Letter 110

Devyani Jain /CTYPLN/SFGOV
10/20/2010 01:40 PM

To Chelsea Fordham/CTYPLN/SFGOV@SFGOV
cc
bcc
Subject Fw: CNA Comments on CPMC DEIR: Email 8

For Follow Up: Normal Priority

DEVYANI JAIN, *Senior Planner*
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----- Forwarded by Devyani Jain/CTYPLN/SFGOV on 10/20/2010 01:40 PM -----

Gloria D Smith <gloria@gsmithlaw.com>
10/20/2010 12:33 PM
Please respond to gloria@gsmithlaw.com

To bill wycko <bill.wycko@sfgov.org>, Devyani Jain <Devyani.Jain@sfgov.org>
cc ngreen@calnurses.org
Subject CNA Comments on CPMC DEIR: Email 8

Please find attached Mr. Lighty's signed, final letter. Please delete the prior draft version sent yesterday, and include this copy in the administrative record. Thank you for your help in this matter.

The Law Offices of Gloria D. Smith

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--- On **Wed, 10/20/10, Nato Green <*NGreen@CalNurses.Org*>** wrote:

From: Nato Green <NGreen@CalNurses.Org>
Subject: FW: CPMC Letter and ML resume
To: "Gloria" <gloria@gsmithlaw.com>
Date: Wednesday, October 20, 2010, 3:12 PM

Nato Green, Labor Representative

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From: Sheila Ibanez
Sent: Wednesday, October 20, 2010 10:42 AM
To: Nato Green
Subject: CPMC Letter and ML resume
Importance: High

Hi Nato,

Please let me know if you need anything else.

Thank you,

Sheila

Ricoh550ex113[1].pdf

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October 19, 2010

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

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

Dear Review Officer:

I have reviewed the Draft Environmental Impact Report ("Draft EIR") for the California Pacific Medical Center ("CMPC") Long Range Development Plan ("LRDP"). The Draft EIR was published by the City of San Francisco ("City") as the lead agency under the California Environmental Quality Act ("CEQA") for public review on July 21, 2010.[1] My comments below pertain to health care issues and environmental impacts that would result from implementation of the LRDP.

It is my opinion that the Draft Environmental Impact Report to implement California Pacific Medical Center's Long-Range Development Plan is critically flawed in deciding to ignore healthcare in its impact analyses, particularly in its cumulative impact analyses. All of the land use arguments are in their essence cost-benefit arguments about health care. Therefore, an analysis of the CEQA impacts of the LRDP, possible mitigation measures, and alternatives is incomplete and meaningless without an analysis of its health care implications. 110-1 HC

My qualifications as a health expert include Director of Public Policy for the California Nurses Association/National Nurses United, former Oakland Planning Commissioner, and member of the San Francisco Blue Ribbon Panel for the St. Luke's Campus. My résumé is attached to this letter.

Background

CPMC consists of four hospitals in San Francisco, CA, and is affiliated with Sutter Health ("Sutter"). The LRDP is CPMC's multi-phased strategy to meet state seismic safety requirements for its hospitals and create a 20-year framework and institutional master plan for CPMC's four existing medical campuses and one proposed new medical campus, the Cathedral Hill Campus. The four existing 110-2 PD

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

CPMC medical campuses are the Pacific Campus in the Pacific Heights area, the California Campus in the Presidio Heights area, the Davies Campus in the Duboce Triangle area, and the St. Luke's Campus in the Mission District.

110-2 PD

I. Elimination of Services and Patient Transfers in the Bay Area Resulting from Sutter's Regionalization

Sutter is going through a process of "regionalization," in which its twenty-six affiliate hospitals are collapsed into five regional structures. As a result, the corporate entity of CPMC has ceased to exist, while all CPMC operations, finance, and governance have dissolved into Sutter West Bay. Sutter West Bay is the region covering Sutter operations from San Francisco north to Clear Lake.[2]

Historically, Sutter has tied together its affiliate networks with shared purchasing, compliance, contracting, treasurer, government relations, legal, pensions, employee benefits, etc. However, each affiliate also had relative autonomy in the pursuit of its own business plans. Sutter's major leverage over its affiliates was their participation in the Sutter Health Obligated Group. By affiliating with Sutter, previously independent hospitals agreed to keep only two weeks of operating cash on hand, while transferring all excess cash to Sutter Corporate. In practice, cash transfers through the Obligated Group have been inconsistent, and apparently political among the Sutter affiliates. (It is this inconsistency that is in part the basis of the current lawsuit by Marin General Hospital to recover the over $120 million Sutter transferred out of the Marin Healthcare District in the years leading up to the restoration of local governance.)[3]

110-3 HC

As Sutter regionalizes its hospitals, it is engaged in a parallel regionalization of all its affiliated physician foundations. It appears that in the next five years, assuming the regionalization process is successful, Sutter intends to roll out a commercial insurance product to make it competitive with Kaiser Permanente ("Kaiser"). It can be assumed that Sutter has been imposing this insurance, named "Sutter Select," on its employees as a captive patient population to seed the launch of the product.

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

Over the years, Sutter has drastically reduced the number of licensed hospital beds both at CMPC campuses and regionally. Specifically, if all of Sutter's plans in the Bay Area were approved, would entail eliminating 881 licensed hospital beds in the Bay Area between the CPMC campuses, Alta Bates Summit Medical Center in Berkeley and Oakland (Herrick

110-4 HC

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[2] San Francisco Business Times, Cal Pacific Chief Takes on Regional Role, March 6, 2009; North Bay Business Journal, Sutter hospital CAO has history of managing quality, change, October 26, 2009.

[3] Sacramento Bee, Marin Hospital District Sues Sutter, August 27, 2010

Campus and Summit Campus), San Leandro Medical Campus (complete closure proposed), Eden Medical Center in Castro Valley, Sutter Medical Center of Santa Rosa, and Mills-Peninsula Health Services ("Mills Peninsula") in Burlingame and San Mateo.

The planned consolidation of by Sutter across the Bay Area assumes increased transfer of patients between cities. For example, earlier this spring a stroke patient in Novato was transferred to CPMC in San Francisco rather than to the nearest stroke center in Greenbrae in Marin County.[4] Traffic burdens (and associated air quality and greenhouse gas emissions) caused by additional patient transports to and from San Francisco as a result of regionalization are not addressed in the Draft EIR.

Table 1 below summarizes the past and planned future loss of licensed beds in the Bay Area.

Table 1: Reduction in number of licensed beds at Sutter-affiliated campuses in the Bay Area

Sutter Facility	2010 licensed beds	Rebuild plans	Recent past cuts	Future cuts outside rebuild plans	Total loss of licensed beds
Alta Bates Summit (Summit Campus, Oakland[a]	(345)	(309)	0	0	(36)
Alta Bates Summit (Herrick Campus, Berkeley)[b]	(180)	unknown	(18)	(77)	(95)
California Pacific Medical Center (San Francisco)[c]	(1,042)	(854)	(231)	0	(419)
Eden Medical Center (Castro Valley)[d]	(178)	(130)	(31)	0	(79)
San Leandro Hospital (San Leandro)[e]	(122)	0	0	(122)	(122)
Santa Rosa Medical Center (Santa Rosa)[f]	(135)	(70)	0	0	(65)
Mills Peninsula (San Mateo/Burlingame)[g]	(288)	(243)	(20)	0	(65)
				TOTAL	(881)

a Phase I of the rebuild at Summit Campus only

b 18 beds eliminated from adolescent psychiatric care in 2007; further cuts planned when Herrick Campus moves to Summit Campus include: closure of 40-unit pulmonary sub-acute care and reduction of adult/adolescent psychiatric care from 105 to 68 beds

c Based on Draft EIR, Table 2-2, *see* Table below

d 31-bed acute rehabilitation unit closed in 2010

e Sutter intends to close the San Leandro Hospital; currently lawsuits are pending with hospital district, community, doctors, nurses, and other health care workers fighting to maintain San Leandro Hospital as a full-service acute care hospital

f Sutter recently obtained approval to rebuild Sutter Medical Center of Santa Rosa at a much smaller size; a lawsuit has been filed challenging the EIR

g 20-bed acute rehabilitation unit closed in 2010; cuts in addition to those listed in the table would result from closures of pediatrics and skilled nursing facility beds as announced by Mills-Peninsula in the past week

As Table 1 shows, almost half of the licensed beds eliminated by Sutter region-wide (881 beds) are removed at the CPMC campuses (419 beds) in San Francisco. Table 2 below shows a summary of licensed beds at the CPMC campuses for the time period from 2006 through 2010 and the future reductions proposed under the LRDP.

