 3-7.

Figure 3-7 Transportation Needs and Project Goals

TRANSPORTATION NEED	PROJECT DEVELOPMENT GOAL
Improve Pedestrian Safety	Implement street designs that reduce likelihood of collisions
Rate of pedestrian collisions in the Tenderloin is several times higher than S.F. average	▪ Reduce vehicle speeds ▪ Increase pedestrian visibility ▪ Reduce conflicts between pedestrian and cars at intersections ▪ Reduce conflicts between pedestrians and bicyclists on the sidewalks ▪ Establish balance between pedestrian and auto traffic
Improve the street experience	Use street design treatments to improve the look and feel of the street
Sidewalks often feel dangerous, uncomfortable, unattractive	▪ Provide ample space, light, and amenities for pedestrians ▪ Buffer pedestrians and transit passengers from traffic ▪ Improve bus stop quality
Improve Transit Reliability	Implement measures that improve the transit experience
Service is unreliable, passenger experience is uncomfortable, access is limited	▪ Increase reliability ▪ Increase user friendliness ▪ Reduce physical barriers to access, including to regional services such as BART or Golden Gate ▪ Improve access of low income individuals to Muni's Lifeline Fast Pass
Reduce the Speed of Traffic	Implement street designs that slow down car traffic
Traffic is too fast	▪ Reduce "design speed" of streets ▪ Reallocate mixed vehicle capacity to other street users - transit, pedestrians, bicyclists

CHAPTER 4: PROJECTS DEVELOPMENT

TENDERLOIN-LITTLE SAIGON NEIGHBORHOOD TRANSPORTATION PLAN

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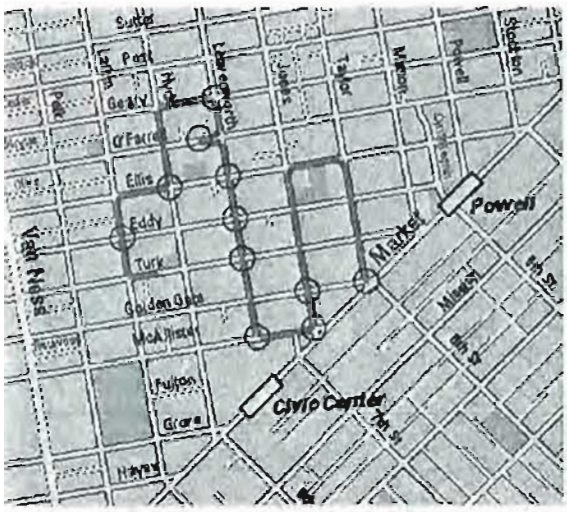
The issues, needs and goals articulated by the community during the outreach process guided the development of potential improvements. Projects were evaluated both based on technical analysis and community support, as well as their ability to be implemented in a relatively short time frame. The complete Projects Development and Evaluation Report is provided as Appendix 3.

4.1 Project Development Process

The following table summarizes the process the project team used to develop potential projects.

Figure 4-1 - Project Development Process

Time Period	Step in Process
March 2006	TAC walking tour. Before the project team started in earnest to develop potential projects, the technical team led the TAC on a walking tour of the neighborhood. The walking tour was an opportunity to review general issues and goals raised by the community, to review problematic intersections and areas, and brainstorm possible solutions. The walking tour was well attended and followed the route shown on the map. Walking tours for community members were also part of the process. 
April 2006	Develop initial project ideas to respond to those needs/goals. After digesting the results of the community outreach process and the walking tour, the technical project team developed some preliminary project ideas. After reviewing these with the overall project team, including the CBOs, the technical project team developed the most promising ideas for presentation at the June 2006 community meeting.
May 2006	Technical evaluation. Projects were evaluated for multimodal benefits and impacts according to the criteria described in Section 4.2.
June 2006	Community meeting to present and prioritize potential projects. At the June 2006 community meeting, the project team presented potential projects to the community for feedback. This information, in addition to feedback gathered from additional outreach in input from the TAC, was used in the next step, refining the projects.
Summer 2006 – Fall 2006	Refine projects based on community feedback. Community, stakeholder, and TAC feedback was used to refine the proposed projects and to develop implementation phasing. The results of the community prioritization are described in the next chapter.

4.2 Technical Evaluation Methodology

Prior to the June 2006 community workshop, the technical team evaluated potential transportation improvements. The technical evaluation documented likely benefits and impacts of projects and strategies using several criteria and quantitative and qualitative analysis. The results were presented at the community workshop to provide participants with a broad range of information to use in weighing priorities.

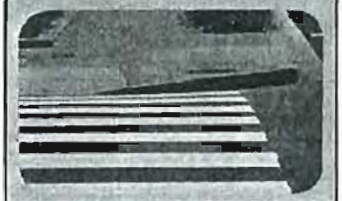
The evaluation addressed the following aspects of transportation in the Tenderloin:

- Transit operations and rider experience
- Pedestrian safety and access
- Streetscape environment
- Bicycle safety and access
- Traffic impacts and parking
- Cost
- Construction Impacts

Key evaluation results are presented in Section 4.3. Detailed results of the technical evaluation are provided in Appendix 3, the Projects Development and Evaluation Report.

4.3 Overview of Project Alternatives

The following tables summarize the range of projects, and their evaluation, that were considered to meet each of the study goals. Potential projects are summarized by the study goal they address, although many strategies may address more than one goal area.

Pedestrian Safety		
Strategy	**Benefits** • Crossing Experience • Sidewalk Conditions	**Impacts** • Parking • Traffic Circulation • Ease of Implementation
Intersection curb bulbs 	Reduces crossing distance by 7'-14' No change in traffic volumes or buffer from traffic. Reduces speed of right-turning vehicles. Increases sidewalk width at corners by 7'. Reduces obstruction at corners.	Minor impact on traffic circulation (slows down right-turning cars). Possible removal of 1 or 2 parking spaces where red curbs don't exist. Minor construction impact. *Implementation: Near Term*
Visible crosswalks/ advance limit lines 	No change to sidewalk width, sidewalk obstructions, crossing distance or buffer from traffic. Reduce number of cars that don't yield to pedestrians.	No traffic circulation, parking, or construction impacts. *Implementation: Mid Term (standard City design to be developed over the next year through the Better Streets Master Plan)*
Red light running enforcement cameras 	No change to sidewalk width, sidewalk obstructions, crossing distance or buffer from traffic No change to traffic volumes. Reduces number of red light runners.	No traffic circulation, parking, or construction impacts. *Implementation: Near Term*
Pedestrian countdowns 	No change to sidewalk width, sidewalk obstructions, crossing distance, traffic volumes, traffic speeds, or buffer from traffic. Improves ease of crossing for pedestrians.	No traffic circulation, parking, or construction impacts. *Implementation: Near Term*
Bike lane or sharrows 	Reduces traffic crossing distance by 6'-12'. Possible decrease to traffic speeds and volumes. Provides generous additional 5'-6' buffer between pedestrians and traffic.	Varies. Some traffic may divert to other streets. On many Tenderloin streets, bike lanes are unlikely to increase delays or congestion. No parking impacts - designs recommended using mixed vehicle lanes for bike lanes rather than parking. No construction impacts. *Implementation: Mid Term (requires further study)*

Traffic Calming		
Strategy	Benefits • Average Traffic Speeds • Traffic Volumes	Impacts • Parking • Traffic Circulation • Ease of Implementation
Narrow street or traffic lane width	Reduce average travel speeds.	Potential slight increase in traffic on other routes due to lower travel speeds. No expected congestion or parking impacts. *Implementation: Near Term, unless linked to other longer term changes*
Bike lanes or bus only lanes 	Reduce average travel speeds.	Slight increase in traffic on other routes due to lower travel speeds. No expected congestion or parking impacts. *Implementation: Mid Term (requires further study)*
Convert one way streets to two-way 	Reduced average travel speeds and slight reduction in traffic volumes.	Will alter circulation patterns for vehicle traffic, but is not likely to increase congestion or vehicle delays on most Tenderloin streets. The circulation links with SOMA streets to the south and the Van Ness corridor to the west require further study. No impact on parking. *Implementation: Mid Term (requires circulation study)*
Retime signal progression for 	Reduce average travel speeds.	Slight increases in traffic on other routes due to lower travel speeds. No expected congestion or parking impacts. *Implementation: Near Term, unless linked to longer term changes*
Reduce number of lanes	Reduce average travel speeds.	Slight increase in traffic on other routes due to lower travel speeds. No expected congestion or parking impacts. *Implementation: Near Term, unless linked to other long term changes*
Trees in the parking lane 	Reduce average travel speeds.	Slight increase in traffic on other routes due to lower travel speeds. No expected congestion. Removes about 4 parking spaces per block face. Requires community maintenance. *Implementation: Near Term, unless linked to other long term changes*

Transit Service		
Strategy	**Benefits** • Reliability • Travel Times • Waiting Experience • Wayfinding	**Impacts** • Parking • Traffic Circulation • Ease of Implementation
Bus bulb outs 	Improve reliability. Decrease travel time. Improve waiting experience. No significant effect on wayfinding.	Minor traffic circulation impact. No parking impact unless length of bus stop is increased. Moderate construction impact. *Implementation: Near Term*
Colorize Geary/O'Farrell bus-only lane 	Improve reliability. Decrease travel time. No effect on waiting experience. Improve wayfinding.	Minor traffic circulation impact. No parking impact. Moderate construction impact. *Implementation: 5+ Years (paving moratorium)*
Reroute both directions on the same street	Improve reliability, depending on the route. Decrease travel time (potentially 2.5 min. for the 5-Fulton) No effect on waiting experience. Significantly improve wayfinding.	Minor traffic circulation impact. No parking impact. *Implementation: Mid Term (requires circulation study)*
Stop improvements (NextBus, shelters) [redacted]	No effect on travel time, reliability, or wayfinding. Significantly improve waiting experience.	No traffic or parking impacts. Minor construction impact. *Implementation: Near Term*
Expand access to Lifeline Fast Pass	Outreach to raise awareness of the Lifeline Fast Pass improves access to transit for low-income individuals.	*Implementation: Near Term*

Streetscape Environment		
Strategy	Benefits • Street Identity • Land Use Integration • Connectivity	Impacts • Parking • Traffic Circulation • Ease of Implementation
Pedestrian-scale and sidewalk lighting 	Establishes recognizable theme for individual streets. Use a distinctive fixture design to "brand" the Tenderloin or Little Saigon neighborhood. New "full spectrum" light bulbs add more pleasing, less harsh light. Implement on a corridor basis that includes key destinations (Civic Center BART Station/ UN Plaza, Powell BART, Little Saigon) to improve connectivity within the Tenderloin and to adjacent neighborhoods.	No traffic or parking impacts. Minor construction impact. *Implementation: Mid Term (requires standard City design, to be developed through Better Streets Master Plan)*
Widened sidewalks	Widens buffer between traffic and pedestrians by about 3'. Provides flexible sidewalk space that can be used by commercial and retail activities.	Minor traffic circulation impact (slows traffic). No parking impact. Significant construction impact. *Implementation: Near Term (unless linked to other long term changes)*
Trees in parking lane 	Creates a double-row of trees that establishes a distinct streetscape identity. Reduces noise pollution on sidewalks by visually narrowing travel lanes and increasing buffer between pedestrians and traffic.	Minor traffic circulation impact (slows traffic). Removes about 4 parking spaces per block face. Moderate construction impact. *Implementation: 1-2 Years; requires community maintenance*
Pedestrian-scale directional signs	Implement on a corridor basis that includes key destinations (Civic Center BART Station/ UN Plaza, Powell BART, Little Saigon) to improve connectivity within the Tenderloin and to adjacent neighborhoods.	No traffic or parking impacts. Negligible construction impact. *Implementation: Near Term*

4.4 Community Evaluation

The community weighed in on preferred and top priority types of improvements through the survey (in Spanish, Vietnamese, and English) as well as through conversations at regularly scheduled community meetings, merchant interviews, and walking tours.

PEDESTRIAN SAFETY

A number of pedestrian safety improvements enjoyed broad support in the community:

- Countdown signals
- Visible crosswalks
- Corner bulbs
- Conversion of double-turn lanes to single-turn lanes
- Greater enforcement of traffic laws
- Additional signage
- Traffic Calming

TRAFFIC CALMING

Two of the potential traffic calming projects were also especially favored by the community:

- Wider sidewalks
- Retiming traffic signals for slower speeds
- Two traffic calming proposals were more controversial:
- Bicycle lanes. While survey respondents generally supported the concept, noting that Eddy and Ellis are flat streets connecting to bicycle routes beyond the neighborhood, many voiced reservations, including the possibility that skateboarders might use the lanes on hilly streets such as Jones.
- Conversion of one-way streets to two-way traffic. While the overwhelming majority of survey respondents supported the idea, community members raised a number of concerns. Arguments expressed for conversion included:
  - ✧ Pedestrian safety
  - ✧ Economic development
  - ✧ Land-use benefits
  - ✧ Improved sense of place
- Arguments against conversion included:
  - ✧ Traffic congestion, including impacts on circulation beyond the neighborhood, in the larger street network
  - ✧ Problems for left-turning vehicles
  - ✧ Increased noise pollution from emergency vehicles consolidated onto two-way streets (although the street most impacted by sirens is Hyde, which this study does not recommend as a candidate for conversion)
  - ✧ Increased emergency response times

  As an alternative, some community members suggested reducing mixed-traffic capacity while retaining one-way operations. Overall, the sense that emerged was the need for a careful study of traffic calming alternatives, recommended by this plan.

TRANSIT SERVICE

Several ideas for improving transit service were popular among respondents:

- Increased affordability, including increased access to the Lifeline Fast Pass program for low-income riders
- Real-time bus arrival information
- Strategies to improve the cleanliness and comfort of bus stops, including bus bulbs and more widely available trash receptacles

Another concept was more controversial:

- Consolidation of transit routes onto two-way streets. Arguments for re-routing included:
  - ✧ Reduction of delays caused by circuitous routing
  - ✧ Improved wayfinding

  Arguments against included:
  - ✧ Greater pollution along streets with increased service

STREETSCAPE

Finally, the proposed streetscape improvement most widely supported was:

- Pedestrian-scale lighting

Two proposals, meanwhile, received a mixed response:

- Trees in the parking lane. Concerns included:
  - ✧ Trash collection
  - ✧ Impacts on street cleaning
  - ✧ Removal of parking spaces
- Conventional sidewalk tree-plantings. Concerns included:
  - ✧ Reduction of light reaching the sidewalk
  - ✧ Increased maintenance responsibilities

CHAPTER 5: PRIORITY PROJECTS

TENDERLOIN-LITTLE SAIGON NEIGHBORHOOD TRANSPORTATION PLAN

MARCH 2007

CONTENTS

5.1 Potential Strategies and Projects

This section outlines recommended improvements, categorized by goal area. Projects are further described, prioritized, and priority locations are illustrated in section 5.2, Phasing Strategy.

5.1.1 PEDESTRIAN SAFETY

The community outreach process identified improving pedestrian safety as the primary goal of this transportation plan. Pedestrians in the Tenderloin are involved in collisions at a rate several times higher than the citywide average.

The following list summarizes the improvements proposed, from simple low-cost maintenance issues to larger, transformative improvements.

- Improve Existing Crosswalks
  - ✧ Repair Existing Worn Crosswalks
  - ✧ Install Advance Limit Lines at Crosswalks Where Needed

- ✧ Develop and Install High-Visibility (Non-School Area) Standard Design
- Install Pedestrian Countdown Signals
- Install Permanent or Low-Cost Corner Bulbs
- Traffic Calming (see section 5.1.2)

5.1.2 TRAFFIC CALMING

Much of the auto traffic impacting the Tenderloin is not local traffic. The neighborhood's unique location adjacent downtown results in large volumes of through traffic to and from the Bay Bridge, the Financial District, and other areas of the City. Many of the roads are designed as auto-oriented, high-capacity facilities, with multiple lanes and one-way configurations.

The residents of the area have expressed a strong desire to see the neighborhood's streets become more livable by shifting the balance away from maximizing auto throughput toward an improved environment for pedestrians and public transit. Slowing traffic speeds or "traffic calming" through the neighborhood is one way to achieve this goal.

The following list summarizes the improvements proposed, from relatively low-cost strategies to larger, transformative improvements.