110-4 HC

[4] Marin Independent Journal, Doctors Criticize Sutter Handling of Stroke Patient, May 18, 2010

Table 2: CPMC historic and proposed licensed hospital beds under LRDP by bed type[a,b]

Bed Type	2006	2007	2008	2009	2010	LRPD	A Δ (2010 - 2006)	B Δ (LRDP - 2010)
Cathedral Hill Campus								
Acute care	-	-	-	-	-	555	-	555
Rehabilitation	-	-	-	-	-	-	-	-
Psychiatric care	-	-	-	-	-	-	-	-
Skilled nursing	-	-	-	-	-	-	-	-
TOTAL	**-**	**-**	**-**	**-**	**-**	555	**-**	555
Pacific Campus								
Acute care	295	295	295	295	295	-	-	(295)
Rehabilitation	-	-	-	-	-	-	-	-
Psychiatric care	18	18	18	18	18	18	-	-
Skilled nursing	-	-	-	-	-	-	-	-
TOTAL	**313**	**313**	**313**	**313**	**313**	**18**	**-**	**(295)**
California Campus								
Acute care	319	299	299	299	299	-	(20)	(299)
Rehabilitation	-	-	-	-	-	-	-	-
Psychiatric care	-	-	-	-	-	-	-	-
Skilled nursing	101	101	101	101	-	-	(101)	-
TOTAL	**420**	**400**	**400**	**400**	**299**	**-**	**(121)**	**(299)**
Davies Campus								
Acute care	219	219	219	115	115	115	(104)	-
Rehabilitation	32	32	32	48	48	48	16	-
Psychiatric care	22	22	22	-	-	-	(22)	-
Skilled nursing	38	38	38	38	38	38	-	-
TOTAL	**311**	**311**	**311**	**201**	**201**	**201**	**(110)**	**-**
St. Luke's Campus								
Acute care	150	150	150	150	150	80	-	(70)
Rehabilitation	-	-	-	-	-	-	-	-
Psychiatric care	-	-	-	-	-	-	-	-
Skilled nursing	79	79	79	79	79	-	-	(79)
TOTAL	**229**	**229**	**229**	**229**	**229**	**80**	**-**	**(149)**
All Campuses								
Acute care	983	963	963	859[c]	859[c]	750	(124)	(109)
Rehabilitation	32	32	32	48	48	48	16	-
Psychiatric care	40	40	40	18	18	18	(22)	-
Skilled nursing	218	218	218	218	117	38	(101)	(79)
TOTAL	**1,273**	**1,253**	**1,253**	**1,143[c]**	**1,042[c]**	**854**	**(231)**	**(188)**

a Data from Draft EIR, Table 2-2, page 2-10

b Shaded cells indicate years in which the number of licensed beds were reduced compared to the prior year(s)

c The Draft EIR, Table 2-2, incorrectly adds up the number of existing acute care beds for all campuses and, consequently, the total number of beds for 2009 and 2010

This summary table shows that from 2006 to 2010, Sutter eliminated a total of 231 licensed beds at the CPMC campuses: 124 acute care beds, 22 psychiatric care beds, and 101 skilled nursing beds; only the number of rehabilitation beds increased by 16 (*see* Column A). Now, even though the LRDP would include construction of a brand-new 555-bed hospital at the Cathedral Hill Campus, Sutter proposes to further eliminate another 188 licensed beds: 109 acute care beds and 79 skilled nursing beds (*see* Column B). Thus, between the year 2006 and the proposed LRDP at total of 419 licensed beds are removed from service including 233

110-4 HC

acute care beds, 22 psychiatric care beds, and 180 skilled nursing beds. And, on November 1, 2010, CPMC will sell its dialysis program at the Pacific and Davies Campuses.[5]

110-4 HC

II. Impacts on Health Care Access and Quality Resulting from Citywide and Regional Reduction of Licensed Beds

In addition to the drastic reduction of acute care, psychiatric care and skilled nursing facility ("SNF") beds under the LRDP as shown in Table 2, several other hospitals in the region are or have been reducing their services. The Sutter-affiliate Mills Peninsula recently closed their acute rehabilitation unit in Burlingame, San Mateo County,[6] advising patients to come to acute rehabilitation units at CMPC campuses in the City, specifically the Davies Campus. Sutter also plans on closing the SNF and dialysis unit at the Mills-Peninsula campus[7] and the SNF at the Santa Rosa Hospital. Now, CPMC plans to close the only sub-acute unit in San Francisco, forcing patients and their families to leave San Francisco for care. Combined with the recent closure of the SNF and sub-acute care at the Seton Medical Center in Daly City[8] and reductions at the Laguna Honda Hospital and Rehabilitation Center, the elimination of SNF beds and acute care beds under the LRDP further compounds the existing regional shortage.

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

110-5a HC

The CPMC LRDP is part of Sutter's business plan for the Bay Area and must be analyzed in the context of the cumulative effects of those plans. This includes: transfer of stroke patients from the Novato Community Hospital in Marin County to CPMC; transfer of sub-acute

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

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

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

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

patients and psychiatric patients out of San Francisco; transfer of SNF patients out of San Francisco; transfer of pediatric and acute rehabilitation patients into San Francisco from San Mateo County; and potential closure of the San Leandro Hospital. The Draft EIR fails entirely to analyze those cumulative impacts.

110-5a HC

A report by the Lewin Group that analyzed changes to inpatient services proposed by the CPMC 2008 Institutional Master Plan ("2008 IMP") within the context of citywide health needs, including emergency department capacity, transitional care, urgent care services, and behavioral health services,[9] anticipates a citywide shortage of 30% above available skilled nursing bed capacity in the next ten years based on the City's aging baby boomer population.[10] The Lewin Group Report did not distinguish among different types of SNF beds. The complexity of care for patients in SNFs connected to an acute care is much higher. Patients in units licensed as SNFs that are connected to acute care hospitals need a higher level of care than patients in freestanding SNFs. Hospital-based SNFs, often called Post-Acute units, can provide peripherally inserted central catheters (PICC or PIC lines), multiple IV medications, complex wound care, daily labs, daily diagnostic services, easy transfer to more critical units, and on-site hospitalists. CPMC claims not to track re-admissions from SNFs back to acute care or from freestanding facilities back to acute care. However, there have been pilot programs in which patients died or were readmitted because they were prematurely discharged to lower acute care facilities.

110-5b HC

CPMC has stated publicly that it will restore 62 SNF beds to the LRDP, however, these additional beds are not reflected anywhere in the Draft EIR. Making this change requires either new construction or modification to the proposed uses of the existing sites. The Draft EIR will be incomplete if it does not make clear where and when SNF beds will be provided. Patients will be at risk if those SNF beds are not on an acute care campus. CPMC has argued that it is cost-prohibitive to build SNFs into an acute care building, because SNFs are not required to meet the same standards of seismic compliance (although the Chinese Hospital is doing just that). CPMC could easily locate 62 SNF beds on two to three floors of a non-acute care building or medical office building adjoining an acute care hospital.