- Red Light Cameras
- Retime Traffic Signals
- Signal Mast Arms
- Comprehensive Traffic Calming and Circulation Study
  - ✧ Study Converting Some Streets to Two-Way Operation. Candidate streets include the one way pairs Ellis / Eddy Streets and Leavenworth / Jones Streets.
  - ✧ Develop Detailed Design for Reconfiguration of Some Intersections, especially McAllister/ Leavenworth and Golden Gate/Taylor/Market/ 6th.
- Sidewalk Widening
- Landscaping/Trees (see section 5.1.4)

Figure 5-1 Potential Two-Way Configurations

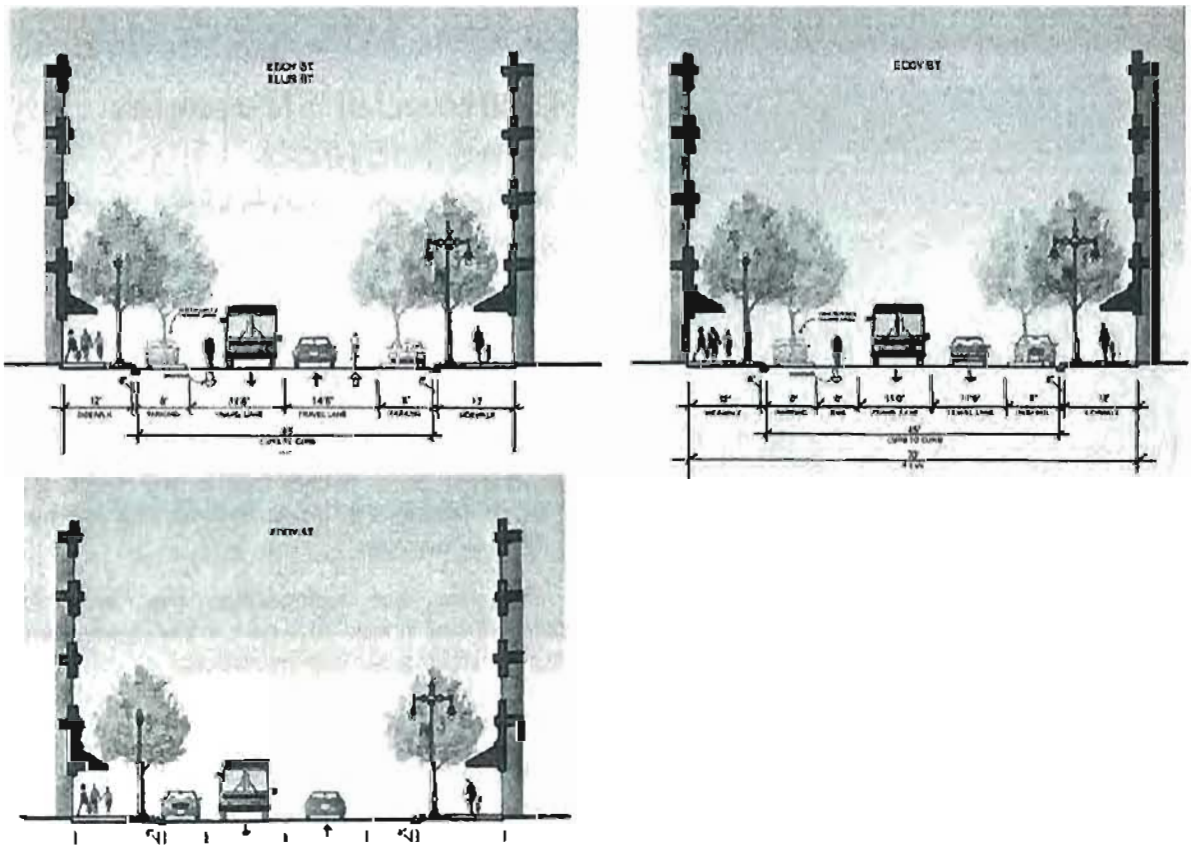


Figure 5-2 Candidate Streets for Two-Way Conversion

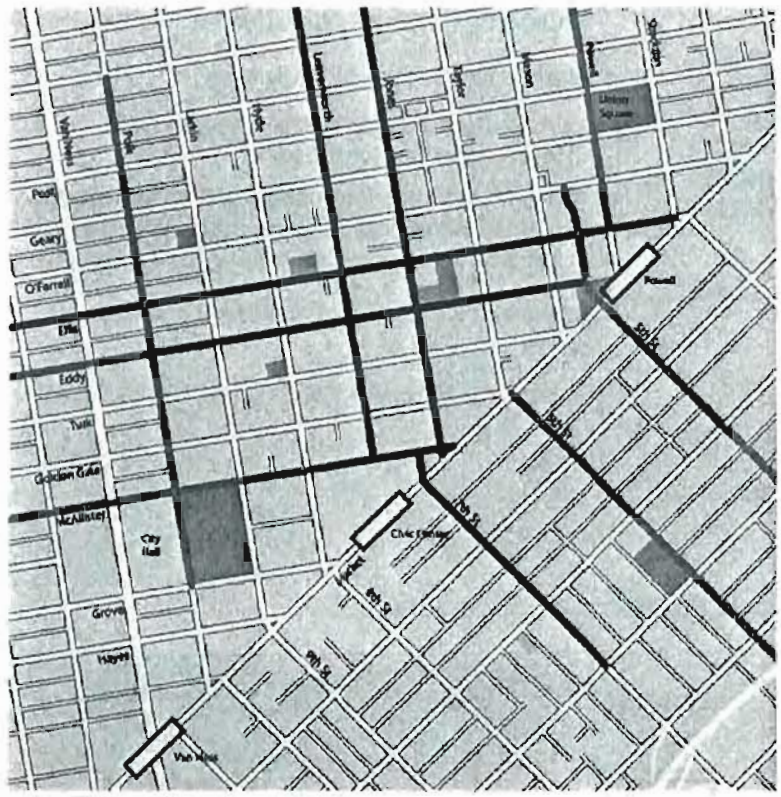
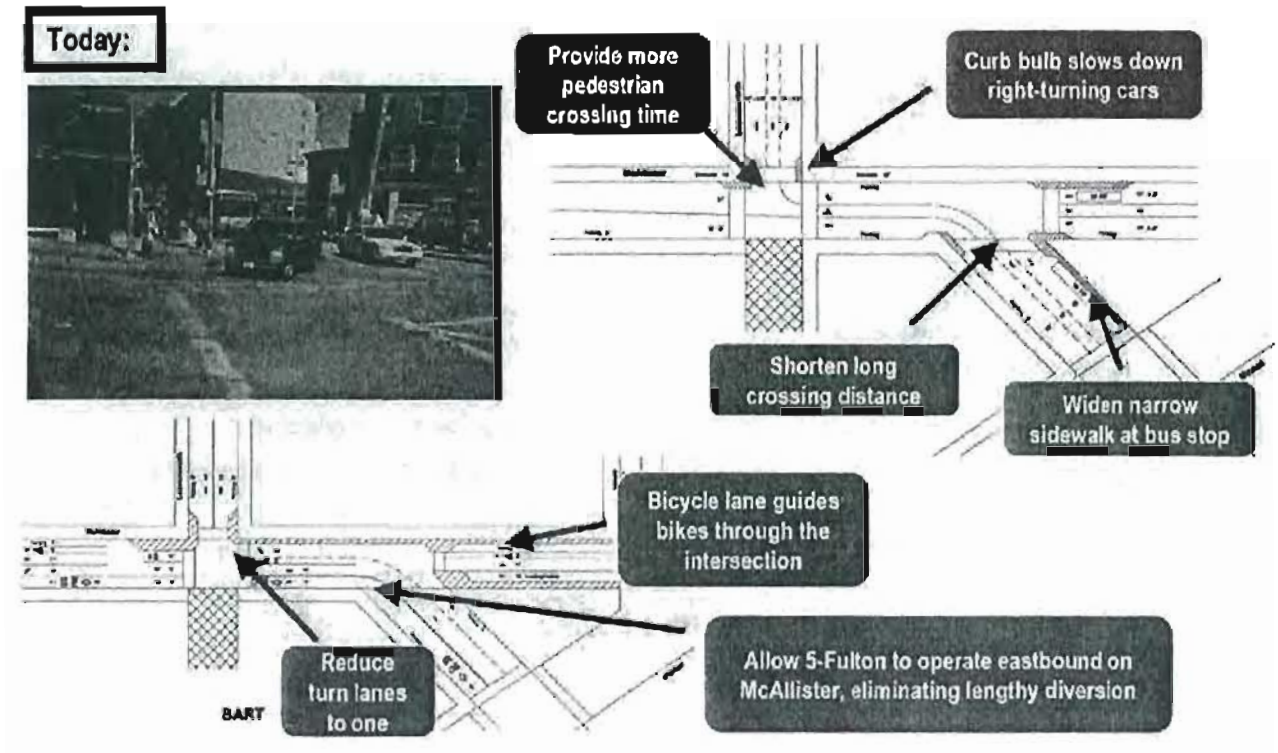


Figure 5-3 Potential Pedestrian Safety Improvements for Key Intersections



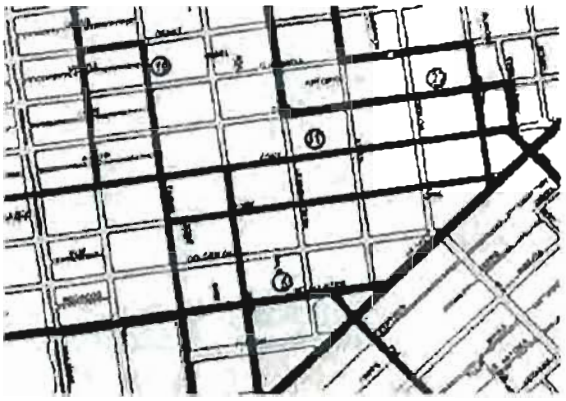
5.1.3 TRANSIT SERVICE

While some of the projects recommended below are related exclusively to transit, others would also serve to improve pedestrian conditions; bus bulbs, for example, would improve Muni reliability, provide additional sidewalk space, and reduce street crossing distances to improve pedestrian safety. Because transit riders begin and end every trip as a pedestrian, recommended pedestrian improvements will also make using transit easier and more pleasant.

The following list summarizes the projects recommended to improve transit service.

- Improve Muni Performance in Neighborhood
  - ✧ Reduce double parking on transit routes by re-assessing the location of loading zones and of Parking Control Office enforcement patterns.
  - ✧ Bus Bulbs
  - ✧ Colorize Transit-Only Lanes
  - ✧ Consolidate Route Operation on Two-Way Streets
- Improve Experience of Using Muni
  - ✧ Install NextBus Muni Real-Time Arrival Information at Some Stops
  - ✧ Bus Shelter Improvements, including increased maintenance and cleaning, larger shelters, and lighting improvements (see section 5.1.4).
- Improve Affordability of Muni for Low-Income Riders
  - ✧ Improve Access to Muni's Lifeline Fast Passes

Figure 5-4 Potential Consolidation of Transit Routes on Two-Way Streets

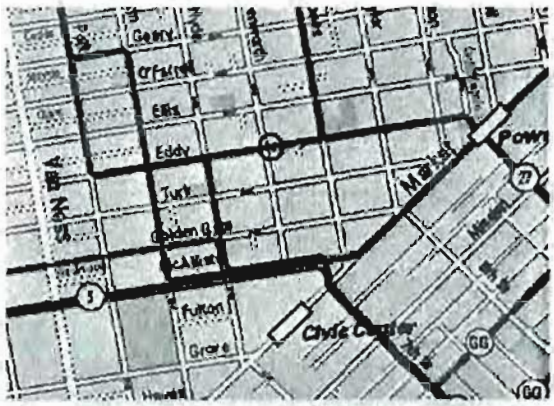


TODAY

Confusing routing: Current routes must operate on different streets in each direction

Deviations cause delay: One-way street pattern requires awkward deviations to reach Market street (e.g., the 5-Fulton), adding delay

Two-way street operations provide opportunity to reduce travel times and improve wayfinding.



POTENTIAL

Route 27: Consolidate onto one street; better serve the heart of the Tenderloin.

Route 19: Consolidate onto McAllister. Avoid deviation around Civic Center.

Route 5: Eliminate deviation on Hyde. Consolidate on McAllister.

Route 31: Both directions on Eddy.

5.1.4 STREETSCAPE ENVIRONMENT

The recommended improvements outlined below address specific needs articulated by members of the Tenderloin/Little Saigon community for improving their overall experience and security traveling through the neighborhood: improved lighting, increased sidewalk width and quality, and improved visual appearance of the streetscape. Streetscape components also contribute to broader goals, such as reducing traffic speeds and improving pedestrian safety.

The following list summarizes the projects recommended to improve the streetscape environment.

- Street Furnishings
  - ✧ Trash Receptacles
  - ✧ Corner Bulb Outs
  - ✧ Bus Shelters
- Lighting
  - ✧ Mid-Term Lighting Improvement strategies, such as switching from High-Pressure Sodium to Metal Halide Lamps, or installing building-Mounted fixtures.
  - ✧ Install High-Quality Pedestrian-Oriented Light Fixtures
- Street Trees
  - ✧ Street Trees in Corner Bulbouts (Select Species with Airy Canopies)
  - ✧ Street Trees in Parking Lanes (Select Species with Airy Canopies)
- Sidewalks
  - ✧ Sidewalk Repairs, including notifying property owners of required repairs, and replanting in or filling (e.g., with decomposed granite) empty tree wells.
  - ✧ Sidewalk Widening
  - ✧ Bus Bulbs

Figure 5-5 Pedestrian Scale and Sidewalk Lighting Options

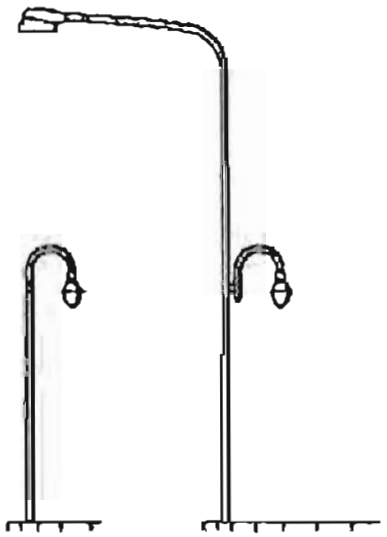
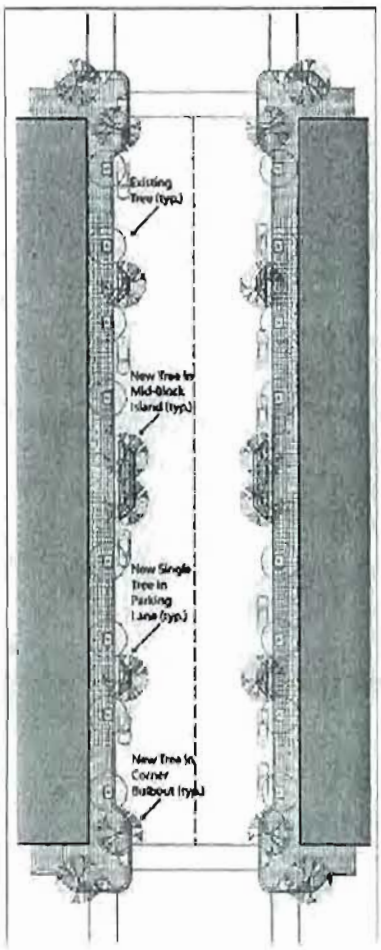


Figure 5-6 Potential Approach to Planting Trees in Parking Lane

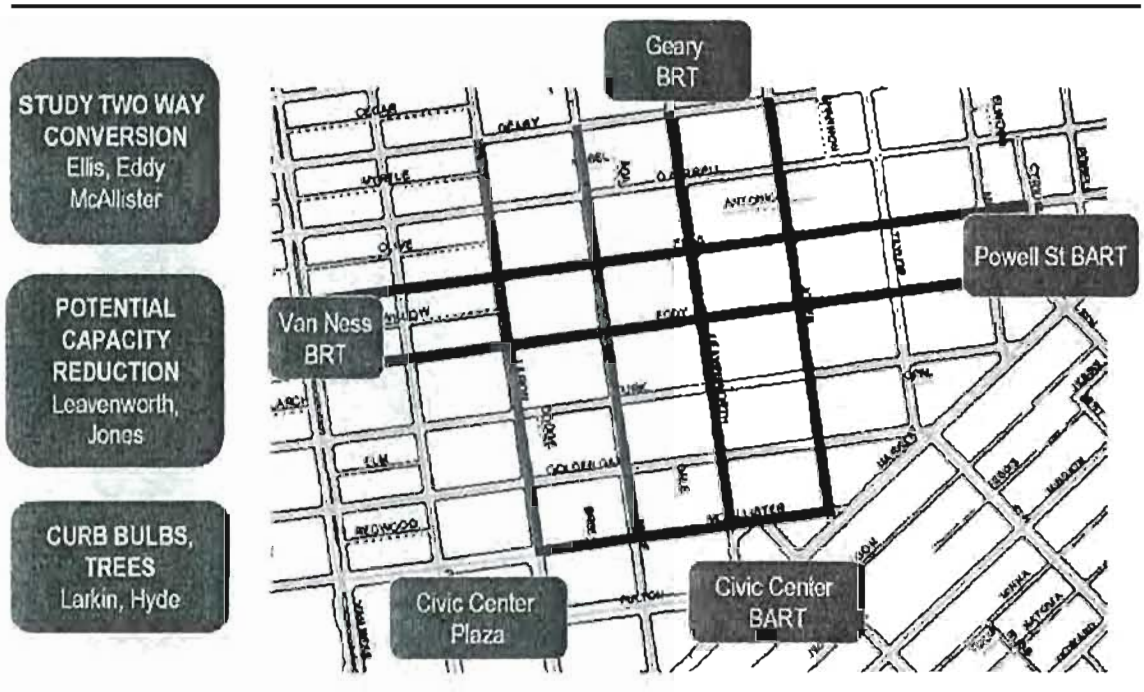


5.2 Phasing Strategy

The improvements recommended by the study team have been grouped and phased to achieve visible and meaningful improvements as quickly as possible and to have the right mix of area-wide and location-specific improvements. Some improvements are recommended for the entire neighborhood, while others are focused on primary pedestrian corridors or individual intersections. These short, medium, and long-term phases are summarized below, as well as in a table of improvements (Figure 5-8) and in maps of short, medium, and long-term improvements (Figures 5-9 to 5-11).