The Lewin Group Report found that the CPMC IMP "does not address a potential city-wide shortage of transitional and skilled nursing service capacity, nor does it aim to improve access to mental health services..."[11] Many of the licensed beds proposed to be reduced by the 2008 IMP have already been eliminated, as shown in Table 2. For example, the Davies Campus has eliminated 104 acute care beds and 22 psychiatric care beds in 2008/2009. (*See* Table 2.)

110-6 HC

The Lewin Group Report also found that "full execution of the IMP will further stress the system's capacity to treat and care for patients requiring transitional care, chronic condition support and inpatient mental health services."[12] The report concluded that "[w]ithout an

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[9] The Lewin Group, California Pacific Medical Center Institutional Master Plan Review, June 26, 2009 (hereafter "Lewin Group Report"); www.rebuildcpmc.org/assets/FinalLewinReport.pdf *or* http://snipurl.com/1b9pxd [www_google_com].

[10] Lewin Group Report at page 22.

[11] Lewin Group Report at page 1.

[12] Lewin Group Report at page 33.

alteration in how care is delivered throughout the city, a significant shortage or change in migration patterns is projected to occur."[13] The Draft EIR fails to address these shortages and the physical and associated social and economic impacts attributable to the migration of patient populations in and out of San Francisco including the resulting longer travel distances and reduced access to health care.

110-6 HC

III. Reduced Access to Health Care for St. Luke's Hospital Patients

In addition to the 231 licensed beds that were removed in the past years (2006-2010) at the CPMC campuses, under the LRDP, CMPC would remove from service another 743 licensed beds at the existing St. Luke's Hospital (149 beds), California Campus (299 beds), and Pacific Campus (295 beds). The newly constructed Cathedral Hill Hospital would only provide 555 beds, exclusively in private single-occupancy rooms,[14] *i.e.*, 188 fewer beds than currently provided by the existing CPMC campuses many of which are in double-occupancy rooms.[15] This removal of beds would result in reduced access to health care and a major shift of the current hospital patient population to other hospitals in the region, particularly for patients at the St. Luke's Campus. The Draft EIR fails entirely to address any of the associated impacts on traffic, transportation, parking, air quality, and public services.

110-7 HC

At present, St. Luke's Hospital provides accessible acute care and inpatient services to the local community consisting of ethnically diverse, predominantly low-income patients from neighborhoods regardless of the patients' economical class or hospital reimbursement status. The most recent available data for the St. Luke's Hospital indicate that in 74.5% of the inpatient population was covered by Medicare, Medi-Cal, Workers' Compensation, or other government health programs (38.1% were covered by Medi-Cal, California's public health insurance program which provides needed health care services for low-income individuals including families with children, seniors, persons with disabilities, foster care, pregnant women, and low income people with specific diseases such as tuberculosis, breast cancer or HIV/AIDS[16]), and only 21.3% were covered by private insurance.[17] In contrast, the most recent available data for the Pacific Campus indicate that only 34.3% of the inpatient population was covered by government programs (7.5% by Medi-Cal) and that 63.5% of patients were covered by private insurance.[18]

110-8 HC

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[13] Lewin Group Report at page 22.

[14] Draft EIR at page 1-21.

[15] Draft EIR at page 2-8.

[16] Medi-Cal is financed equally by the State and federal government.

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

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

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

- Not all services that are currently available at St. Luke's Hospital would be available at the Cathedral Hill Hospital, including SNF beds.
- Physicians are free to decide whether they will accept Medi-Cal patients, which constitute a large portion of St. Luke's Hospital patient population. Given the choice between higher-paying private or government insurance, they often deny Medi-Cal patients.
- Beneficiaries of government programs are often not eligible for private single-occupancy room services[19] if multiple-occupancy rooms are available.

110-9 HC

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

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

110-10 AQ

The increased vehicle miles traveled associated with the longer trips of patient, visitor, and emergency vehicles to and from other hospitals would also increase the regional air pollutant and greenhouse gas emissions and associated adverse impacts on public health. Most importantly, however, the shift of patient populations from the existing St. Luke's Hospital

110-11 HC

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

to other hospitals, including government and county-funded community hospitals (*e.g.*, San Francisco General Hospital and Laguna Honda Hospital and Rehabilitation Center) and the loss of an additional 109 acute care beds would put a severe strain on the already severely overtaxed acute care capacity in the City and County. For example, because the San Francisco General Hospital is the only Level I Trauma Center in a service area of over one million people, the hospital maintains a very high patient volume and is usually on a constant "Total Divert" status, which means that incoming emergency patients (with the exception of trauma, psychiatric, pediatrics, and obstetrics and gynecology) are diverted to other nearby hospitals. In addition, the loss of local access to acute care would result in disproportionate adverse socio-economic impacts on low-income residents who are already faced with a lack of and access to other medical care, child care, transportation, etc. Adding this extra burden of not having local access to community-based acute care would constitute environmental injustice.

110-11 HC

The Draft EIR is inadequate because it does not analyze the burden on City services for the services CPMC has already eliminated or would not provide in the future. CPMC has already closed 55% of its psychiatric services (at the Davies Campus) over the course of the past five years (*see* Table 2) and 70% over the past decade, despite a growing need for those same services. From 2000 through 2007, inpatient psychiatric census went up 20% at CPMC, before the closure at Davies Campus. Instead, their psychiatric patients are shifted to other providers. Citywide there is a crisis of inpatient adult psychiatric services. Citywide inpatient psychiatric bed capacity has dropped by 23% since 2000, according to licensing data published by the Office of Statewide Health Planning and Development ("OSHPD"). CPMC is responsible for 63 of the 79 psychiatric beds that have been closed in the City since 2000. This primarily places additional burden on San Francisco General Hospital ("SF General"), but also on St. Francis Memorial Hospital ("St. Francis") which is operated by Catholic Health Care West ("CHW"). The City has no data about the need for psychiatric services, let alone psychiatric emergencies, 5150s[20], substance abuse, drug detoxification, etc. and the Draft EIR fails to provide any information how the LRDP would impact the need and supply for these services.

110-12 HC

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

110-13 HC

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

In sum, the Draft EIR fails entirely to discuss the direct physical changes and reasonably foreseeable indirect physical changes and to analyze the potentially significant adverse individual and cumulative impacts associated with the physical change of closing the existing hospital facilities and the resulting transfer of a large portion of the existing patient population to other hospitals.

110-14 HC

IV. Potential Future Failure of St. Francis Memorial Hospital and St. Luke's Hospital

The Draft EIR is inadequate because it fails to analyze the potential future failure of St. Francis and St. Luke's Hospital and the associated impacts on health care services, which have cumulative environmental impacts on traffic and transit, parking, blight, and public services.

110-15 HC

St. Francis

The Draft EIR fails to analyze the risk of blight and reduced access to health care in case CHW's Saint Francis should fail as a result of CPMC taking over their few lucrative patients. CHW has currently budgeted St. Francis at a loss of $2 million per year. This loss is sustainable because St. Francis' charity care, psychiatric care, and emergency room care are offset by a few services to insured patients. St. Francis has the City's premier burn unit, sports medicine, infusion, spine and joint surgeries. It does not make sense for Cathedral Hill to duplicate services provided five blocks away at St. Francis rather than ensuring that St. Francis will continue to be efficiently utilized and successful.

110-16 HC

The DEIR is inadequate because it fails to analyze the potential risk of failure of St. Francis as a result of the duplication of services at the Cathedral Hill Campus and the related blight on the surrounding neighborhood and burden on city services which are left to pick up additional low-income patient loads from displaced patients.

St. Luke's Hospital

CPMC identifies eight of San Francisco's 24 zip codes as "primary St. Luke's service area."[21] Those eight zip codes combined generate 42% of the City's emergency room visits; 49% if patients with no zip codes are included, many of whom are homeless. Using CPMC's benchmarking year of 2007, those eight zip codes generate about 4,200 inpatient discharges from St. Luke's Hospital, but almost 8,000 inpatient discharges from other CPMC campuses.[22] This demonstrates that there is a need for services in the southeastern part of the City that is not currently met, a fact that would be further exacerbated by reducing St. Luke's Hospital to an unsustainable 80 beds. Clearly, this argues for shifting more services into the southeastern part of the City to respond to the proportionally higher emergency room volume which would also reduce traffic impacts caused by reducing the distance patients

110-17 HC

[21] Lewin Group Report.

[22] Based on data from California Office of Statewide Health Planning and Development, Hospital Discharge Summary Reports; http://www.oshpd.ca.gov/MIRCal/Default.aspx.

must currently (and under the LRDP) travel to get to the emergency room. Shifting services to St. Luke's Hospital would also reduce the burden on San Francisco General Hospital's already overwhelmed emergency department.

110-17 HC

The plan for the St. Luke's Campus is not a plan for a viable hospital but a plan for maintaining segregation under which underinsured patients would go to St. Luke's Hospital while insured patients would go to Cathedral Hill Campus for better services. The emergency room at the St Luke's Hospital is the busiest CPMC emergency room and would be expanded under the plan. However, the plan for St. Luke's Hospital is basically a plan for as many beds as are needed to minimally support the emergency room and no more. None of the underlying problems due to which Sutter wanted to close the hospital in the past are solved. At present, the St. Luke's Hospital is planned with only 80 beds, which is likely too small to succeed.

110-18 HC

If the hospital turns out to be unprofitable in the future, Sutter would likely close it, further exacerbating health care access to underinsured patients as well as the shortage of beds in San Francisco. As an 80-bed hospital, St. Luke's Hospital is also too small to be viable for sale or transfer to another hospital operator should Sutter decide to stop maintaining acute care services.

V. Traffic and Transportation Problems Due to Increased Traffic at Cathedral Hill Campus

The Draft EIR's traffic and transportation analyses all suffer from the same fundamental mistake, *i.e.*, failing to recognize that the projected future *levels of service* at intersections in the vicinity of the CPMC campuses is *not the only relevant criterion* that needs to be analyzed and would *not be the only consequence* of implementing the LRDP.

110-19 TR

The Draft EIR does not adequately analyze how the increased traffic around the Cathedral Hill Campus will affect access for ambulances, patients being transferred to and from other Sutter hospitals, patients attempting to reach the emergency room, and labor and delivery vehicles. The traffic engineer Tom Brohard concludes in his comments on the Draft EIR:

> Many of the intersections studied in the Draft EIR already operate at LOS F[23] in peak hours under existing conditions, and the number of these failing intersections will significantly increase [in future years] … Adding [LRDP] … trips to these failing intersections will increase vehicle delay beyond what is already being experienced, with no relief in sight. This issue is particularly critical for a hospital project. For example, the Draft EIR does not analyze how the increased traffic around the Cathedral Hill Campus will affect access for ambulances and labor and delivery vehicles. During gridlock traffic conditions which are much of the time on Van Ness

110-20 TR

[23] Level of Service ("LOS") F is the lowest measurement of efficiency for a road's performance. Flow is forced; every vehicle moves in lockstep with the vehicle in front of it, with frequent slowing required. Facilities operating at LOS F generally have more demand than capacity.

Avenue, emergency patients could face life threatening delays while waiting in traffic.[24]

In other words, due to the location of the Cathedral Hill Campus as it sits in a high-density neighborhood at the intersection of two major traffic corridors experiencing heavy use and congestion and the fact that most patients and employees would be concentrated at one campus rather than being spread out across several campuses, chances are that in a bad traffic jam on Van Ness Avenue babies will be born in traffic and patients will die trying to get to the emergency room. Such patient safety hazards will be a daily event during rush hour, and potentially worse in the event of an accident, construction, or other disruption as occurred last year one block away.[25] This cannot be the intention of a health care provider for providing optimal care for its patients.

To mitigate access problems at the Cathedral Hill Campus, Mr. Brohard recommends:

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

Since more patients come to CPMC from San Mateo County than from Marin County, shifting services to St. Luke's Hospital would reduce this traffic impact. A bigger St. Luke's Hospital also makes more sense for CPMC's patient population and would reduce the above discussed health care access issues for patients currently frequenting St. Luke's Hospital.

110-20 TR

VI. The Draft EIR Fails to Evaluate Potentially Significant Adverse Impacts on Public Services Associated with the CPMC LRDP

The California Environmental Quality Act ("CEQA") Guidelines, Appendix G, require that the environmental review of a project include the assessment of impacts to public services. Specifically, Appendix G requires the lead agency to identify:

110-21 PS

> "Would the project result in substantial adverse impacts associated with the provision of new or physically altered governmental facilities, need for new or physically altered facilities..., *in order to maintain acceptable service ratios, response times, or other performance objectives for any of the public services:*

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[24] Letter from Tom Brohard and Associates to Law Offices of Gloria Smith, Re: Review of Draft Environmental Impact Report for the California Pacific Medical Center Long Range Development Plan – Transportation and Circulation Comments, October 18, 2010.

[25] San Francisco Chronicle, PG&E Says 1920s Power Line Sparked SF Fire, July 16, 2009; http://articles.sfgate.com/2009-07-16/bay-area/17217311_1_power-line-pg-e-underground-fire.

Fire Protection?
Police Protection?
Schools?
Parks?
Other public facilities?"

While the Draft EIR contains a discussion of response times of the City's Fire Department, Police Department and finds these adequate to handle the demand by the LRDP[26], it does not analyze the impacts on these services associated with the qualitative changes in the patient population described above and the associated impacts on response times due to transfer of patients to other hospitals in the region. The Draft EIR entirely fails to address the impacts on service ratios, response times, and other performance objectives to other public hospitals, including government and county-funded community hospitals, that would result from patient populations having to migrate within or out of the City.

110-21 PS

The CEQA Guidelines, Section 15126.2, provide that:

> "An EIR shall identify and focus on the significant environmental effects of the proposed project. ... Direct and indirect significant effects of the project on the environment shall be clearly identified and described, giving due consideration to both the short-term and long-term effects. The discussion should include relevant specifics of the area, the resources involved, *physical changes,* alterations to ecological systems, and changes induced in population distribution, population concentration, the human use of the land (including commercial and residential development), *health and safety problems caused by the physical changes,* and other aspects of the resource base such as water, historical resources, scenic quality, *and public services. ...*"

110-22 HC

Here, the Draft EIR fails to identify and describe the short-term and long-term effects with respect to *physical changes, health and safety problems caused by the physical changes, and public services* associated with implementation of the LRDP. As a result, the Draft EIR fails to assess the any associated significant impacts.

VII. The Draft EIR Fails to Evaluate Potentially Significant Adverse Social and Economic Impacts Associated with the CPMC LRDP

Elsewhere the CEQA Guidelines, Section 15382, define a significant effect on the environment to mean:

> "... a substantial, or potentially substantial, adverse change in any of the physical conditions within the area affected by the project, including land, air, water, minerals, flora, fauna, ambient noise, and objects of historic or aesthetic significance. An economic or social change by itself shall not be considered a significant effect on the environment. *A social or economic change related to a physical change may be considered in determining whether the physical change is significant.*

110-23 INTRO

[26] Draft EIR at Section 4.11 Public Services.