Muni performance challenges are system-wide concerns that are being addressed by the City's Transit Effectiveness Project (TEP), which should issue recommendations in mid-2007. The transit improvements recommended as part of this study will make small improvements to Muni performance, but will greatly enhance the experience of using Muni in the Tenderloin. The recommended Traffic Calming and Circulation Study has the potential to alter Muni routing in the neighborhood and could result in a significant net benefit for Muni riders in the area.

Figure 5-7 Streets Recommended for Traffic Calming Study



5.2.1 TIER 1

In order of priority, the short-term phasing strategy is to:

Implement low-cost area-wide improvements as soon as possible. Some area-wide improvements are inexpensive, have dedicated funding sources, and can be done quickly.

Pedestrian safety

- Install pedestrian countdown signals at intersections that do not yet have them

Traffic calming

- Install a red light running camera on a commuter route through the Tenderloin

Transit service

- Increase awareness and availability of subsidized Muni Fast Passes for low income residents
- Install NextBus signs at 38-Geary stops
- Enhance stop maintenance

Streetscape environment

- Require property owners to repair damaged sidewalks and loading elevators
- Fill empty tree wells with decomposed granite or new trees to make level with sidewalks and prevent litter from collecting

Fund and initiate additional studies. Some of the recommended larger-scale and/or more capital-intensive improvements require additional study. These studies should be initiated immediately so that recommendations can be implemented in the mid term. It is important to initiate these relatively small studies while the plan still has momentum within the community and City agencies. Otherwise, new outreach may have to be done, adding to their cost.

Additional studies that are recommended include:

- **Traffic Calming and Circulation Study.** This study recommends several strategies to calm traffic, including conversion of some streets from one-way to two-way operation. Though this planning-level feasibility analysis suggests that such changes are feasible, change of this magnitude to the operation of the downtown street grid will require a more thorough analysis of impacts, benefits, and costs. A new study would also be relevant to MTA's Transit Effectiveness Project (TEP), as changes to the grid could benefit and/or impact Muni service design and quality.
- **Better Streets Master Plan Efforts.** The Better Streets Master Plan (BSP), led by the MTA and the SF Planning Department, is developing standard approaches for a number of the recommendations developed for the Tenderloin. These include visible crosswalks; potential low-cost corner bulbouts; and pedestrian scale lighting treatments.
  - ✧ **Develop visible crosswalk standard.** A new standard for a high-visibility crosswalk to be used in areas without schools will be developed by the BSP.
  - ✧ **Trial low-cost temporary corner bulbs.** Constructing some trial corner bulbs in the first phase would allow them to be evaluated in the near term; if found successful, their design could be replicated throughout the Tenderloin and the City. Low cost corner bulbs could also be implemented more widely throughout the neighborhood in the medium term as a placeholder until funding becomes available for permanent poured concrete construction.
  - ✧ **Pedestrian-scale lighting treatments.** The Better Streets Master Plan is developing an approach for providing more pedestrian scale lighting in neighborhoods.

5.2.2 TIER 2

With the exception of some projects dependent on further study, medium-term recommendations are high-priority improvements that are more capital-intensive. Securing funding for these projects will take time.

Because it is likely that sufficient funding for all desired improvements will not be secured in the medium-term, these recommendations prioritize investment in the Tenderloin's primary pedestrian corridors, leaving similar improvements to other streets as recommendations for the long-term. Medium-term recommendations include:

Implement low-cost improvements recommended by Better Streets Master Plan. The BSP is expected to develop a standard for non-school high-visibility crosswalks, as well as recommendations for providing pedestrian scale lighting. Once standards are adopted, they should be implemented in the Tenderloin at locations per the guidelines of the Better Streets Plan.

Implement recommendations of Traffic Calming and Circulation Study. The cost of these improvements is yet unknown, but traffic calming strategies such as two-way street operations, tree plantings in parking lanes, and a potential east/west bicycle facility should be implemented as soon as possible.

Recommended medium-term transit improvements are also dependent on this study and on the Transit

Effectiveness Project (TEP). Once Muni routings and stop locations in the Tenderloin are finalized, additional NextBus locations should be installed and sidewalk widening can be implemented in the mid term as funding is identified. These circulation changes will require legislative approvals.

Widen sidewalks on core pedestrian corridors. Some sidewalk widening along primary pedestrian corridors is recommended. These widenings should be done in conjunction with the installation of traditional corner bulbs and new pedestrian lighting; these projects will cost less if built simultaneous than if built independently. Opportunities may exist to time these larger-scale improvements to coincide with DPW's scheduled reconstructions of Tenderloin streets, as well as to include their specifications in DPW construction bids, reducing costs.

Concentrating a complete suite of pedestrian improvements on Eddy, Ellis, Jones, and Leavenworth, or at least along the four blocks of Eddy between Leavenworth and the Powell BART/Muni Metro station, is part of a long-term funding strategy. It will be easier for the City to secure more funding for the same "complete" set of improvements for other area streets in the future if there is a concrete example that can be seen and experienced.

Construct permanent corner bulbs. On core pedestrian corridors, traditional poured concrete corner bulbs are recommended. Where appropriate, these should be extended to create bus bulbs. Bulbs would not be designed until the routing recommendations of the TEP and Traffic Calming and Circulation Study are finalized, in order to maximize benefits for pedestrians and Muni riders.

Significantly improve sidewalk lighting. Specific recommendations should be made following the guidelines of the BSP, prioritizing the core pedestrian corridors.

5.2.3 TIER 3

Improvements recommended for the long-term are capital-intensive pedestrian projects such as sidewalk widening, corner bulbs, and tree plantings throughout the neighborhood. These projects could be implemented sooner if significant funding from an unexpected source were to become available.

5.2.4 TABLE AND MAPS

Figures 5-8 to 5-11 clarify the emphasis of the recommended improvements: pedestrian safety and streetscapes. These correspond directly to the needs and goals identified by the Tenderloin community during the outreach process.

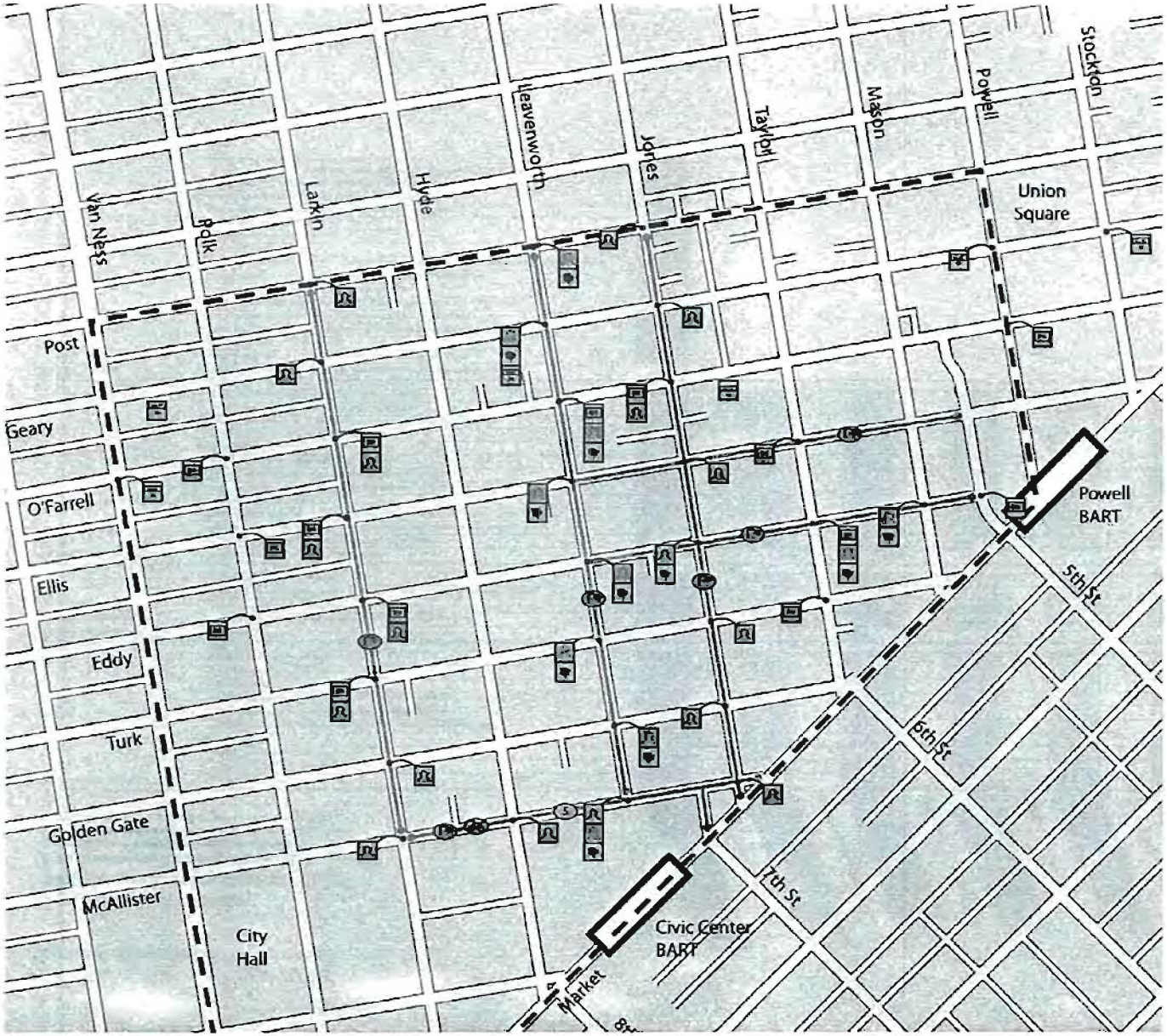
Figure 5-8 Recommended Improvements

Tenderloin - Little Saigon Neighborhood Transportation Study Recommended Improvements

This table reflects all recommended improvements including those being implemented through concurrent efforts
S = within two years M = 2 to 5 years L = 6 to 10 years

Category	Improvement	Areawide (all streets in project area)	Eddy – Cyril Magnin to Leavenworth	Eddy – Leavenworth to Van Ness	Ellis – Cyril Magnin to Leavenworth	Ellis – Leavenworth to Van Ness	Leavenworth – McAllister to Post	Jones – McAllister to Post	McAllister – Jones to Hyde	Larkin – McAllister to Post	Hyde – McAllister to Post	Golden Gate/Taylor/Market	Golden Gate – Taylor to Van Ness; Turk – Mason to Van Ness; Taylor – Golden Gate to Post; Mason – Turk to Post; Geary – Mason to Van Ness; O'Farrell – Cyril Magnin to Van Ness
Pedestrian Safety	Crosswalks												
	Repaint crosswalks (as necessary)	S											
	Develop standard [illegible] crosswalk design	S											
	Signals and signage												
	Add pedestrian warning signs around schools and senior centers (as necessary)	S											
	Install [illegible] advance limit lines to encourage cars to stop at intersections	S											
	Install pedestrian countdown signals at the Tenderloin intersections that do not yet have them	S											
	Build corner bulbs												
	Install low cost corner bulbs as a trial			S		S					S		M (Geary and O'Farrell)
	Construct permanent corner and/or bus bulbs		M	L	M	L	M	L	L	S	L	M	
Traffic Calming (Tailored to both pedestrian safety and environment)	Traffic calming												
	Install red light running cameras on one of the following key commuter routes				S	S	S			S	S		S
	Retime traffic signal timing progression for slower speeds	S											
	Traffic calming and circulation study – study traffic calming, circulation, and transit rerouting	S											
	[illegible] for traffic signals	M											
Pedestrian Environment	"The basics" – small low-cost improvements												
	Require property owners to repair major sidewalk breakdowns	S											
	Require property owners to [illegible] on sidewalks	S											
	Replace and/or add more trash receptacles (two per intersection plus one each of two sides)	S											
	Improve pedestrian lighting												
	Initiate program to subsidize building mounted pedestrian lighting	S											
	Replace current cobrahead lightbulbs with "full-spectrum" lighting		S	M	S	M	S	S	M	S	M		M
	Install high-quality pedestrian-scale sidewalk lighting		M	M	M	M	M	M	M	L			
	Improve pedestrian right of way												
	Widen sidewalks on primary pedestrian corridors		M	L	M	L	M	M		L			
	Bicycle improvements to encourage cyclists to use street, not sidewalk												
	Develop bicycle facility designs for McAllister / 7th Street								S				
	Implement bicycle facility designs for McAllister / 7th Street								M				
Public Transit	Lifeline access – subsidize monthly pass cost for low income individuals												
	Increase outreach and availability of Muni Lifeline Fast Pass program	S											
	Improve experience of using Muni												
	Install NextBus signage at key [illegible] stops in the Tenderloin (locations TBD)	S											
	Install NextBus signage at additional locations in the Tenderloin (locations TBD)	M											
	Improve lighting near/at bus shelters [illegible] lighting improvements	S											
	Reduce double parking to improve Muni reliability												
	Increase Parking Control Officer enforcement [illegible]	S											
	Review loading (yellow) zones to ensure they are well-placed, long enough, enforced, and have right schedules	S											
	Improve Muni performance												
	Add bus bulbs (locations TBD)	M											
	Improvements for 38-Geary												
	Install larger "Market Street" transit shelters on Geary Limited stops	M											
	Consider Geary/O'Farrell transit-only lanes (between Market and Gough)	M											
	Re-Route Muni to reduce travel time and improve legibility												
	As part of traffic calming study, consider re-routing 5-Fulton, 27-Bryant, 19-Polk, and 31-Turk to eliminate unnecessary detours and route both directions of travel on the same street	M											

Figure 5-9 Near-Term Improvements



Near-term Improvements

January 2007

Location-specific Improvements

Pedestrian Safety

- Install Pedestrian Countdown Signals (where missing)
- Construct Permanent Corner and/or Bus Bulbs
- Trial Low-Cost Corner Bulbs

Pedestrian Environment

- Replace Current Cobrahead Bulbs with Full-spectrum Lighting
- Develop/Implement Bicycle Facility Designs for McAllister/7th

Traffic Calming

- Install Trees

Public Transit

- Install NextBus Signage at key 38-Geary Stops
- Develop/Implement Transit Rerouting the 5-Fulton for McAllister

Area-wide Improvements (not graphically represented)

Pedestrian Environment

- Require Property Owners to Repair Major Sidewalk Holes/Issues
- Require Property Owners to Repair Dangerous/Slippery Loading Elevators
- Subsidize Building Mounted Pedestrian Lighting
- Retime Traffic Signals to Calm Traffic

Traffic Calming

- Install Red Light-running Cameras

Public Transit

- Increase Awareness/Availability of MUNI Lifeline Fast Pass
- Improve Lighting Near Highest Use Transit Shelters
- Enhance Bus Stop Maintenance
- Review Loading (yellow) Zones
- Improve Parking Enforcement to Reduce Double Parking