The above discussed reduction of licensed beds at three of the CPMC hospitals and the change in service resulting from the restricted access to service provided by the new Cathedral Hill Hospital
would result in direct environmental impacts (*e.g.*, increased vehicle miles traveled and associated increased air pollutant and greenhouse gas emissions) and would result in adverse economic and social effects. These effects must be analyzed under CEQA.

110-23 INTRO

Title 14, Section 15064, Subsection (e) of the California Administrative Code provides the following guidance for evaluating the changes:

> "Economic and social changes resulting from a project shall not be treated as significant effects on the environment. Economic or social changes may be used, however, to determine that a physical change shall be regarded as a significant effect on the environment. Where a physical change is caused by economic or social effects of a project, the physical change may be regarded as a significant effect in the same manner as any other physical change resulting from the project. Alternatively, economic and social effects of a physical change may be used to determine that the physical change is a significant effect on the environment. *If the physical change causes adverse economic or social effects on people, those adverse effects may be used as a factor in determining whether the physical change 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 significant effect.*"

110-24 INTRO

The Court in Bakersfield for Local Control v. City of Bakersfield (5th Dist. 2004), Cal. App. 4th 1184 [22 Cal Rptr. 3d 203], affirmed:

> "Subdivision (e) of Guidelines section 15064 provides that when the economic or social effects of a project cause a 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. (...) *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.*"

All patients depend on their local community hospitals for critical health care services, regardless of their ability to pay. Clearly, the elimination of service to a large portion of the patient population that currently frequents St. Luke's Hospital constitutes a significant effect on public health caused *directly* by the elimination of services at existing CPMC hospital and the replacement with far fewer beds at the Cathedral Hill Hospital that would only be accessible to patients without insurance coverage limitations. What's more, these changes in service would not only affect the patient population with insurance coverage limitations but also all other Californians due to the increased pressure on emergency department services when beds are not available.

110-25 HC

What's more, impending Medi-Cal cuts will affect all hospitals and will even more severely impact "safety net" hospitals. The severity of the cuts could force some hospitals to close or reduce access to essential health care services. As a result, hospitals with already overcrowded emergency rooms will be further inundated with more patients, longer wait times, and financial stresses.

110-26 HC

As Sutter aptly summarizes on one of its websites:

> "The loss of critical hospital services will not only be devastating for low income Californians but will also present an increasingly harmful public health scenario for all Californians.
>
> ...
>
> Most important, where will patients go when hospitals are forced to close their doors? More than 70 California hospitals have closed in the past 10 years. Statewide, nearly half of California's hospitals operate in the red and many are either near or already in bankruptcy proceedings. When hospital ERs are backlogged with Medi-Cal and other patients who can't find doctors to care for them, *it doesn't matter how good the insurance coverage is when patients have to drive several hours to receive emergency care.*"[27]

110-26 HC

These impacts should have been analyzed by the Draft EIR but were not.

VIII. The Large Size of the Cathedral Hill Hospital Does Not Guarantee Better-Quality Patient Care

The LRDP proposes to build a 555-bed hospital at the Cathedral Hill Campus, at the same time reducing the St. Luke's Hospital from 229 acute care and skilled nursing beds to 80 licensed acute care beds, terminating services at the California Campus, and all but eliminating services at the Pacific Campus (295 acute care beds eliminated, 18 psychiatric care beds remaining). (*See* Table 2.)

110-27 HC

The 555-bed Cathedral Hill Hospital would require a myriad of variances, major entitlements, amendments and exceptions from existing plans, policies and regulations. The Draft EIR's consistency determination for the LRDP is based on the presumption that CPMC would successfully obtain changes to the following:

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

110-28 LU

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[27] Eden Medical Center, A Sutter-Affiliate, What's New At Eden, California's Fiscal Emergency Puts Hospitals and Patients in Jeopardy, May 22, 2008; http://www.edenmedcenter.org/whatsnew/whatsnew_new.html.

- Measure M

It is no secret why Sutter is intent on building such a large hospital despite all the variances, major entitlements, amendments and exceptions from existing plans, policies and regulations it needs: profit. Research on hospital size and profitability indicates that large hospitals are more profitable. According to a 2002 article in the Journal of Health Care Finance: "The relationship between hospital profitability and hospital bed size revealed that when bed size increases, hospital profitability increases, decreases, and then increases again."[28] The study found that the turning points for patient profit proportion are 238 and 560 beds, respectively for the total profit proportion; the turning points in bed size are 223 and 504, respectively. These results on the relationship between bed size and hospital profitability indicate that medium-size hospitals are in general the least profitable. The findings regarding the profitability of large hospitals in this study are supported by the Medicare Cost Reports for 2006 which show that the more beds a hospital has, the more likely it will be profitable. For hospitals with more than 550 beds, 90% had a positive net income; for smaller hospitals, the percentage with positive net income drops to 72%.

110-29 HC

The Cathedral Hill Campus is too big for the site. The benchmarking report provided by the City's and County's Office of the Legislative Analyst ("OLA") showed that most hospitals of the size of Cathedral Hill in major urban areas occupy far larger sites.[29] In fact, for its Santa Rosa facility, Sutter tried to justify that 25 acres of land would be necessary to accommodate a 174-bed, 360,000-square foot hospital.[30] Here, Sutter would squeeze 555-bed, 655,100-square foot hospital and 307,400 square feet of MOB buildings onto 3.85 acres.[31] As discussed before, this would result in numerous impacts including impacts on health care, traffic and transportation, parking, air quality, greenhouse gas emissions, to name a few.

110-30 HC

110-31 HC

So far, CPMC has not provided any evidence that health care benefits from a large hospital would outweigh the significant land use and environmental impacts that would result from locating this hospital on a very small site on one of the City's major thoroughfares with already compromised traffic flow and reducing its services in other parts of the City. Neither has CPMC presented any evidence that the environmentally superior project alternative of a bigger St Luke's and smaller Cathedral Hill would diminish health care benefits from the entire project.

110-32 HC

The only evidence CPMC has produced so far in support of concentrating services at the Cathedral Hill Campus is a selection from the U.S. News & World Report hospital rankings that show that some of the top-rated hospitals are also big.[32] The comparison is irrelevant

110-33 HC

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[28] Kim YK, Glover SH, Stoskopf CH, Boyd SD, The Relationship between Bed Size and Profitability in South Carolina Hospitals, J Health Care Finance, Vol. 29(2):53-63, Winter 2002; abstract available at http://www.ncbi.nlm.nih.gov/pubmed/12462659.

[29] Alexa Delwiche and Frances Zlotnick, City and County of San Francisco, Office of the Legislative Analyst, Legislative Analyst Memorandum, April 3, 2009, Re: OLA No. 003-009).

[30] Sutter Health statement at May 27, 2010 County of Sonoma Board of Supervisors hearing.

[31] San Francisco Planning Department, Notice of Preparation of an Environmental Impact Report and Notice of Public Scoping Meeting, California Pacific Medical Center Long Range Development Plan, May 27, 2009 at pages 13 and 18.

[32] Presented at Planning Commission hearing, November 19, 2009.

because those bigger hospitals are not on a single city block. It might be a relevant comparison if CPMC had 20+ acres, but they do not. Moreover, the methodology of the U.S. News & World Report rankings does not conclude that bigger hospitals are better are better than smaller hospitals. In fact, it uses 200 beds as a threshold criterion for being on the list and only looks at admittedly "cherry-picked" specialties. The rankings are not designed to show overall hospital quality and outcomes, and rely on indicators of dubious healthcare value (like magnet status and physician opinion polling). The rankings are designed to guide consumers with rare conditions who can travel for low-volume, high-cost, high-risk specialists; they are useless for health care planning purposes.

In fact, scientific studies on the issue of hospital size versus health care benefits are inconclusive and most conclusions are dependent on specialization of services. There is evidence supporting specialization and arguing for consolidation of services to achieve higher case volume, up to a point and only for certain services. There is evidence that certain services achieve better outcomes from higher volume, but not that higher volume of specific services indicates overall larger hospital size. There is no evidence that patients benefit from co-location of clinically unrelated services, like birthing and cardiology. There is no evidence that hospital size is proportional to any indicator of patient care above certain thresholds. There is only limited evidence that what relationship exists between size and patient outcomes is a causal relationship rather than related to factors other than size. Moreover, some studies conclude that large hospitals have higher costs, longer patient stays, lower patient satisfaction in emergency room care, and higher rates of infection or sepsis. 110-33 HC

What evidence exists on the relationship between size and quality argues less in favor of an oversized 555-bed Cathedral Hill Hospital but clearly against an undersized 86-bed hospital at St. Luke's Campus. Some of the health problems associated with very small hospitals would be solved if St. Luke's Hospital were increased to 200 beds. The fact is that the trend in California is not to build hospitals as large as 555 beds, except those connected to universities. Most hospitals are between 200-300 beds, and California is almost never building urban hospitals as small as 80 beds, as is proposed for the St. Luke's Campus.

IX. Conclusion

As explained above, the Draft EIR is inadequate because it fails to analyze the health care implications of the LRDP and associated impacts on air quality, greenhouse gas emissions, public health, and public services. Specifically, the Draft EIR fails to include an evaluation of the potentially significant impacts due to the change in patient population resulting from loss of access to acute care to patients with insurance coverage limitations associated with the elimination of acute care and SNF at the St. Luke's Hospital. 110-34 HC

CPMC has asked the City for numerous variances and massive entitlements and concessions from a land use perspective. The LRDP as proposed has several significant and unavoidable environmental impacts. The Draft EIR concludes that the environmentally superior alternative is a bigger St. Luke's Hospital and smaller Cathedral Hill Hospital. CPMC's justification for not choosing this environmentally superior alternative is that healthcare benefits would vastly offset the environmental problems. Unfortunately for CPMC, the balance of evidence on healthcare is that healthcare would also be better served by the environmentally superior alternatives. 110-35 HC

It is not acceptable that a health care provider with a dominant market share in San Francisco (33% in 2007) deliberately changes its services to reap greater profits while denying access to health care to a large part of its patient population that is not profitable. To put the non-profit status of Sutter into perspective: as of December 31, 2009, Sutter had a $2.63 billion investment portfolio and paid its CEO $2.8 million in 2008; the CEO's top 14 lieutenants each made between $830,000 and $1.8 million annually.[33] Sutter's operations at the CPMC campuses in San Francisco contributed $150-180 million in profit annually, representing the largest single source of Sutter's total profits of $700 million per year. Sutter must rebuild CPMC to comply with state seismic deadlines and will not risk loss of its most profitable affiliate. This means that there is no credible alternative of "no project." Sutter will rebuild, and can easily afford any additional costs of redesign, project alternatives, community benefits, development agreements, and any mitigation measures.

110-36 HC

As the San Francisco Chronicle and Business Week reported in August, the Sacramento Bee reported in April, and Kaiser Health News and San Jose Mercury News reported in October of this year, Sutter's business model is designed as a monopoly model, in which it makes itself indispensable to insurers and then charges higher rates.[34] The LRDP as proposed will increase Sutter's regional monopoly, and increase costs of health care for everyone, including taxpayer-funded health plans for public employees. The Draft EIR is incomplete if it does not address the ways in which the LRDP will increase cost of care for everyone and consider appropriate mitigation measures in this area.

110-37 HC

The Draft EIR concludes that the environmentally superior alternative is alternative 3A, which is a bigger St Luke's Hospital and smaller Cathedral Hill Hospital. However, the Draft EIR designs a bigger St Luke's Hospital around a relocated women's and children's program. This creates an alternative that is not supportable because it would shift most women's and children's services to the southern half of the City (CPMC, University of California at Mission Bay, SF General). CNA supports the environmentally superior alternative of a bigger St Luke's, but with a different complement of services. Instead of all of women's and children's services being moved, CPMC can easily centralize other services already planned at St Luke's Hospital. CPMC currently plans to offer some level of cardiology, oncology, orthopedics, gastroenterology, respiratory, and urology at St. Luke's Hospital and to duplicate every single one of these services at Cathedral Hill Hospital with a higher standard of care for insured patients. Instead, CPMC could centralize some combination of these services for all CPMC patients at St. Luke's Hospital.[35]

110-38 ALT3A

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[33] Health Care Renewal, How Oligopolists Rationalize Their Market Domination: the Examples of Sutter and the Carilion Clinic, August 20, 2010; http://hcrenewal.blogspot.com/2010/08/how-oligopolists-rationalize-their.html.

[34] Bloomberg News/BusinessWeek, Hospital Monopolies Ruin MRI Bill as Sutter Gets Price it Wants, August 20, 2010; Kaiser Health News, California Hospitals: Prices Rising Rapidly, but Quality Varies, October 17, 2010; Sacramento Bee, California's Higher Hospital Costs Add to Health Insurance Hikes, April 18, 2010.

[35] Camden Group Utilization Project Report at page 22.

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

110-38
ALT3A

I recommend that the City require a revision of the Draft EIR that adequately discusses and mitigates these issues.

Sincerely,

Michael Lighty
Director of Public Policy
California Nurses Association/ National Nurses United

Attachment to Letter 110

Michael Lighty

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Oakland, CA 94612
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Skills

- **Expert on healthcare policy**
- **Effective advocate for nurses and universal healthcare**
- **Experienced in planning, design review and development project review**

Education

Stanford University
1978 - 1983

- BA Humanities Honors (1/88)
- MA Modern Thought and Literature (1/88)
- Student Co-Director, Stanford Workshops on Political and Social Issues

Experience

California Nurses Association/National Nurses Organizing Committee
CNA/NNOC

Director of Public Policy
November, 2008– present
Coordinate the national political and legislative work for 85,000 member union of Registered Nurses; issues include healthcare reform, patient rights, labor law reform, budget, tax and economic development policy.

Director of Administration
September, 1999 - November, 2008
Directed the accounting, membership, facilities and events staff for growing union; served as the Executive Director designee for the California Nurses Foundation; responsible for budget development and contract administration and vendor relations; continued to coordinate organization's political work, including managing state-wide initiative campaign (prop 89) and grassroots lobbying, and the landmark 2004-2005 campaign to preserve California's safe hospital staffing law and workers' rights.

Political Action Coordinator
November, 1995 - September, 1999
Coordinated state-wide political work including an initiative campaign (prop 216), which help launch the national HMO patients rights movement, and grassroots lobbying, rallies and events to win the first in the nation nurse-to-patient ratio law for safe hospital staffing.

Labor Representative
February, 1994 - November, 1995
Negotiated collective bargaining agreements, organized and represented nurses at Bay Area hospitals.

Member, Board of Port Commissioners, City of Oakland
April, 2010 -

Member, City of Oakland Planning Commission
November, 1999 - September, 2007
Chaired the Zoning Update Committee and served a term as Vice-Chair of the Commission. Active on Design Review Committee.