Linear Improvement

Intersection Improvement

N

Tenderloin/Little Saigon Neighborhood Transportation Study

Figure 5-10 Mid-Term Improvements

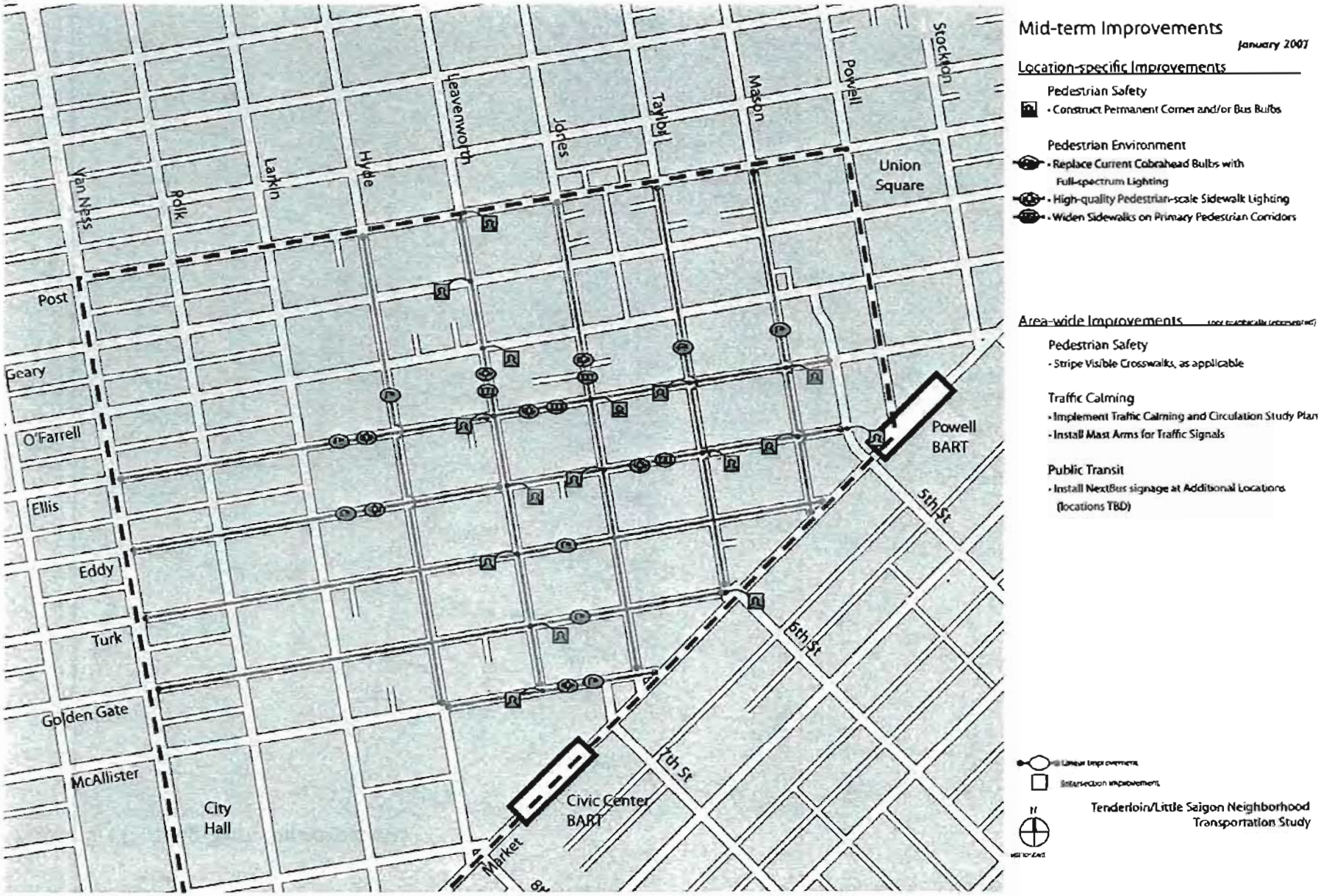
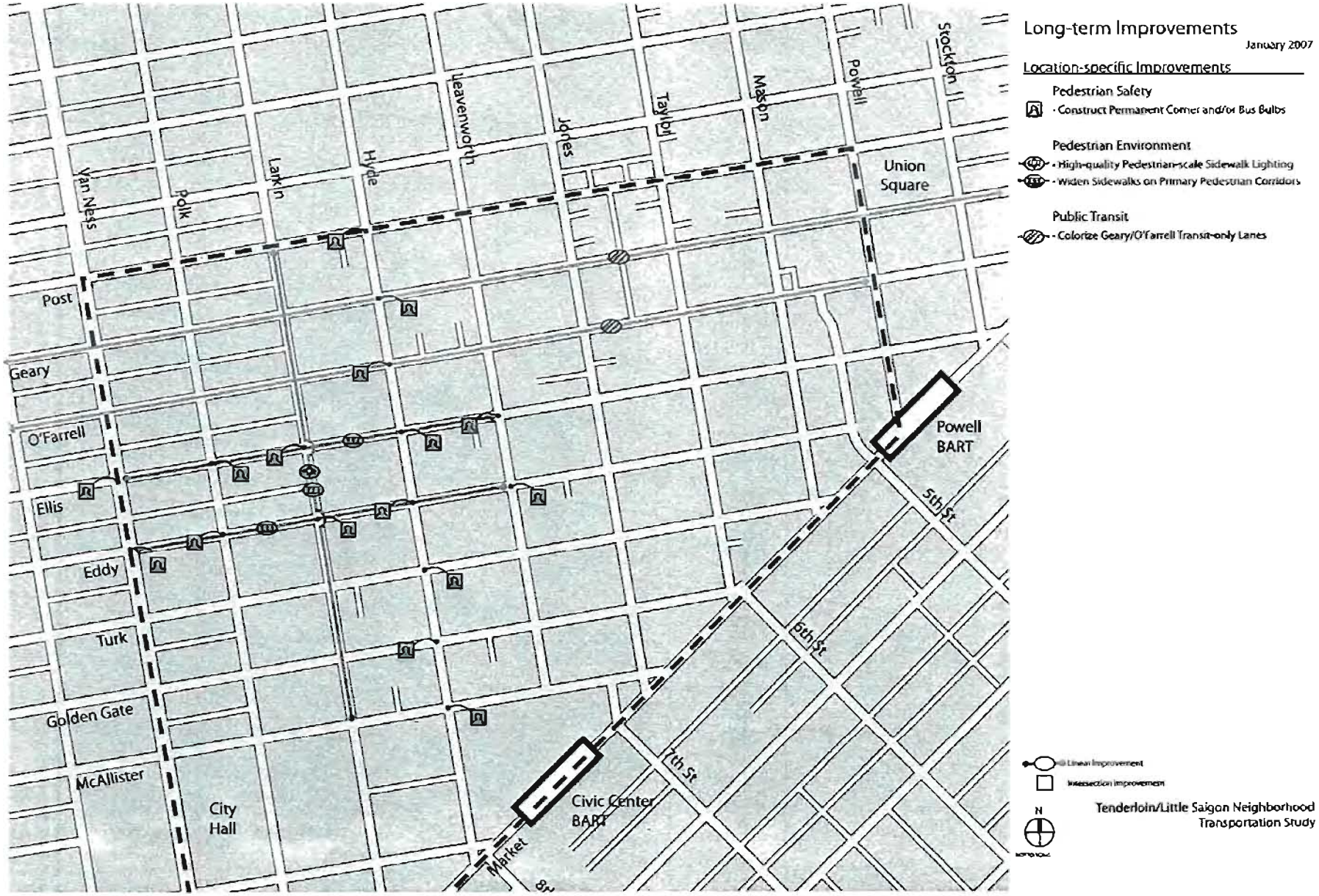


Figure 5-11 Long-Term Improvements



CHAPTER 6: IMPLEMENTATION AND FUNDING PLAN

TENDERLOIN-LITTLE SAIGON NEIGHBORHOOD TRANSPORTATION PLAN

MARCH 2007

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This Chapter describes the next steps for funding and implementing the top priority projects discussed in Chapter 5. The detailed Funding and Implementation Plan is shown in Figure 6.1.

STEPS IN PROJECT IMPLEMENTATION

Typically transportation improvements go through the following steps:

- Seek funding for conceptual study and conduct conceptual study;
- seek funding for engineering and design and conduct engineering and design;
- seek construction funding; and
- construct project.

The funding and implementation plan identifies the stage of each improvement and next steps. For many projects, the next step is to be prioritized for design and construction funding. For others, further study is needed before the improvements are ready for design and construction funding. The best news, though, is that many of the projects identified as community priorities are already underway.

PROJECTS CURRENTLY UNDERWAY

At this writing, a number of recommendations have already obtained funding for their relevant next steps.

Pedestrian Safety. The key pedestrian safety improvement underway at this time focuses on the neighborhood's top priority intersection: McAllister at Leavenworth and 7th Streets. As described in previous chapters of this study, these intersections and stretch of McAllister between Market and Hyde have a number of multimodal transportation needs, pedestrian safety top among them.

In fall of 2006, the MTA worked with the Authority and DPW to submit an application for funding of near-term pedestrian improvements at these locations, as well as some supplemental locations on Jones Street. This funding was awarded in February 2007. This means that the first set of pedestrian safety improvements, primarily encompassing corner bulb outs, has secured design and construction funding. Those activities will begin this year and the improvements will be completed by 2009.

However, there remain additional needs beyond pedestrian safety on McAllister between Market and Hyde. Transit improvements and bicycle improvements are needed at this intersection as well. MTA, with the Authority, is developing designs for the 5-Fulton on McAllister east of Hyde, such as a contraflow lane on 7th street or two-way circulation along the full length of McAllister. This work can be funded by the Prop K TPS category. Improvements to transit are intended to be implemented along with the rehabilitation to the 5-Fulton overhead contact system, scheduled for 2008.

Transit Reliability and Access. One of the key early successes of the planning effort is action to improve access to Muni for low income individuals. The implementation and funding strategy for this issue encompassed using regional transportation funds, called the Lifeline Transportation grant program, to fund expanded outreach to raise awareness of the Muni Lifeline Fast Pass available to low-income individuals. The Tenderloin Housing Clinic applied for a grant for this purpose and was awarded funding to conduct outreach in Fall 2006.

Other transit improvements include NextBus signs to be installed on the 38-Geary and 31-Balboa Muni routes, funded by Regional Measure 2. MTA will install 8 NextBus signs in the Tenderloin by August 2007.

Streetscape. Sidewalk repairs are the responsibility of property owners, and are enforced by DPW based on public request. Tenderloin community members can contact Cliff Wong of the DPW Bureau of Street-use and Mapping at 415.554.5762 to report repair issues and request enforcement. Repairs are the responsibility of the property owner.

As part of the Inner Geary TPS study implementation in 2005-6, advance limit lines and fresh crosswalks were striped throughout the Tenderloin at locations where they had become worn. This effort also encompassed adding Senior X-ing warning signs at key locations and re-planting trees in vacant tree wells. The tree re-planting element is expected to be completed in early 2007.

Traffic Calming. The Authority has initiated the search for funding for the next key step in implementing traffic calming improvements in the Tenderloin - obtaining additional conceptual planning funds. The Authority submitted an application for a Caltrans Planning Grant to fund this work in October of 2006. This effort will fund additional technical analysis and community outreach to determine the most appropriate traffic calming measures for the Tenderloin, including a fuller analysis of impacts and benefits of measures such as one-way to two-way street conversion. The grant awards will be announced by June 2007.

If the grant application is not awarded to the Tenderloin, then traffic calming improvements for the neighborhood should be studied through the city's ongoing traffic calming program. MTA manages a traffic calming program for neighborhoods citywide. The next set of neighborhoods to undertake a traffic calming study will be prioritized through the Prop K Prioritization Program for the traffic calming funding category. This Prioritization Plan will be developed this Fall 2007. The Tenderloin area can be included as a priority for Traffic Calming funds in the Prop K Five Year Prioritization Plans (FYPPs).

NEAR TERM PROJECTS

There are two key strategies for funding and implementing the other near-term recommendations of the Tenderloin-Little Saigon Neighborhood Transportation Plan:

- Establishing a path for project implementation by prioritizing them in the Prop K FYPPs, which prioritize the categories of Prop K funding for 5-year periods; and
- developing specific design guidance for a number of improvements through the Better Streets Master Plan, currently underway.

Many of the near-term projects need either design/construction funding (such as countdown signals or curb bulbs), or additional conceptual study (such as to establish a pedestrian scale lighting fixture). The design and construction of the majority of the near-term improvements will come from Prop K or other grants, and the majority of the conceptual study is already

underway through the Better Streets Master Plan.

The City's Better Streets Master Planning (BSP) effort, currently underway, will provide the tools necessary to implement many of the Tenderloin priorities for improving the streetscape. First, the BSP will provide the roadmap and funding sources for providing pedestrian scale lighting on the sidewalks. This will include identifying the responsible agency (DPW or PUC), fixture types, and criteria for prioritizing areas around the city to receive pedestrian scale lighting. The BSP will also develop a visible crosswalk design and standards for its implementation, and evaluate the efficacy of a low-cost curb bulb design such as the one described in previous chapters.

These types of projects can begin to be implemented upon completion of the BSP, or after initial recommendations are identified. The Tenderloin could also request to serve as a trial location for testing some of these concepts such as the low-cost corner bulbs.

Secondly, the FYPPs for all Prop K categories will be updated this summer and fall, 2007. A number of Tenderloin recommendations can be prioritized in these FYPPs:

- Pedestrian Circulation / Safety
- Traffic Signal Rehabilitation
- Traffic Calming

Pedestrian Safety. Countdown signals are one of the key improvements that can happen in the near term. Countdown signals for the remaining locations in the Tenderloin that lack them can be installed by MTA as part of their ongoing Traffic Signal Rehabilitation Program, funded in part by Prop K. Installation of the remaining 28 crossings without pedestrian countdowns in the Tenderloin can be prioritized in the FYPP for the Traffic Signal Rehabilitation category of Prop K. This FYPP, like all Prop K FYPPs, will be updated this summer and fall, 2007. Corner bulbs at these locations, particularly the Little Saigon corner bulbs, could be wrapped into the funding.

The community should follow up with MTA staff to ensure that these locations are included in the FYPP for the relevant Prop K category. Community members can also speak or write to the Authority board urging TMA to include these locations in the FYPP.

Installation of visible crosswalks will be guided by the Better Streets Master Plan. As noted in previous chapters, the City does not have a standard design for visible crosswalks other than at school areas. The BSP is the vehicle to develop and perhaps trial test such a design. Additionally, the BSP is considering designs for low-cost corner bulbs, which can also be trial tested in the Tenderloin. The community should track the BSP development process to ensure that these issues ar addressed.

Transit Reliability and Access. In the near- to mid-term, a number of additional transit improvements will be made in the Tenderloin. Chief among them is that colored bus lanes and larger shelters with more amenities will be implemented along Geary and O'Farrell as part of the Geary Bus Rapid Transit (BRT) study recommendations.

Streetscape. The BSP will set forth pedestrian scale lighting designs and identify funding sources and agency responsibilities. The guidelines from the Better Streets Master Plan will direct how pedestrian scale lighting is implemented in the Tenderloin.

Additionally, the Tenderloin can seek to participate in the Mayor's Office of Economic and Workforce Development (MOEWD) existing Façade Improvement Program to obtain pedestrian scale lighting. The San Francisco Neighborhood Marketplace Initiative (NMI) is a program led by the Mayor's Office of Economic and Workforce Development's Neighborhood Commercial Revitalization division, designed to strengthen neighborhood commercial districts serving San Francisco's low and moderate-income neighborhoods. Each year, the Mayor's Office issues grants to non-profit entities that will further the goals of the program including neighborhood commerci revitalization, and the façade improvement progra is one of those initiatives. The Façade Improvement Program provides grants for businesses and property owners to install pedestrian scale lighting on business façades (among other façade improvements).

Unfortunately, these grants are very competitive. Each year, MOEWD has a limited amount of funding for grants to non-profit entities that will further the goals of the NMI program. Historically, grants issued by MOEWD have been less than $50,000 annually.

Nonprofit organizations may submit written proposals to MOEWD seeking grant funding. Applications are reviewed by MOEWD on an ongoing basis and selected based on the above objectives and fund availability. Grant applications and questions should be directed to:

Mayor's Office of Economic
and Workforce Development
Attn: Rich Hillis or Lisa Pagan
City Hall, Room 448
San Francisco, CA 94102
415.554.4082

Traffic Calming. The MTA has an existing Red-Light Running Camera program. About 10 cameras throughout the city are positioned for rotating periods at intersection with historic levels of red-light running citations. Tl program is commencing a new cycle, starting with MTA

review of intersections citywide to develop a list of new locations for cameras. Tenderloin intersections will be included in this screening. The camera program is self-funded through citation revenues, so no additional funding is needed to participate. The community should follow up with MTA Program Manager Tabin Chung as the screening for the next cycle of camera locations continues this summer and fall, 2007.