Board Affiliations

Shepherd Canyon Neighborhood Association, Design Review Chair
March, 2009 - present

Labor Project for Working Families, Board Member
February, 2008 - present

Martin Luther King Freedom Center, Board Member
December, 2007 - present

East Bay Lesbian, Gay, Bi-Sexual and Transgender Democratic Club, Board Member
2005 - present

Park Day School, Board Member
1999 - 2002
Chaired the Long-Range Planning Committee which oversaw fiscal and strategic planning

Letter 111

FOR: Bill Wycko, Environmental Review Officer

FROM: Linda Chapman

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Comments for CPMC EIR

1. Consistency with General Plan, area plan, zoning, other policies.

The CPMC proposal is inconsistent with applicable policies of the Van Ness Area Plan (VNAP). It flies in the face of a long-established area plan that is progressively achieving objectives. A traffic-inducing medical use is precluded for the Van Ness Corridor by a plan that considered traffic impacts, the special role of Van Ness as a transit corridor for Muni and Golden Gate Transit, and conflicts for a city street with inter-city traffic from Highway 101. 111-1 LU

Exemption from the zoning for housing and limited commercial uses envisaged by the area plan is a huge demand, where that plan comprises a well integrated set of policies that further interdependent objectives. VNAP objectives include:

Transform a commercial corridor into an imposing boulevard, by adding residential development and landscaping;

Use height limits to create the consistent profile appropriate for a grand boulevard, following topography by stepping up building heights from the waterfront to a mid-rise profile along the high ridge of the boulevard;

Allow sufficient height to encourage dense housing while avoiding traffic-inducing high rise development;

Foster preservation of architecturally significant commercial buildings, and consider permitted heights to avoid visual incongruity with classic buildings;

Promote residential development on a transit corridor (especially affordable housing), by encouraging high density and small units; 111-2 LU

Prevent traffic-generating commercial development, such as offices;

Limit new commercial space to lower stories of residential development, where it buffers street noise;

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

Break up wide building frontages;

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

The current project undermines the purpose of an area plan elegantly designed to produce housing instead OF business that generates housing demand. The proposed use creates housing demand that will put pressure on availability and prices in surrounding neighborhoods.

111-3 LU

There could be consistency with other planning policies not in the area plan (which should be treated as the governing document in case of conflict). Locating a hospital where it will not displace existing housing and where there is transit access could be arguments for the proposal. If a change of use is therefore allowed (in what is designed to be a residential-commercial district), then maximum adherence to other objectives and policies of the area plan must be sought.

111-4 LU

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

Removal of residential hotel units to make way for the MOB is governed by the Residential Hotel Unit Demolition and Control Ordinance. Reducing scarce housing resources is a situation where renovation cannot substitute for funding construction of replacement SRO units or efficiency apartments. Mitigation for a few dwelling units proposed for demolition together with the SRO could fund the same project.

111-5 LU

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

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

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

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

111-6 LU

Promotes a consistent profile for one of the city's two grand boulevards;

Aims to prevent out-of-scale buildings that would dwarf historic commercial buildings.

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

2. Housing demand and economic impacts.

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

111-7 LU

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

The CPMC proposal defeats the purpose of the SUD, which mandates 3:1 square feet (minimum) of housing to commercial space for development in the Van Ness Corridor. Generally, new construction will accommodate this requirement. If housing is not built on site (e.g., existing commercial building is expanded), then the same 3:1 ratio mandates housing construction elsewhere in the SUD.

111-7 LU

The proposed campus reduces potential sites for housing construction (the area plan's primary objective). Moreover, it concentrates new workers in an institutional use that VNAP land use policies do not accommodate. It multiplies the impacts of commercial enterprises because this nonconforming use will schedule hundreds of workers around the clock. A purpose of the area plan was to limit non-residential use.

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

111-8 PH

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

111-9 PH

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

111-10 PH

Housing Mitigation:

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

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

111-11 LU

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

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

SROs) in districts where non-profits can acquire structures or infill sites can partly mitigate impacts from altering the permitted use and housing ratio mandated for the Van Ness Corridor. One of the few advantages of an institutional use is the opportunity to direct funding to below-market ownership and rental housing.

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

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

111-11 LU

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

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

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

3. Economic impact of development at Van Ness and Geary on neighborhood retail and services.

Impacts that a hospital "monoculture" can have on the economy of surrounding neighborhoods require attention.

111-12 PH

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

Hospital visitors and staff are expected to generate less retail traffic for the Polk Gulch/Van Ness shopping districts, where small businesses were patronized by guests of a hotel the project would supplant.

111-12 PH

Compared to housing development, proposed rezoning for institutional use can be predicted to generate low customer traffic for neighborhood businesses. The Van Ness Area Plan would allow construction for hundreds of residents on the land proposed for a hospital and related uses.

Mitigation

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

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

111-13 PH

Funding for small parks and plazas in a neighborhood that offers no recreational open space could transform underused public land in Polk Gulch alleys, and some underutilized commercial sites, to outdoor living rooms. Pedestrians would be encouraged by opportunities to pass public art or green space that would relieve the experience of a dense urban environment.

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

4. Traffic and transportation

The stated purpose for building on Van Ness Avenue is easy access for drivers from the North Bay, patients and doctors. Adding Highway 101 drivers to the Van Ness Corridor is sufficient reason to downsize a hospital campus, if it is to locate there at all.

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

111-14 TR

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

The campus is ideally situated for its vehicle traffic to impede transit servicde: Golden Gate Transit and two major Muni lines on Van Ness; the 38 on Geary and O'Farrell (the nation's most heavily traveled line); two lines running on Post and Sutter. Autos that slow traffic as they enter and exit garages, or execute turns onto streets with garage entries, cannot fail to affect transit on the same streets.

111-15 TR

EXAMPLE OF EXISTING CONDITIONS:

Absent CPMC impacts, one morning this year when Van Ness was congested, it took me two hours to catch a 49 at Pine and travel to 22d Street. With traffic at a standstill, the driver advised passengers heading for Market Street to get off and walk several blocks in the rain. After waiting about an hour to board at Pine, I saw the driver of this packed vehicle leave passengers stranded at subsequent stops-- maybe waiting an hour for the next 49 (after waiting the hour I'd waited for this one). 111-16 TR

Regardless of traffic studies based on LOS (selected intersections at a particular point in time), those who regularly travel city streets can report that tremendous transit delays, due to congestion around the Van Ness Corridor, are not uncommon. Viewing intersections a few times may be sufficient to estimate normal conditions (but only for hours studied). Congestion that is irregular, but not infrequent, is evidence that the proposed location cannot tolerate traffic inducing uses. 111-17 TR

Where seemingly insignificant temporary conditions (like rain, illegal parking, or holiday events) cause paralyzing congestion, the result shows how vulnerable the Van Ness Corridor is to traffic disruption. Inadequate impact analysis could saddle the area with permanent results from hospital development.

Drivers converging on the campus will circulate through surrounding streets, some hoping to park at off-site garages or curbside, others navigating the one-way street patterns to reach hospital and MOB entries. The more drivers depend on campus garages, the more those garages will tie up traffic when cars waiting for entry back up into the street, and the more drivers will circle surrounding streets when unable to stop in traffic waiting for garage entry. A Polk Gulch resident recounted this condition at an existing CPMC garage, which results in his circling through the neighborhood. Absent other evidence, it is reasonable to assume that conditions at a location *already* more congested than CPMC's problem garage will be worse. 111-18 TR

Garage entries on Geary require drivers approaching from the west to navigate various one-way streets. Drivers forced to turn onto Van Ness or Polk in order to head west at Geary will add congestion to several transit preferential streets. 111-19 TR

Converting Cedar Alley to garage access creates traffic conflicts. This street is narrow, now lightly used-- and accessed from two transit preferential streets that are sometimes congested, without added traffic from a CPMC campus. Cars turning east from the garage would enter Polk at midblock, interrupting traffic flow (including buses) on a relatively narrow street. Results could be delays, and unexpected conflicts confusing drivers, as cars emerge in mid-block. Drivers exiting on Polk intending to head east or north would circulate among one-way streets in Polk Gulch. 111-20 TR

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

Mitigation

Converting Cedar Alley to access for the MOB garage cannot be allowed.