Figure 6-1 Funding and Implementation Plan

	Potential Project	Phase	Project Description	Status/Next Steps	Project Cost	Funding Source(s)	Implementation Timeframe	Community Role	Agency Contact
Tier 1 – Projects Underway									
1	Muni Lifeline Access	Outreach	Conduct outreach to increase awareness of Muni Lifeline Fast Pass for low income individuals	Program underway	$219,000	Lifeline Transportation Program	Program underway	Letters of support (completed)	Randy Shaw, THC
2	McAllister / Leavenworth Pedestrian Improvements	Construction	Provide pedestrian access and safety, especially connecting to Civic Center BART, through: • Corner bulbs • Sidewalk widening • Bus stop upgrades	• Conceptual design completed • Final design and construction funds awarded	$1.5 M	• Regional Bicycle and Pedestrian Program, county share	• Funds available 07/2007 • Construction can be complete by 2009	Letters of support (completed))	Sam Fielding, MTA
3	Jones Street Corner Bulbs	Construction	Improve pedestrian access and safety through corner bulbs at Jones and Geary, Turk, Eddy, and Golden Gate (NE and SE corners)						
4	McAllister / Leavenworth Multimodal Improvements	Design and Construction	Design and construct multimodal circulation improvements including: • Transit re-routing to improve travel time, reliability, wayfinding, and convenience • Bicycle facility to increase safety	• Design and evaluation of alternative engineering configurations underway	Under study	• TFCA (bicycle designs) • Prop K • Prop 1B local streets and roads funds (construction)	• Concurrent with Overhead Wire Rehabilitation in 2008 • Bicycle implementation on hold	Express support to the Authority and MTA Boards	Javad Mirabdal, MTA Matt Lee, MTA
5	Tenderloin Traffic Calming and Circulation Study	Study	Evaluate, and recommend traffic calming techniques, circulation changes, and transit routing changes, particularly focusing on Ellis / Eddy, Jones / Leavenworth, and McAllister Sts.	• Detailed traffic analysis needed • Prioritize in Traffic Calming FYPP to be updated starting in 07/2007	$250,000	• Caltrans planning grant (applied Oct 2006) • Prop K Traffic Calming	• Announcement of Caltrans planning grant awards in 07/2007	Letters of support (completed)	Manito Velasco, MTA
6	Next Bus	Construction	Provide real time transit arrival information with 8 Next Bus signs to be installed in the Tenderloin area for the 38-Geary (various locations) and for the 31-Balboa (Eddy / Leav.)	• Funds awarded • Construction scheduled.	N/A	Regional Measure 2	Construction complete in August 2007	Express support to the MTA Board	Jim Lowe, MTA
Tier 2 – Near Term Projects									

	Potential Project	Phase	Project Description	Status/Next Steps	Project Cost	Funding Source(s)	Implementation Timeframe	Community Role	Agency Contact
8	Pedestrian Scale Lights	Program	Improve pedestrian access, safety, connectivity, and security, particularly on routes connecting to regional transit, by establishing a standard street light fixture with a pedestrian element as part of routine street lighting infrastructure	Better Streets Master Plan working with PUC to develop standard lighting design, policies for implementation, and funding sources	TBD through BSP	To be identified through BSP. May include Transportation Enhancements.	BSP underway	Track Better Streets Plan	Adam Varat, Planning Dept
9	Pedestrian Countdown Signals	Construction	Pedestrian countdown signals at 28 crossings to be implemented through MTA's ongoing Pedestrian Countdown installation program. Includes upgraded curb ramps and signal infrastructure as applicable.	Include in Pedestrian Circulation / Safety or Traffic Signal Rehabilitation FYPP to be updated starting in 07/2007	$100,000 total for O'Farrell locations, $150K each other locations	Prop K	Within 3 years of FYPP completion	Track FYPP development	Cristina Olea or Brian Dusseault, MTA
10	Visible Crosswalk design and policy	Program	Improve pedestrian safety by establishing a visible crosswalk design (greater visibility than standard crosswalk but distinct from yellow ladder school crosswalk) and policies for implementation	To be evaluated through the Better Streets Master Plan.	TBD through BSP	To be identified through Better Streets Plan. May include: • Prop K • Transportation Enhancement	BSP underway	Track Better Streets Plan	Britt Thesen, MTA
11	Low Cost Curb Bulb Design Trial	Design & Trial	Test a design for a low cost (e.g., bollard or striping based) corner bulb.	Work with the Better Streets Master Plan to develop a trial design for low cost corner bulbs. Consider the Tenderloin as a trial location.	TBD through BSP	To be identified through Better Streets Plan. May include: • Prop 1B local streets & roads funds • Transportation Enhancement • Prop K	BSP underway	Track Better Streets Plan	Adam Varat, SF Planning Dept
12	Red Light Running Cameras	Construction	Improve pedestrian safety by installing a red light running camera at a location with frequent red-light running. Camera installation program is managed by MTA.	Program manager is currently screening intersections citywide to prioritize for next round of camera installation.	N/A	MTA's red light running camera program is funded through citation revenues.	Intersections to be selected by late 2007	Follow up with MTA program manager	Tabin Chung, MTA
14	Little Saigon Pedestrian Improvements	Construction	Improve pedestrian access, connectivity, and safety in the Little Saigon business district through: • corner bulbs on Larkin Street at Ellis and Turk Streets • pedestrian countdowns where missing – O'Farrell, Ellis, Eddy, and Turk Streets	• Design and engineering of curb bulbs needed • include in Pedestrian Circulation / Safety FYPP update in 07/2007	Requires location specific design: up to $100,000 per corner	• Prop K • Prop 1B local streets & roads funds	Corner bulbs at the northeast and northwest corners of Larkin and Eddy Streets (entry to Little Saigon) underway	Track FYPP development	Cristina Olea, MTA

Attachment to Letter 104

Tenderloin – Little Saigon Area Study

Summary of past studies

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785 Market Street, Suite 1300
San Francisco, CA 94103

October 2005

Introduction

Since 1997 there have been at least eight studies in the Tenderloin area that identified pedestrian safety as an important issue in the neighborhood and made improving pedestrian safety and conditions an explicit goal. Half of the studies were sponsored by city agencies with the other half of the studies by community organizations.

In preparation for the upcoming San Francisco County Transportation Authority (SFCTA) community based transportation plan for the area, this memo summarizes and condenses the findings of previous studies of the area. The first section of this memo condenses the previous studies by distilling their key findings (including area issues and problems) and recommendations. The second section of this memo contains a summary of each study.

Highlights from Previous Studies

Virtually all of the previous studies done in the Tenderloin in the past decade have come to a common conclusion: transportation issues are a major safety and quality of life issue for Tenderloin residents. For these transportation issues, the common conclusion was that pedestrian conditions and safety are substandard in the Tenderloin, and conflicts with auto traffic in the area are the main cause. Almost all of the studies attempted to document the severity and location of the problems, explain their causes, and recommend solutions. To summarize the key findings about the Tenderloin's transportation issues and problems from previous studies:

Summary of issues identified

- **Mobility of cars through the Tenderloin takes precedence over the accessibility, comfort, and convenience of pedestrians.** Previous studies documented a widespread community concern that most car traffic in the area is from people who are only passing through to somewhere else, and that the mobility of these passing cars often take precedence over the needs and desires of area residents.
- **The existing pedestrian environment is at certain times and places dangerous, uncomfortable, and hostile.** This is intimately related to the preceding issues. Factors in the pedestrian environment (all based on anecdotal evidence/perception):
    - Insufficient enforcement and respect for traffic laws
    - High quantity of through traffic
    - High speed of cars on the street
    - Some bicyclists ride on sidewalk instead of the street, presumably to avoid unsafe conditions on the streets.
    - Street vendors or criminal activity on sidewalks can be threatening, which at times pushes pedestrians into the streets or to cross the street at an intersection before they receive a "walk" signal.
    - Lack of enforcement of parking and driving violations
    - Pedestrians feel a constant threat or menace from cars

- **Transportation concerns overlap with significantly with security concerns.** Several studies reported that criminal activity on sidewalks degrades pedestrian conditions (e.g., if the sidewalk is blocked or threatening). Studies reported that these conditions cause some pedestrians to walk in the street rather than sidewalk, or to cross a street when it is inappropriate (either jaywalking or crossing at an intersection against a traffic signal).
- **The limited amount of public space in the Tenderloin puts pressure on sidewalks that can push pedestrians into the streets.** Previous studies have identified the perceived lack of parks in the Tenderloin pushing "public" activities onto the street. This includes children playing and adults congregating.
- **Car drivers cause most, but not all, of the problem; behavior of area pedestrians also plays a part.** The Department of Public Health study in 1997 found that pedestrians in the area cause a large number of pedestrian collisions (e.g., by walking into traffic midblock).
- **The Tenderloin has a high number of pedestrian injuries and fatalities.** Many of the previous studies use Statewide Integrated Traffic Records System (SWITRS) data[1] to document the number of pedestrian injuries and/or fatalities.
- **The Tenderloin has high concentration of non-auto users with a higher than average risk of involvement in pedestrian collisions.** These groups include: children, recent immigrants, seniors, disabled, and the mentally ill. This conclusion was based on anecdote and/or perception.
- **Transit performance.** There is a high amount of transit service in the area, but service quality could be higher in terms of travel times and headway adherence (i.e., buses being evenly spaced). This conclusion is based on both anecdote and transit data from the Inner Geary TPS plan.

As a rough indication of the most problematic intersections, the map at the end of this document summarizes the number of times a particular intersection is mentioned specifically in previous studies.

Summary of Recommendations

Most of the studies focused on similar recommendations, varying in their scope and amount of detail. To summarize *(italicized entries are those recommendations that were repeatedly recommended)*:

- **Infrastructure**
  - **Pedestrian crossing**
    - *Build corner bulb outs at many intersections*
    - *Upgrade crosswalks, especially near schools and senior centers*
    - Build more ramps to improve disabled accessibility on sidewalks
    - Add advance limit lines near crosswalks to encourage cars to make complete stops

[1] SWITRS data processes all reported fatal and injury collisions which occurred on California's state highways and all other roadways, excluding private property.

- **Pedestrian conditions**
  - *Add pedestrian scale lighting*
  - *Plant trees midblock and on the far side of intersections (so they would not interfere with drivers' line of sight)*
  - *Widen sidewalks*
  - Add more transit shelters
  - *Add more trash cans in area*
  - *Improve sidewalk surface*
  - Improve amount and quality of street lighting
- **Bicyclists**
  - *Add bicycle lanes to some streets*
- **Signals and signs**
  - *Increase pedestrian crossing time at some intersections for at least part of the day to give seniors enough time to comfortably cross the street*
  - *Add four-way "ped scramble" phases at traffic signals*
  - *Give pedestrians a head start when crossing street*
  - *Install more pedestrian count down traffic signals*
  - *Add more signs: near senior centers, parks, yield to pedestrians, pedestrians have right of way*
  - Desynchronize signals to slow traffic progression
- **Roadway design**
  - *Convert some or all one-way streets into two-way streets*
  - *On new two way streets, implement 30 degree parking to increase number of on-street parking spaces*
  - *Close off some streets to cars altogether*
- **Traffic calming**
  - Install speed bumps
  - *Plant trees*
  - *Bulb outs to slow traffic and turning cars*

- **Legislative**
  - *Prohibit right and left turns on red at some or all intersections in the area*
- **Increase enforcement**
  - *Speeding*
  - *Right turn on red*
  - *Install red light cameras*
  - *Criminal activity on sidewalks*
  - Jaywalking
  - Bicycle riding on sidewalks
- **Education**
  - *Add signs to alert drivers that they are in a residential community that has many children*

- Educate Tenderloin residents about their rights as pedestrians
- Neighborhood campaign to teach children, recent immigrants, and seniors safe practices as pedestrians
- *Create signs and brochures for car rental agencies to inform tourists of how to drive appropriately in San Francisco.*

- Other
  - *More crossing guards for children at schools*
  - Improve DPT maintenance of white parking spaces and signage

Summary of Past Studies

In the following pages each previous study in the area is summarized. Each summary includes a brief written description of the study that highlights the most important points for understanding the study (whether study goals, agencies involved, methodology, etc), a description of the data used or gathered, key findings, and recommendations.

North of Market Planning Coalition Tenderloin 2000 Survey and Plan – 1992

Study sponsor: North of Market Planning Coalition
Data: none used; all conclusions based on community outreach
Description: This wide-ranging study examined public safety, housing, economic development, human services, and community facilities in the Tenderloin. Its emphasis was not transportation, but it made recommendations in this area. These recommendations were based on extensive meetings with the community, not quantitative data.

Findings:

- Drivers treat Tenderloin corridors as high-speed freeways
- One-way streets encourage drug trafficking, raise noise and pollution levels, and discourage visitors from stopping and shopping.
- Lack of parking permit program and parking garages harm Tenderloin residents and merchants.
- Sidewalks and streets are in poor condition and look run down.

Recommendations:

- Reduce traffic speeds
  - De-synchronize traffic signals to slow traffic
  - Install speed bumps
  - Install signs to alert drivers to presence of children
  - Convert north-south streets between Mason and Polk and east-west streets between Golden Gate and O'Farrell to local two-way streets
- Improve lighting
  - Install "old Tenderloin" style pedestrian scale sidewalk lamp posts throughout the neighborhood
  - Improve maintenance and brightness of existing lights

- Improve safety
  - Increase pedestrian crossing time
  - Prohibit right and left turns on red
  - Increase enforcement of speed limits and illegal turn restrictions
  - Hire more crossing guards for children
- Other
  - Install more transit shelters
  - Widen sidewalks
  - Add more trash cans in area
  - Create diagonal parking on converted two way streets to increase parking supply

Department of Public Health

Tenderloin Pedestrian Safety Assessment – 1997

Study sponsor: San Francisco Healthy Cities Project
Data: none used; all conclusions based on outreach
Description: Community residents and representatives asked staff at the San Francisco Healthy Cities Project to examine pedestrian safety in the Tenderloin in terms of who was affected, how they were affected, perceived "hot spots", and to recommend improvements. As part of this Tenderloin Pedestrian Safety Project, staff gathered a large range of community input from an advisory committee, eleven public discussion groups (in seven languages) with 119 participants, a written survey (translated into six languages) was distributed (134 responses), and a different written survey (translated into six languages) for on-site responses at five problematic intersections (49 responses).

Findings

- High amount of car traffic in and through Tenderloin
- Cars move too quickly, menacing pedestrians
- Cars dominate public street space
- Traffic signals do not give enough time for seniors to cross street
- High incidence of jaywalking
- Analysis of pedestrian accident data shows that many are caused by pedestrians (e.g., crossing against the light, walking into traffic midblock)
- Turning cars (right or left on red) disregard pedestrians; pedestrians can't trust that cars will stop
- Bicycles and skateboards ridden on sidewalks
- High numbers of residents that have higher risk of traffic collisions (children, seniors, recent immigrants, disabled, alcohol/drug impaired)
- Limited play areas
- High volume of street vendors
- Criminal activity on sidewalks make for threatening pedestrian environment, sometimes causing pedestrians to try to cross the street when conditions are not safe rather than waiting for traffic signals to change on corners that feel dangerous.
- Personal safety

- Prostitutes cause some congestion on street
- Taxis reluctant to pick up residents
- Intersections identified as being particularly difficult to cross or that are avoided altogether
    - Eddy and Leavenworth – fast vehicles, red light running, not enough pedestrian crossing time, vehicles turning right on red while pedestrians are in crosswalk
    - Turk and Leavenworth – South to north auto corridor where cars move quickly. Half block from North of Market Senior Center, so high numbers of seniors
    - Turk and Hyde – High use by seniors visiting the North of Market Senior Center. Sidewalks obstructed by sidewalk activity, and can force pedestrians to walk in the street.
    - Golden Gate and Jones – fast car traffic on this through route to the freeway. For several hours each day, people waiting for lunch at St. Anthony's force pedestrians into the street.
    - Eddy and Jones – sidewalk activity forces pedestrians into the street.

Recommendations

- Improve enforcement
    - Enforce speed limit laws
    - Increase police presence to reduce drug activity and thereby create safer streets
    - Enforce bicycle riding laws for riding on sidewalks and stopping at red lights
- Change laws – prohibit right or left turns on red in San Francisco
- Education
    - Educate Tenderloin area pedestrians of their rights
    - Improve drivers education classes to emphasize pedestrian rights.
    - Create signage to post prominently in car rental agencies so tourists are informed of local laws
- Infrastructure –
    - Install push-button crossing lights on streets near senior centers that would allow for longer pedestrian crossing time (especially on Turk at Leavenworth and Hyde)
    - Create four way pedestrian scramble crossing times on streets so pedestrians can confidently cross in any direction
    - Delay green lights to give pedestrians a head start on crossing street
    - Install pedestrian count down signals at all intersections so people know how much time they have to cross
    - Create bicycle lanes on Tenderloin streets
    - Consider traffic calming measures
    - Close off some streets to cars
    - Maintain signage for motorists more frequently at heavily used intersections

St. Anthony's Foundation Community Plan – 2001

Study sponsor: Tenderloin Safe Community Coalition
Data: Pedestrian collision data

- SWITRS pedestrian intersection data for 1998
- San Francisco Police Department summary of traffic collision data for area from 1/2000—6/2000. Data includes all traffic collisions, collisions involving pedestrians, and collisions involving pedestrians because of a pedestrian violation.
- DPT analysis of SWITRS data from 1995—1999 for collisions at intersections and midblock. Included is a more detailed table of factors for three intersections and four midblock locations with high numbers of pedestrian collisions.

Description: The Tenderloin Safe Community Coalition developed this plan, and was a collaboration between the Departments of Public Health and Parking and Traffic, the Neighborhood Safety Partnership, Adopt-A-Block, and residents. As part of the development of this plan, the Coalition gathered and analyzed substantial amounts of pedestrian accident data between 1995—1999, and from the first six months of 2000. This data was combined with community input to identify problem areas in the community.

Findings (based on community outreach, SWITRS data, and Police Dept. summary of accidents in area):

- High numbers of pedestrian injuries and fatalities in Tenderloin
- Intersections identified as being particularly problematic
  - Jones and Turk
  - O'Farrell and Larkin
  - Ellis and Leavenworth
  - McAllister and Leavenworth
  - Market and 7th
  - Hyde and Turk
  - O'Farrell and Leavenworth
  - Geary and Larkin
  - Jones and Golden Gate

Recommendations

- Education – this plan recommends targeted education campaigns for different populations in the Tenderloin based on surveys of each group. These populations include:
  - Children and youth
    - Work with children/youth providers to produce a children/youth initiated video project for neighborhood children that emphasizes the pedestrian's role in remaining safe.
    - Neighborhood campaign to teach children and youth safe pedestrian practices
  - Seniors – Develop public information campaign to improve the pedestrian skills of seniors.
  - Drivers

- Create and disseminate pedestrian safety information to neighborhood car rental agencies
- Install pole banners in neighborhood (about four per block) that stress to drivers that the Tenderloin is a residential neighborhood and the home to many children.

- Infrastructure – The plan identifies changes to the physical environment for different populations in the neighborhood.
  - Children
    - Upgrade crosswalks by schools
    - Ensure school bus loading zones are properly marked and signed
  - Seniors
    - Install countdown pedestrian crossing signals at all intersections in neighborhood.
    - Reexamine pedestrian crossing time to ensure that it is adequate for seniors.
    - Make the McAllister and Leavenworth intersection a four way pedestrian scramble.
    - Upgrade existing senior signs
    - Increase number of senior signs on Jones and Geary.
    - Examine prohibiting right turns along Jones and Geary, two important senior corridors.
  - Disabled
    - Assess sidewalk accessibility and ramps in Tenderloin.
    - Develop capital plan to improve disabled accessibility, prioritizing corridors that are heavily used by the disabled.
    - Identify corridors that are heavily used by the sight-impaired. Install audible pedestrian signals.
    - Improve maintenance and signage for white parking zones, which are often used for transporting those with disabilities.
    - Improve accessibility at all Muni stops.
  - General
    - Install signs that inform drivers about the pedestrian right of way

- Improve enforcement
  - Install speed limit signs
  - Create additional crossing guard zone for schools on Eddy and Jones.
  - Increase traffic enforcement during the kick off of plan
  - Improve enforcement of white and handicapped zone violations
  - Install temporary red-light running cameras at most dangerous intersections
  - Police should reduce amount of activities that obstruct the sidewalk and force people into the street.

Tenderloin Housing Clinic Paths to Safer Streets – 2002

Study sponsor: Tenderloin Housing Clinic
Data: Resident survey

- Quantifies residents safety concerns

- Quantifies resident jaywalking

Description: The Tenderloin Housing Clinic conducted a community survey (250 respondents from the Tenderloin) and hosted community forums about pedestrian safety in the area. The information was used to create a prioritized action plan to address the top traffic safety concerns identified by the community.

Findings (based on community survey):

- Speeding cars
- Red light running
- Reckless driving
- Pedestrian signals are not long enough
- Cars challenge pedestrians in crosswalk
- Children, seniors, and the disabled are particularly at risk as pedestrians
- Many residents unaware of their rights as pedestrians
- Drugs and urban issues of crime, fear, and disorder
- Intersections identified by Tenderloin residents as dangerous
  - Turk and Taylor
  - Jones and Golden Gate
  - 5th and Market
  - 6th and Market
  - 7th and Market
  - Jones and Ellis
  - Jones and Eddy
  - Geary and Larkin
  - Leavenworth and Turk

Recommendations

- For Tenderloin
  - Turk and Taylor: repaint crosswalk, upgrade pedestrian signal, install red light photo enforcement
  - Taylor and Ellis: Restrict left turns on red, install pedestrian signals
  - 300 block of Eddy (Jones) and 100 block of McAllister (Golden Gate): install signage for schools
  - Golden Gate and Jones: Change signal timing to include a pedestrian head start
  - 500 block of Ellis: Install "children at play" signage near playground
  - Geary and Larkin: Install pedestrian signals, change traffic signal timing for an all red interval
  - Golden Gate and Taylor: install "yield to ped" sign for dedicated turn lane onto Taylor
  - Turk and Hyde: Change signal timing to an all red interval; add red light photo enforcement camera
- For city policy
  - Implement Proposition Q (2000 ballot measure) – though approved, this ballot measure was not implemented. It was intended to create a Pedestrian Safety Fund to provided dedicated funding for pedestrian safety improvements throughout the city.

- Establish traffic unit details in district station – expand amount of traffic enforcement in city and improve its coordination.
- Rotate "dummy" red light enforcement cameras at intersections – increase the number of "dummy" red light cameras in the city.
- Do public information campaign about speed limit in the city.

Department of Public Health Tenderloin Pedestrian Safety Plan – 2003

Department of Parking and Traffic Pedestrian Safety Plan – 2005

Study sponsor: Department of Public Health, Department of Parking and Traffic
Data:

- Utilized the Tenderloin Housing Clinic survey of residents
- Maps of SWITRS data for Tenderloin from 1997—2001 of pedestrian collisions by age, number, severity, time of day (8pm to 5am), and movement of driver prior to pedestrian collision.

Description: DPH and DPT received an environmental justice grant from Caltrans to develop a pedestrian safety plan for the Tenderloin. The Tenderloin Safety Plan was aimed at improving walking safety in the Tenderloin, focusing primarily on Geary, Hyde, Jones, and O'Farrell Streets. DPH conducted the outreach, meeting with various community and agency groups. Fliers for these meetings were also posted in the community. After the outreach, the DPT conducted their technical analysis and developed the safety plan. This plan was approved by the Interdepartmental Staff Committee on Traffic and Transportation (ISCOTT) in 2005, but deferred by the MTA Board.

Findings (based on community outreach, agency observation, SWITRS data, Tenderloin Housing Clinic resident survey):

- Traffic signs, striping, and signals
  - Faded pedestrian crosswalks need ladder crosswalks at Jones and Turk St.
  - Lack of signage near playgrounds, schools, and senior centers (especially on Jones at Eddy)
  - Right turn on red (especially at Jones/Ellis, Hyde/Eddy, and Hyde/Turk)
  - Crossing time at signalized intersections
  - Signal progression on Golden Gate promotes speeding
- Driver behavior
  - Speeding on Jones Street during rush hour to stay with signal progression
  - Drivers are very aggressive when turning right on red lights
- Roadway design
  - High volumes of cars from Jones to Golden Gate make it hard to cross safely
  - Fast traffic on Ellis and Hyde
  - Pick up and drop off around schools and senior centers cause traffic congestion

- Enforcement
  - Red light running is not enforced
  - Jaywalking not enforced
  - Double parking not enforced, which creates dangerous pedestrian conditions
  - Autos in bus zones not enforced, making people board bus in street
- Other
  - Not enough crossing guards
  - Bicycles and skateboards on sidewalks
  - Sidewalk surface

Recommendations

- Geary – add bulb out on NE corner of Geary and Hyde
- O'Farrell
  - Add bulb outs on SW corner of O'Farrell and Polk, and on the SE corner of O'Farrell and Larkin
  - Add street trees mid-block to make street feel narrower and more residential (does not specify if this necessitates tree bulb-outs).
- Jones
  - Remove one of three traffic lanes on Jones Street between Geary and Golden Gate Avenue (Note that this recommendation would have to be reconsidered if Muni reroutes the 27 line on Jones to Eddy.
  - Add 30 degree angle parking on east side of the street, to be flanked by sidewalk bulb outs at the corners on Eddy, Ellis, Turk, and Golden Gate
  - Move bus stop – relocate nearside bus zone at NW corner of Jones to the southside as a bus bulb
  - Replace double turn lane from Jones to Golden Gate with single turn lane
  - Add school zone signs and ladder-style crosswalks at Jones and Eddy for the Christian Academy
  - Add advance limit lines for selected approaches to reduce driver encroachment into the crosswalk and encourage complete stopping for right turns on red
- Hyde
  - After observing impacts of the proposed lane removal on Jones, consider removing a lane of traffic on Hyde and adding angle parking
  - Add bulb outs at Ellis (SW and NE corners) and Eddy (NW and SE corners)
- Leavenworth
  - Remove lane of traffic on Leavenworth between Turk and Eddy streets, and add angle parking. Reinforce with sidewalk extensions at the corners.
  - Add bulb outs at NE and SW corners of Eddy Street
  - Add bulb outs at NW and SE corners of Ellis Street
- Eddy-Ellis
  - Subsequently, study possible lane removal, angle parking, and bike lanes in separate study
- Larkin
  - Add "Little Saigon" gateway treatment at Eddy

  - Add corner bulb outs at NW and NE corner of Eddy
  - Add bulb outs at NW and SE corners of Geary, NW and SE corners of Ellis, and SW corner of O'Farrell.
- General measures recommended for the project area
  - Improve one way signage on one-way streets
  - Study possible conversion of some one-way streets to two-way (did not specify which streets)
  - Retime signals to increase pedestrian crossing times.
  - Consider shorter signal cycle lengths from some off-peak periods, especially late at night
  - At intersections with high numbers of pedestrian injuries due to driver failure to yield, consider pedestrian head starts (leading pedestrian phases of 2-5 seconds)
  - Prohibit right turns on red at intersections with high numbers of pedestrian injuries involving turning vehicles
  - Add street trees to far-side corner bulb outs where they would not interfere with drivers' views of intersections
  - Survey street lighting in the area to identify and address deficiencies (did not identify specific deficiencies)
  - Add pedestrian-scale lighting throughout area
  - Consider traffic engineering measures that would reduce the usage of air horns by emergency vehicles

San Francisco PedSafe Phase 1 Report – 2003

Study sponsor: Department of Parking and Traffic
Data: This study has large amounts of citywide data on pedestrian collision, but nothing for the Tenderloin area specifically.

- Maps of SWITRS data for City from 1990—2001 of pedestrian collisions
- Number of pedestrian injury collision (1973—2001)
- Data on primary collision factor (1996—2001) for both pedestrians and vehicles
- Collisions by time of day
- Collisions by amount and type of ambient light
- Collisions by day of week
- Collisions by weather
- Correction factor for SWITRS underreporting of pedestrian injuries (using data from San Francisco General Hospital)
- Injury density scoring for Tenderloin area (compared to other areas in City)

Description: This is a large federally funded project led by the DPT to develop, implement, and evaluate the effectiveness of a comprehensive citywide program to reduce pedestrian fatalities and other injuries using the most advanced techniques available. Phase 1 presents the planned improvements, while the upcoming phase 2 of the report will contain additional analysis of policies, environmental review, and a study of engineering feasibility.

The study first identified areas of the city that have high "injury density" – the density of injuries in a particular area – as a way to identify the most promising and cost-effective locations for pedestrian improvements.

MTA Inner Geary TPS Phase 1 Plan — 2003

The MTA developed a plan to upgrade transit operations on Geary and O'Farrell between Van Ness and Stockton to precede development of BRT plans for approximately 2010. Apart from many measures to improve transit performance, the plan was also expected to improve pedestrian safety and walking conditions on these streets, reduce emissions in the area, and improve emergency vehicle access. As approved and implemented in 2005, the plan included:

- Remove lane of traffic on Geary between Mason and Polk Streets; improving transit operations and calming traffic.
- Remove lane of traffic on O'Farrell between Polk and Hyde streets
- Add double length bus bulbs on Geary at Leavenworth and on O'Farrell between Jones and Taylor to improve bus operations and improve sidewalk conditions
- Add more yellow parking zones to reduce double parking
- Add right and left turn pockets at some intersections, which removed parking. Pedestrian impact is unclear; at these corners, visibility for drivers is improved, but parked cars no longer protect pedestrians.
- Add school area signs and yellow ladder crosswalks at Christian Academy near Jones & Eddy Streets
- Add advance limit (stop) lines and restripe crosswalks at 25 to 29 intersections (not specified), total number dependent on cost per intersection
- Add street trees
- Add two senior crossing signs at 350 Golden Gate

Lessons for the SFCTA Tenderloin-Little Saigon Study

A survey of previous studies of the Tenderloin area offers some lessons for the upcoming Tenderloin-Little Saigon community based transportation plan. These include:

- **Effective and inclusive outreach is a challenge** – several previous studies, especially those by governmental agencies, described the difficulty in conducting effective outreach. Attempts to attract people to public meetings sponsored by the city agencies were relatively unsuccessful if measured by attendance.
- **No study has effectively determined the rate of accidents in the Tenderloin** – The previous studies claim that pedestrian safety is a problem that is particularly pronounced in the Tenderloin, but only offer absolute numbers to substantiate this claim. Absolute numbers can be misleading and do not offer meaningful points of comparison. This upcoming study could establish a *rate* of pedestrian injuries and fatalities that could be

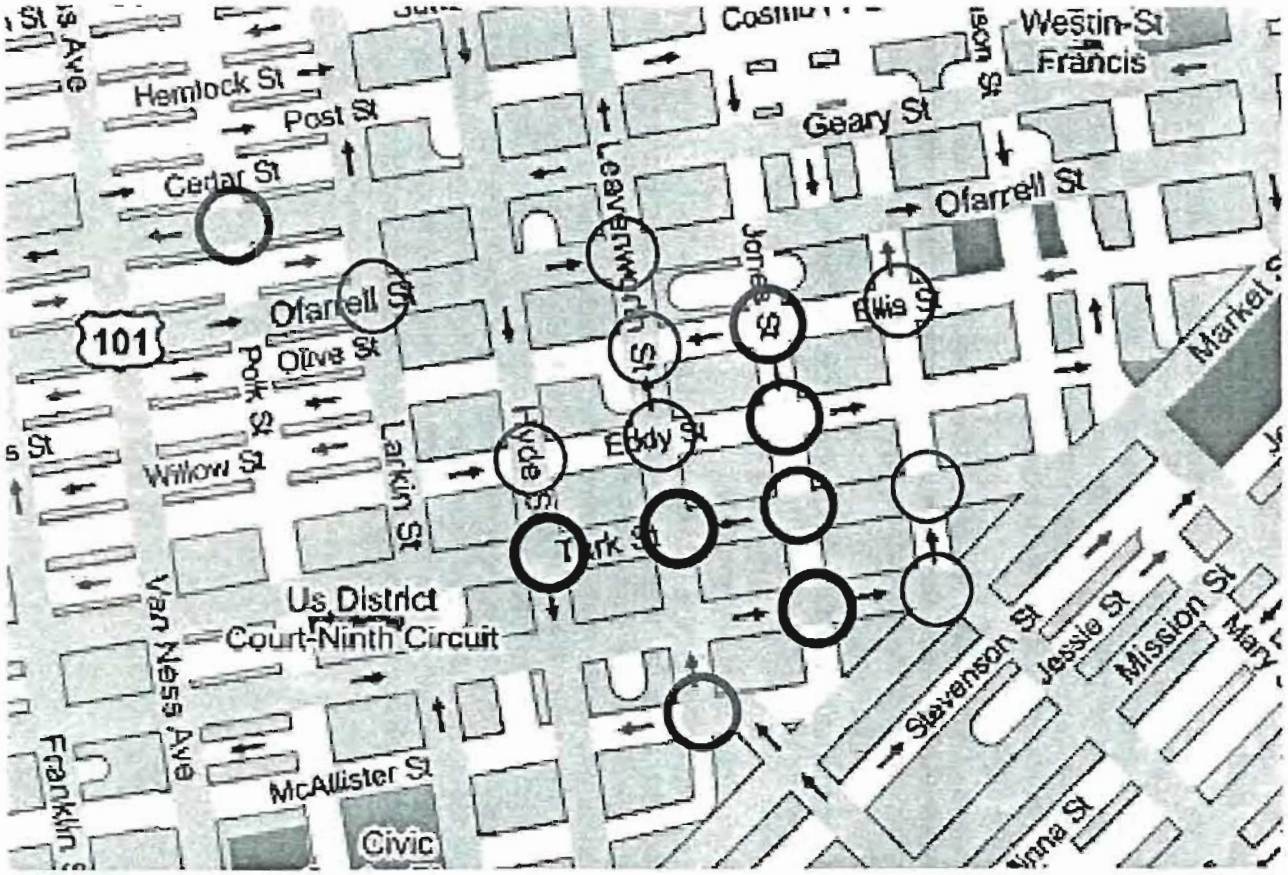
meaningfully compared with other parts of the city. Once the comparison is made, then the perception that pedestrian safety is worse in the Tenderloin supported by data. A meaningful pedestrian accident rate will also allow accidents rates within the Tenderloin to be compared from year to year; this will allow the amount of accident reduction to be quantified in a way that is independent of changes in population or other factors.

- **The Tenderloin is commonly perceived to have higher proportion of seniors, recent immigrants, and disabled residents.** No study has used Census data to substantiate this perception. This is particularly relevant because some recommendations may be tailored to the needs of certain populations, especially if there is a disproportionate number in a particular area.
- **Opportunity to frame the transportation problems and recommended solutions in terms of allocation of street space.** Space in San Francisco is limited, and different modes of transportation compete for this space. As the previous studies have identified, there is much tension between the different modes of transportation in the Tenderloin, the need for city residents to pass through this residential neighborhood, and the allocation of right of way between buildings is an expression of the balance the city has chosen between the modes.

  The allocation of right-of-way is a physical expression of these issues. In the 1950s and 60s sidewalk widths in the Tenderloin were reduced and some double turn lanes were implemented. Most of the right of way in the area is dedicated to the automobile (either for travel lanes or parking).

  Framing transportation problems and solutions in the Tenderloin in terms of allocation of street space and balance between the modes may be helpful as a way for residents to understand the issues, frame proposed solutions, and for the plan to reflect the priorities and values of the community and City.
- **Opportunity to highlight the transportation strengths in the Tenderloin that can be leveraged** – No previous study has identified the Tenderloin's strengths. In terms of transportation, the Tenderloin has the foundation that many areas strive to achieve: high residential density located to high employment density (allowing for many walking trips), fine grained urban grid, lively street culture, proximity to some bicycle routes, and very frequent transit service on each of its three borders (Van Ness, Geary, and Market Streets), likely the most transit rich neighborhood in San Francisco. The Tenderloin has much potential to be one kind of pedestrian, bicycle, and transit-oriented paradise. As part of the documentation of existing conditions, the upcoming study may want to emphasize strengths to build on just as much as problems to solve.

Specific locations in Tenderloin identified by name as problem areas in previous studies



Number of times identified

1

2

3 to 5

FILE NO. ORDINANCE NO.

[Health Care Services Master Plan.]

Ordinance amending the San Francisco Planning Code by adding Sections 342 to 342.10 requiring the preparation of a Health Care Services Master Plan identifying the current and projected needs for, and locations of, health care services within San Francisco and recommending how to achieve and maintain appropriate distribution of, and equitable access to, such services; requiring that medical institutions applying for land use approvals obtain a consistency determination from the Planning Commission determining that the proposed use promotes the goals recommended in the Master Plan; providing fees for the consistency determination, and making findings, including findings of consistency with the General Plan and the eight priority policies of Planning Code Section 101.1 and environmental findings.

NOTE: Additions are *single-underline italics Times New Roman*; deletions are ~~*strike-through italics Times New Roman*~~. Board amendment additions are double-underlined; Board amendment deletions are ~~strikethrough normal~~.

Be it ordained by the People of the City and County of San Francisco:

Section 1. Findings. The Board of Supervisors of the City and County of San Francisco hereby finds and determines that:

(a) Pursuant to Planning Code Section 302, the Board of Supervisors finds that this ordinance will serve the public necessity, convenience and welfare, for the reasons set forth in Planning Commission Resolution No. _____, and incorporates such reasons by this reference thereto. A copy of said resolution is on file with the Clerk of the Board of Supervisors in File No. _____.

(b) The Board of Supervisors finds that this ordinance is in conformity with the Priority Policies of Section 101.1 of the Planning Code and with the General Plan, and hereby

Supervisors Campos, Mar, Maxwell, Mirkarimi, Avalos, Chiu

adopts the findings set forth in Planning Commission Resolution No. _____ and incorporates such findings by reference as if fully set forth herein. A copy of said resolution is on file with the Clerk of the Board of Supervisors in File No. _____.

(c) The Planning Department concluded environmental review of this ordinance pursuant to the California Environmental Quality Act, Public Resources Code Section 2100 et seq. Documentation of that review is on file with the Clerk of the Board of Supervisors in File No. _____.

Section 2. The San Francisco Planning Code is hereby amended by adding Sections 342 to 342.10, to read as follows:

SEC. 342. HEALTH CARE SERVICES MASTER PLAN FINDINGS.

1. On March 23, 2010, President Barack Obama signed into law the "Patient Protection and Affordable Care Act," thereby initiating the most significant change to the health care delivery system that the United States has experienced in forty years. As the City and County of San Francis ("City") works to implement this monumental law, it is an opportune moment to engage in a comprehensive planning effort for health care services in the City.

2. Section 4.110 of the City Charter ("Charter") provides that the Department of Public Health and Health Commission shall provide for the preservation, promotion and protection of the physical and mental health of the inhabitants of the City and County of San Francisco.

3. Section 4.105 of the Charter provides that the Planning Commission create and maintain a General Plan consisting of goals, policies and programs for the future development of the City and County that take into consideration social, economic and environmental factors.

4. Section 127340(a) of the California Health and Safety Code provides that "private not-for-profit hospitals meet certain needs of their communities through the provision of essential healthcare and other services. Public recognition of their unique status has led to favorable tax

treatment by the government. In exchange, nonprofit hospitals assume a social obligation to provide community benefits in the public interests."

5. The elimination of the Bay Area Health Systems Agency in 1981 and the establishment of a competitive marketplace for health services as state policy through state legislation resulted in the loss of routine and comprehensive analysis of health service resources, needs, trends, local impacts and related information in the City to guide decisions by medical institutions and governmental land use decisions. This loss of information promoted decisions, both private and public, that could favor short term individual developments over long term, City-wide public policy goals.

6. The attempt by the City to fill the policy gap by passing Ordinance Number 279-07, requiring submission of Institutional Master Plans, revealed the need to balance individual institutional planning with a city-wide plan within which plans of individual institutions can be assessed for their relation to city-wide public policy goals and the impacts in neighborhoods and the City as a whole.

7. A Health Care Services Master Plan will provide the Health Commission, the Planning Commission and Board of Supervisors with information and public policy recommendations to guide their decisions to promote the City's land use and policy goals developed in such Plan, such as distribution and access to health care services.

8. A Health Care Services Master Plan will also provide the Health Commission, the Planning Commission and Board of Supervisors with information essential to disaster planning for the City.

9. The San Francisco Department of Public Health is particularly well situated to create a Health Care Services Master Plan, as it can draw upon the innovative work of Building a Healthier San Francisco, including "The Living Community Needs Assessment" which is an up-to-date, web-based, compilation of data about community health in neighborhoods throughout the City.

SEC. 342.1. DEFINITIONS.

As used in these sections 342 to 342.10, the following terms shall have the following meanings:

(a) "Application" shall mean an application submitted by an owner or operator of a medical institution for any City land use approval, including but not limited to a conditional use permit, variance, or other entitlement requiring Planning Commission or Zoning Administrator action.

(b) "Applicant" shall mean an owner or operator of a medical institution submitting an application for a land use approval described in section (a) above.

(c) "Medical Institution" shall mean providers of healthcare services, such as hospitals, nursing homes, skilled nursing facilities, in-patient hospices, mental and behavioral health facilities, substance abuse and chemical dependency treatment centers, ambulatory care centers, rehabilitation facilities, free standing imaging centers, surgical centers, birthing centers, clinics, and medical office buildings.

SEC. 342.2. HEALTH CARE SERVICES MASTER PLAN: COMPONENTS

(a) The Department of Public Health and the Planning Department shall prepare a Health Care Services Master Plan that displays and analyzes information concerning the geography (including natural features of land, weather, and water supply), demography, epidemiology, economics/finance, neighborhood characteristics, intensity of use, workforce, technology, and governmental policy pertinent to distribution, access, quality and cost of health care services in the City, including the use of the health care services by patients from outside the City, and referral of patients from the City to medical institutions located outside the City limits. Based on this information, the Health Care Services Master Plan will identify existing and anticipated future needs for health care services compared to available and anticipated resources and potential impacts on neighborhoods, and make recommendations for improving the match between needs and resources, as well as where health care services may be located within an area of the City without a significant land use burden on particular neighborhoods. The Health Care Services Master Plan shall consider neighborhood density, uses, transit and infrastructure availability, traffic characteristics, including mode split among cars, public transit, bicycles and pedestrians.

(b) The Health Care Services Master Plan shall contain all of the following components:

(1) Health System Trends Assessment: The Health Care Services Master Plan shall describe and analyze trends in health care services with respect to the City, including but not limited to: disease and population health status; governmental policy (at the national, state, regional levels); disaster planning; clinical technology; communications technology; payment for services; sources and uses of capital for investment in services; organization and delivery of services; workforce; community obligations of providers, and any other trends that, in the discretion of the Department of Public Health, may affect availability, location, access and use of services in the City.

(2) Capacity Assessment: The Health Care Services Master Plan shall quantify the current and projected capacities of existing medical institutions in San Francisco, including public and private facilities and community-based organizations. The capacity assessment shall describe, analyze, and project resources available for emergency services, including trauma services; acute hospital services, including beds and services that require specialized facility accommodations; ambulatory care services including primary care; specialty physician services; hospital-based and free-standing urgent care services; rehabilitation, long term care and home health services; and behavioral health services including psychiatric emergency, mental health and substance abuse services. In addition, the capacity assessment shall quantify "surge capacity" needs in the event of a disaster.

(3) Land Use Assessment: The Health Care Services Master Plan shall assess the supply, need and demand for medical institutions in the different neighborhoods of the City; the potential effects or land use burdens of locating such services in particular neighborhoods; and the potential for displacement of other neighborhood-serving uses that may occur as a result of the placement of medical institutions.

(4) Gap Assessment: The Health Care Services Master Plan shall identify medical service gaps across the City and medically underserved areas for particular services with reference to geography, transportation/communication options, and unique barriers to accessing care, including

but not limited to language, race, immigration status, gender identity, substance abuse, and public assistance.

(5) Recommendations: The Health Care Services Master Plan shall include policy recommendations to promote an equitable and efficient distribution of healthcare services in the City; the elimination of healthcare service gaps and medically underserved areas; and the placement of medical institutions within the City in a manner that is consistent with the character, needs and infrastructure of the different neighborhoods, and that promotes and protects the public health, safety, convenience and general welfare.

SEC. 342.3. HEALTH CARE SERVICES MASTER PLAN PROCESS:

(a) Timing for Health Care Services Master Plan Completion: The Department of Public Health, or its designated consultant, shall work with the Planning Department to complete a draft Health Care Services Master Plan within nine (9) months of the effective date of this ordinance, which time may be extended upon request and by approval of the Board of Supervisors.

(b) Preparation of the Health Care Services Master Plan: The Department of Public Health shall hold at least two publicly-noticed informational hearings and/or workshops during the course of the preparation of the draft Health Care Services Master Plan. The Planning Department shall participate in all hearings and/or workshops.

(c) Upon completion of a draft Health Care Services Master Plan, the Department of Public Health shall provide public notice of the availability of the Health Care Services Master Plan draft for public review. The notice shall specify a period of no less than thirty (30) days during which written comments will be received by the Department of Public Health and the Planning Department on the draft Health Care Services Master Plan.

(d) Public Hearing: After the close of the written public comment period, the Health Commission and Planning Commission shall hold a joint public hearing on the draft Health Care Services Master Plan. The Commissions shall set the time and date for the hearing within a reasonable

period, but in no event shall the hearing date be more than thirty (30) days after the close of the written public comment period. The Commissions may recommend approval or may request additional information or revisions in the Health Care Services Master Plan. If the Health Commission or Planning Commission requests significant or material additional information or revisions for the Health Care Services Master Plan, then the Health Commission and Planning Commission shall hold additional public hearings to consider such changes, either jointly or separately.

(e) The Health Commission and the Planning Commission may recommend approval or disapproval of the Health Care Services Master Plan. Following such recommendations, the Board of Supervisors shall schedule a hearing to consider adoption of the Health Care Services Master Plan.

(f) Plan Update. The Department of Public Health and Planning Department shall update the Health Care Services Master Plan every three (3) years including a summary of changes since the prior Health Care Services Master Plan was approved. If the departments are unable to update the Health Care Services Master Plan within three (3) years of the prior update, they must seek an extension of time from the Board of Supervisors. The Health Commission, the Planning Commission, and the Board of Supervisors shall consider and approve periodic Health Care Services Master Plan updates based upon the same procedures described in sub sections (a)-(e) above.

SEC. 342.4. CONSISTENCY DETERMINATION FEE.

The Planning Department may charge and collect from the medical institution seeking a land use approval subject to these sections 342 to 342.10 a fee for the preparation of the required Consistency Determination, in an amount that does not exceed the actual cost of preparation. This fee shall be payable at the time the application for such land use approval is submitted.

SEC. 342.5. CONSISTENCY DETERMINATION.

(a) Upon adoption of the Health Care Services Master Plan, the Planning Department shall

review any application for or by a medical institution for a land use approval, in order to make findings that a proposed use is consistent with the most recently updated Health Care Services Master Plan's recommendations.

(b) Consistent Applications. If the Planning Department finds that an application appears to be consistent with the recommendations of the Health Care Services Master Plan. the Planning Department shall issue a Consistency Determination to the applicant, and shall immediately post it on the department's website, inviting interested persons to provide public comment on the Consistency Determination. The Planning Department shall not take any action on the land use application for a minimum of fifteen (15) days following the issuance and notice of the Consistency Determination. If the Planning Department receives no written objections to the Consistency Determination within fifteen (15) days, the Consistency Determination is final. If the Planning Department receives written objections setting forth substantive arguments that the application is not consistent with the recommendations of the Health Care Services Master Plan it shall follow the procedures set forth below for inconsistent applications.

(c) Inconsistent Applications. If the Planning Department finds that an application appears to be inconsistent with the recommendations of the Health Care Services Master Plan, it shall submit the application to the Health Commission. The Health Commission shall review the application at a public hearing and issue written recommendations concerning whether the applicant's proposal is consistent with the recommendations of the Health Care Services Master Plan. If the Health Commission finds that the application is inconsistent with the Health Care Services Master Plan, the Health Commission shall make recommendations to achieve consistency. If the Health Commission finds that the application is consistent with the Health Care Services Master Plan, it shall make written findings to this effect. The Health Commission shall submit its recommendations or written findings to the Planning Commission within thirty (30) days after receipt of the application. Prior to the Planning

Commission's consideration of the Health Commission's recommendation, the applicant may amend its application in an effort to achieve consistency with the Health Care Services Master Plan.

(d) Public Hearing. The Planning Commission shall hold a public hearing to consider public testimony regarding whether the application is consistent with the recommendations of the Health Care Services Master Plan at the same time that it considers the application as a whole. The Planning Commission shall consider the recommendations of the Health Commission when making a final decision whether or not to issue a Consistency Determination, and shall make written findings to this effect. The Planning Commission may only approve an application for which it did not issue a Consistency Determination if countervailing public policy considerations justify approval of the project.

(e) City Consideration of Consistency Determination. The Planning Department, the Zoning Administrator and all other involved city agencies shall not approve any permit or entitlements for a medical institution unless the applicant obtained a Consistency Determination from the Planning Department or the Planning Commission, or the Planning Commission found that countervailing public policy considerations justify approval of the application despite its inconsistency with the Health Care Services Master Plan.

SEC. 342.6. APPEALS.

(a) Within thirty (30) days of the issuance or denial of a Consistency Determination by the Planning Commission, any person may file an appeal. If the Board of Supervisors has authority to review the underlying land use approval, the appeal shall be filed with the Board of Supervisors. If the Board of Supervisors does not have authority to review the underlying land use approval, the appeal shall be filed with the Board of Appeals.

(b) Appeal to the Board of Supervisors: The Board of Supervisors shall hold a public hearing on an appeal of a Consistency Determination. If the Board of Supervisors, based on all of the information before it, disagrees with the Planning Commission's decision to grant or deny a

Consistency Determination, the Board of Supervisors may reverse such decision. The Board of Supervisor's decision shall be final.

(c) Appeal to the Board of Appeals: The Board of Appeals shall hold a public hearing on an appeal of a Consistency Determination. The Board of Appeals may, based on all of the information before it and on the affirmative vote of four of its members (or, if a vacancy exists, by a vote of three members), disagree with the Planning Commission's decision to grant or deny a Consistency Determination. In such cases the Board of Appeals may overrule the Planning Commission's decision and shall state in writing the reasons for its action. The Board of Appeals' decision shall be final.

SEC. 342.7. AUTHORITY TO ADOPT RULES AND REGULATIONS.

The Planning Director, in consultation with the Department of Public Health, may prepare rules, regulations, or guidelines to implement and enforce these sections 342 to 342.10. Rules or regulations prepared pursuant to this Section shall be adopted at a regular meeting of the Planning Commission, by a majority vote following a public hearing, provided that the amendment has been calendared for hearing for at least ten days.

SEC. 342.8 PREEMPTION.

In adopting sections 342 to 342.10, the Board of Supervisors does not intend to regulate or affect the rights or authority of the State to take any actions that are required, directed, or expressly authorized by Federal or State law. This ordinance shall not apply to prohibit conduct that is prohibited by Federal and State law. The ordinance does not intend to supplant or supersede any state or local land use or environmental laws or regulations, including but not limited to the City's land use planning and zoning ordinances and the California Environmental Quality Act.

SEC. 342.9. CITY UNDERTAKING LIMITED TO PROMOTION OF GENERAL WELFARE.

In undertaking the adoption and enforcement of these sections 342 to 342.10, the City is assuming an undertaking only to promote the general welfare. The City does not intend to impose the

type of obligation that would allow a person to sue for money damages for an injury that the person claims to suffer as a result of a City officer or employee taking or failing to take an action with respect to any matter covered by these sections.

SEC. 342.10. SEVERABILITY.

If any of the provisions of these sections 342 to 342.10 or the application thereof to any person or circumstance is held invalid, the remainder of these sections, including the application of such part or provisions to persons or circumstances other than those to which it is held invalid, shall not be affected thereby and shall continue in full force and effect. To this end, the provisions of these sections are severable.

Section 3. This Section is uncodified.

The Board of Supervisors hereby urges the Planning Commission to initiate a General Plan Amendment pursuant to Section 340 of the Planning Code, to bring the Health Care Services Master Plan within the General Plan.

APPROVED AS TO FORM:

DENNIS J. HERRERA, City Attorney

By: _____
ANDREA RUIZ-ESQUIDE
Deputy City Attorney

LETTER 105

Devyani Jain/CTYPLN/SFGOV
10/20/2010 02:50 PM

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

DEVYANI JAIN, *Senior Planner*
Major Environmental Analysis

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

P: 415.575.9051 | F: 415.558.6409

----- Forwarded by Devyani Jain/CTYPLN/SFGOV on 10/20/2010 02:50 PM -----

Bill Wycko/CTYPLN/SFGOV
10/20/2010 02:25 PM

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

----- Forwarded by Bill Wycko/CTYPLN/SFGOV on 10/20/2010 02:25 PM -----

chris schulman <chris.schulman@gmail.com>
10/19/2010 04:10 PM

To bill.wycko@sfgov.org
cc
Subject CPMC EIR Comments

Mr. Wyko,

Please see my attached comments to the draft EIR for CPMC. Thank you.

Chris Schulman DOC245.PDF

Chris Schulman
1156 Sutter Street #304
San Francisco, Ca 94109

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

October 19, 2010

Re: Public Comment for the CPMC draft EIR

Mr. Wyko:

My comments are limited to the recreation component of the EIR as it relates to the Cathedral Hill Campus. I would also like to express my support for comments made by Lower Polk Neighbors. 105-1 RE

The recreation component of the draft EIR is significantly flawed due to the assumption that no housing will be built as part of the project. The Van Ness housing master plan, re-enforced recently by the Board of Supervisors requires a 3-1 ratio for housing. While this will likely be reduced as part of a compromise, significant housing will be built as part of this project within the half mile radius of the Cathedral Hill campus identified in figure 4.10-2 either directly, or through in lieu payments. The smallest environment impact and greatest public benefit will be realized if neighborhood serving recreation and open space is provided for as part of the mitigation plans for this project. Multiple common open space within buildings constructed or renovated as part of this project will not provide necessary open space. 105-2 RE

School yards should not be included as part of the list of facilities (Table 4.10-1 and Figure 4.10-2) as they are either not open to the public or are restricted to weekend use. This adds to the park acres listed and leads the table to be misleading. Furthermore, several park facilities have severe restrictions, including open only children (Turk and Hyde Mini Park) or are open only several hours per week (Boedeker Park.) 105-3 RE

The ½ mile radius used in the dEIR for "acceptable walking distance" (Page 4.10-4) is extremely misleading and does not account for hills and grades. For example, walking from Van Ness and Geary to Lafayette Park takes approximately 20 minutes due to the steep hills. This time is reflected in Google Maps and in my experiences. Seniors and families may find that this time is increased. Tenderloin park facilities are also more than a 20 minute walk due to traffic lights and congested sidewalks. Updating the proximity map is necessary to reflect the circumstances of the area surrounding the proposed campus. The updated proximity map will show an even more severe lack of recreation space which must be updated in related charts and in the evaluations made. Additionally, 105-4 RE

the impact to nearby intersections identified in the traffic component of the dEIR (further exasperated by necessary updated projections) will lead to further pedestrian delays in accessing recreation and open space.

105-4 RE

The Near-Term projects for the Cathedral Hill campus on page 4.10-42 indicate that a "privately owned, publicly accessible outdoor courtyard" will be created at this campus. It is followed by a statement that "the courtyard will be available for use by patients, visitors, and personnel of CPMC." This indicates that the general public, including homeless and other socially and economically challenged persons who can most benefit from open space will not be welcome or will need to go through a visitor check in process. This is not publically available space- it will be for private use. The open space included in this project, while still significantly undeserving the community and not mitigating the effects to the neighborhood must be accessible from the street.

105-5 RE

I am pleased to see that the dEIR noted that the Cathedral Hill campus is located in a part of the City that has been recognized for decades as a high need area. The reference however, that the campus sites are not located within areas that are desirable for conversion to public open space (page 4.10-28) is misleading. The proposed update to the open space component of the general plan clearly states that private properties are not identified for open space transition as a policy decision. There is no reason while open space could not be designated on significant parts of the campus and this reference must be struck.

105-6 RE

I look forward to the EIR being updated to property reflect the above and other recreation related issues that are identified.

Regards,

Chris Schulman

LETTER 106

Devyani Jain/CTYPLN/SFGOV
10/20/2010 02:50 PM

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

For Follow Up: Normal Priority

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 10/20/2010 02:50 PM -----

Bill Wycko/CTYPLN/SFGOV
10/20/2010 02:24 PM

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

----- Forwarded by Bill Wycko/CTYPLN/SFGOV on 10/20/2010 02:24 PM -----

Paulett Taggart <pt@ptarc.com>
10/19/2010 04:41 PM

To Bill.Wycko@sfgov.org
cc
Subject EIR-Case 2005.0555E - CPMC Long Range Development Plan

Dear Mr Wyco,
Attached is a letter regarding the EIR for CPMC.
Thank you.
Paulett Taggart

Paulett Taggart, FAIA, LEED AP
PAULETT TAGGART ARCHITECTS
725 Greenwich, San Francisco, CA 94133

T 415.956.1116
F 415.956.0528

CPMC-letter-pt.pdf

GREENWICH STREET SAN FRANCISCO CA 94133 WWW.PTARC.COM 415.956.1116

PAULETT TAGGART
ARCHITECTS

October 18, 2010

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

Re. Case 2005.0555E – CPMC Long Range Development Plan

Dear Mr. Wyco:

I do support quality health care for all San Franciscans. However, I have serious concerns about the environmental impacts of the Long Range Development Plan. The proposal for CPMC as described will have a significant environmental impact effect with regard air quality as well as wind and shadow.

106-1 AQ

I do believe there is a better option presented in the EIR, and that is Alternative 3A. Alternative 3A helps distribute healthcare throughout the City while significantly reducing some of the negative environmental impacts on Cathedral Hill. Alternative 3A reduces the height of the new hospital on Cathedral Hill, keeping the height within the current zoning height limit of 130 feet. This reduction in height decreases the negative effects of increased wind and shadow in the area. Alternative 3A is the environmentally superior solution; it reduces many negative environmental impacts on Cathedral Hill including hazardous waste, traffic with its related pedestrian safety issues, other noise intrusions, and air quality.

106-2 ALT3A

At this point, we ask that the Draft Environmental Impact Report be considered a work in progress. There need to be additional and stronger mitigations along with further review of Alternative 3A.
Thank you.

Sincerely yours,

Paulett Taggart

LETTER 107

Devyani Jain /CTYPLN/SFGOV
10/20/2010 02:50 PM

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

For Follow Up: Normal Priority

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----- Forwarded by Devyani Jain/CTYPLN/SFGOV on 10/20/2010 02:50 PM -----

Bill Wycko /CTYPLN/SFGOV
10/20/2010 02:23 PM

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

----- Forwarded by Bill Wycko/CTYPLN/SFGOV on 10/20/2010 02:23 PM -----

"Nick Wilson" <hamiltonassoc @sbcglobal .net>
10/19/2010 04:58 PM

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

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

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. 107-1 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 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. 107-2 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.

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)".* 107-3 WS

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. 107-4 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. 107-5 NO

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Letter 108

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October 19, 2010

Via E-mail and U.S. Mail

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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.

108-1 OTH

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

108-2 INTRO

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.

108-2 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.

108-3 PD

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.

108-4 ALT

3. The DEIR does not consider public health impacts of the Long Range Plan.

108-5 HC

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.

108-6 LU

5. The DEIR does not adequately analyze many environmental impacts. In particular, its analysis of transportation impacts does not meet the requirements of CEQA.

108-7 TR

6. Mitigation measures contained in the DEIR often do not actually mitigate project impacts.

108-8 INTRO

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.

108-9 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.

108-10 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:

108-11 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)).

108-11 PD

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.

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

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:

108-12 ALT3A

- 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).

- 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.

108-12 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.

108-13 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.

108-14 PD

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

108-15 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.)

108-15 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:

108-16 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.

108-17 HC

- 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.

108-18 HC

- 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

[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.

108-18 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 ills 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.

108-19 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.

108-20 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

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[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.

108-20 PP

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.

108-21 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.

108-22 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).

108-23 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).

108-23 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.

108-24 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.

108-25 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.

108-26 TR

108-27 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

108-28 TR

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

108-28 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.

108-29 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.

108-30 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.

108-31 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

108-32 TR

conservative analysis should be provided indicating the impacts if delivery patterns mirror existing conditions at CPMC's existing campuses. 108-32 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. 108-33 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. 108-34 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. 108-35 PH 108-36 PH 108-37 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. 108-38 PH 108-39 TR 108-40 HC 108-41 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.

108-42 LU

108-43 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.

108-44 LU

108-45 LU

108-46 LU

108-47 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.

108-48 LU

108-49 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 MOBs 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.

108-50 NO

Traffic impacts due to these policies and increases in night noise generation at sensitive receptors are nowhere discussed in Chapter 4.6. 108-51 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. 108-52 CP 108-53 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. 108-54 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. 108-55 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, 108-56 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.

108-56 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.

108-57 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.

108-58 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.

108-59 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

108-60 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. 108-60 NO

The DEIR should also indicate whether a helipad is proposed at any of the hospitals included in the Long Range Plan. 108-61 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. 108-62 NO 108-63 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.) 108-64 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. 108-65 INTRO

Sincerely,

Barbara E. Kautz

Letter 109

BAY AREA AIR QUALITY MANAGEMENT DISTRICT SINCE 1955

October 19, 2010

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

Subject: California Pacific Medical Center (CPMC) Long Range Development Plan Draft Environmental Impact Report

Dear Mr. Wycko:

Bay Area Air Quality Management District (District) staff reviewed your agency's Draft Environmental Impact Report (DEIR) for the California Pacific Medical Center (CPMC) Long Range Development Plan (Project). The proposed Project is the multi-phased strategy to meet State seismic safety requirements for hospitals (SB1953) and create a 20-year plan for CPMC's four existing medical campuses and a proposed new medical campus at Van Ness Avenue and Geary Boulevard. Major Project components include:

109-1 AQ

- At the Cathedral Hill Campus site (Van Ness Avenue and Geary Boulevard): Demolition of the existing Cathedral Hill Hotel and 1255 Post Street Office Building, construction of the proposed Cathedral Hill Hospital, a medical office building (MOB) and an underground pedestrian tunnel connecting the two, and renovation of an existing MOB.

- At the Pacific Campus (Sacramento and Buchanan Streets): Construction of a new building and parking structure, and renovation of other existing buildings.

- At the Davies Campus (Castro and 14th Streets) and St. Luke's Campus (Cesar Chavez and Valencia Street): Demolition of existing structures at each campus, and construction of medical facilities, a MOB and parking improvements.

District staff is concerned about the significant and unavoidable air quality impacts identified in the DEIR that are associated with Project construction and operation emissions. The San Francisco Bay Area region is currently in non-attainment for state and federal ozone standards and fine particulate matter (PM2.5) standards, and for state PM10 standards. The emissions associated with this Project need to be mitigated to the maximum extent feasible to ensure the Project does not adversely affect the region's ability to attain heath-based ambient air quality standards.

109-2 AQ

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Impact AQ-9

The DEIR states that construction activities would exceed BAAQMD 2010 CEQA thresholds for criteria pollutants and contribute to existing air quality violations. In response, the DEIR refers to Mitigation N-2, which states that CPMC would:

> Implement Accelerated Emission Control Device Installation on Construction Equipment…[and] 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 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. (DEIR p. 4.7-36) (emphasis added)

109-3 AQ

Staff realizes that there is uncertainty about when specific types of equipment will be available with Tier 4 engines. Our understanding is that as of year 2011, Tier 4 Interim engines will be available for all off-road equipment, with the exception of equipment engines with 75 to 175 horsepower, and that by 2015, Tier 4 engines will be available for all off-road engines, regardless of horsepower.

District staff supports the objective of using the cleanest available construction equipment, and believes it should be a requirement. District staff recommends "make reasonable efforts" be stricken from the clause above and Mitigation N-2 be revised to require Tier 4 or equivalent equipment for all uses where such equipment is available.

Staff also recommends that diesel generators for construction activity be prohibited as a condition of Project approval. Where it is not possible to plug into the electric grid for construction purposes, the City should require use of solar powered generation, and only as a last resort, the City should require the cleanest diesel generators and control technology available. In addition, the City should require all on-road haul trucks utilized during construction be model year 2007 engines equipped with DPFs or newer engines.

109-4 AQ

Impact GH-3

District staff understands that the Project will comply with the City's measures to help reach climate projection goals, including the Transit First Policy, Sustainability Plan, Climate Action Plan and Green Building Ordinance. We also support CPMC's additional commitments to energy efficiency, reduced water consumption, green roofs, construction waste recycling, and reduction in use of steel building materials.

109-5 GH

The Project's GHG's emissions are reported at 5.9 metric tons of CO2-e per service person per year (MTCO2e/SP/yr). This is above the threshold of 4.6 MTCO2e/SP/yr established by the BAAQMD's 2010 CEQA Guidelines and therefore the DEIR finds that Impact GH-3 is significant. District staff considers additional measures to be feasible and recommends that the following measures be required as a condition of Project approval:

- Adjusting parking prices to further discourage vehicle trips to the Project.

- Providing an alternative-fueled shuttle service with the cleanest technology available for employees traveling between the campuses and transit centers.
- Adding on-site renewable energy sources, such as wind turbines or solar panels, and committing to powering a specific percentage of the Project with this renewable energy source.
- Meeting LEED for Heathcare green building standards.
- Instead of increasing energy efficiency 14% beyond Title 24 as stated in the DEIR, committing to a percentage reduction greater that 14% beyond Title 24.
- Electrifying loading docks and prohibiting idling of all trucks.

109-5 GH

In addition to the specific measures above, the City could establish an offsite mitigation program to fund emission reductions projects if on-site construction and/or operation emission reductions cannot lower emissions to the less-than-significant level.

District staff is available to assist the City in addressing these comments. If you have any questions, please contact Alison Kirk, Senior Environmental Planner, at (415) 749-5169.

Sincerely,

Jean Roggenkamp
Deputy Air Pollution Control Officer

cc: BAAQMD Director Chris Daly
BAAQMD Director Eric Mar
BAAQMD Director Gavin Newsom