Alternative 3 proposes reducing the Cathedral Hill campus— essential for traffic impacts. However, with proposed garages, traffic impacts will inevitably remain significant. 111-21 TR

Traffic impacts can be reduced by limiting CPMC parking, on-site and off-site. CPMC proposes spaces for 1,055 cars at the Van Ness/Geary site-- where the existing hotel and office building total 405. Two large garages are not needed, in addition to spaces for CPMC at the Sutter Street MOB. 111-21 TR

The Legislative Analyst found that Manhattan limits hospitals to 100 parking spaces. Therefore: What is the rationale for this city to require many times more spaces for any hospital campus? What medical need could justify outsized garages in a transit-rich area with severe traffic impacts? What conditions made it possible for hospitals in other cities to offer less public parking? 111-22 TR

Even the reduced Alternative 3 proposes more than one-third increase in square footage for parking, compared to existing conditions. This is unacceptable in the transit-rich central city-- when city policy has advanced to contemplating auto use limited to out of town trips and grocery shopping. The Planning Code eliminated obsolete 1:1 residential requirements for downtown and additional parts of the northeast quadrant, Octavia Boulevard, and some other transit-rich areas. The VNAP should be updated consistent with newer area plans (inasmuch as its intent was to produce a transit-rich residential district). Meanwhile, it is inconsistent with recent policy direction for a planning rule to impose minimum parking spaces for new medical campuses. 111-23 TR

For the Cathedral Hill campus, there should be no approval to build parking, beyond replacing spaces from the hotel and office site. If CPMC wants suburban amenities, they cannot locate a campus in the central city. Attracting autos disrupts not just transit and circulation, but the pedestrian environment and living environment of residents already subjected to urban density and commute traffic.

CPMC articulated a desire to relocate to a transit-rich area. They need to encourage customers and staff to use this amenity. CPMC argues (inconsistently) that people need auto transport to get medical care. The reality for this transit-rich area is that residents found about two-thirds of Nob Hill households had no vehicle. People living in such areas take public transit to medical providers-- including Kaiser and CPMC, where garages invite car owners to drive regardless of need (like that Polk Gulch resident who described circling all over another neighborhood when he uses a CPMC garage). 111-24 TR

Parking to serve Cathedral Hill construction must not exceed 405 spaces. Further reduction is desirable, to reduce adverse impacts in the overburdened Van Ness Corridor and surrounding neighborhoods. Compared to hotel and office use, auto traffic to CPMC garages could drive through our neighborhood many more times (for patient appointments all day, for staff turnover day and night). In contrast to this intense use for round-the-clock medical operations, commuters are likely to enter and leave the neighborhood once a day, hotel guests may just store cars overnight, hotels rarely rent rooms to capacity, and garage spaces rented for evening events likely won't turn over like CPMC garages.

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

For wind, shadow, and aesthetic impacts, the proposed hospital calls for comparison to neighborhood impacts of the Holiday Inn. 111-25 WS

Impacts of increasing ambient traffic noise on pedestrians and residents of our dense neighborhoods, already subjected to downtown commute traffic, must be considered, in addition to the concerns raised about sirens. Using sidewalks, or rooms with windows facing the street, is a different quality of experience, at times of heavy traffic. Economic impacts of traffic congestion and noise for small 111-26 NO 111-27 PH

businesses and the already stressed NCD require consideration. As the pedestrian environment declines, customers from outlying neighborhoods can take their business elsewhere. 111-27 PH

Automobile noise and air pollution will multiply when cars are trapped in congestion, or circulate in residential areas 111-28 TR

6. Impact on service availability, public safety.

Supporters of the current proposal argued prompt medical intervention for birthing and emergency conditions as justification for locating a campus in the Van Ness Corridor. In view of congestion impacts described above, public safety could be the best reason to decentralize emergency and critical care units. 111-29 TR

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

In the event of a disaster, it threatens public safety to concentrate medical services on the north side of the city. After the 1906 earthquake, people resorted to traversing the city on foot. CPMC proposes to build seismically safe hospitals that much of the population may be unable to reach. 111-30 HC

7. Pedestrian tunnel

The proposal conflicts with the long-range VNAP goal for a subway to reduce traffic conflicts and transit delays. The CPMC plan would divide the right-of-way and could pose conflicts for subway entries near the Van Ness/Geary intersection. 111-31 TR

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

The BRT alternative, still in the planning stage, is dismissed by some transportation planners, and observers of traffic conditions in the corridor. BRT cannot fix street networks paralyzed by congestion. A subway could avoid notorious problems transit riders face on Van Ness. 111-32 TR

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

Tunnels for Muni Metro and BART make a subway now considered for Stockton Street expensive to build and less practical for users because a deep route is required to avoid underground structures. The same impediment to a VNAP goal is posed by a pedestrian tunnel. 111-33 TR

Letter 112

=== COVER PAGE ===

TO: _____

FROM: BAY AREA AIR QUALITY

FAX: 4159288560

TEL: 4159288560

COMMENT:

Letter 112

BAY AREA AIR QUALITY MANAGEMENT DISTRICT SINCE 1955

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Scott Haggerty
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Jack P. Broadbent
EXECUTIVE OFFICER/APCO

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:

- 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.

112-1 AQ

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.

112-2 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)

112-3 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.

112-4 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.

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:

112-5 GH

- 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.

112-5 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

Letter 113

Devyani Jain/CTYPLN/SFGOV
10/26/2010 01:22 PM

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

DEVYANI JAIN, *Senior Planner*
Major Environmental Analysis

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----- Forwarded by Devyani Jain/CTYPLN/SFGOV on 10/26/2010 01:22 PM -----

Bill Wycko/CTYPLN/SFGOV
10/20/2010 04:11 PM

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

----- Forwarded by Bill Wycko/CTYPLN/SFGOV on 10/20/2010 04:11 PM -----

"Ron Case" <ron@CaseAbst-Architects.com>
10/19/2010 03:44 PM

To <bill.wycko@sfgov.org>
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Subject CPMC draft EIR Comments

Mr. Bill Wycko,

Attached are Lower Polk Neighbors [LPN], a neighborhood association, comments and supporting data regarding the proposed California Pacific Medical Center at Van Ness and Geary Streets. The comments address how this proposed project will affect our neighborhood.

Thank you,

Ron Case

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CPMC Draft EIR LPN Comments [10.18.10].doc

Map #1001.pdf

Health issues #2001.pdf

Health issues #3 Sound Ratings001.pdf

Health issues #1001.pdf

Open Space_CPMC_Polk Street_DEIR_comments.doc

Letter 113

LOWER POLK NEIGHBORS

Comments regarding the proposed new CPMC hospital and Medical Office Building (MOB) that are to be located on Van Ness Avenue (together referred to as the Cathedral Hill Campus)

Planning Department Case # 2005.0555E
State Clearinghouse # 2006062157

Lower Polk Neighbors

The proposed Cathedral Hill Campus will be built and operated within the boundaries of Lower Polk Neighbors (LPN). LPN is a registered nonprofit community organization that was established in 2002. LPN's defined boundaries are both sides of California Street on the North, Van Ness Avenue on the West, Ellis Street on the South, and only the West side of Hyde Street on the East. (see enclosed map)

The following are comments and what we feel are acceptable mitigation measures that we, as a neighborhood organization of residents and merchants, desire to achieve in partnership with California Pacific Medical Center (CPMC), to mutually benefit our shared community. 113-1 OTH

All comments are directed at the environmental (and economic) impacts as mentioned in the draft Environmental Impact Report, published July 21, 2010. The comments listed below are related to the following draft E.I.R. impacts (most with "Significant and Unavoidable impact (SU)" listing and others, which we feel are mis-designated, as "Less than Significant Impact (LTS)" listing).

4.1 Land Use and Planning
Impact LU-1 thru 3

4.2 Aesthetics
Impact AE-1 thru 4

4.5 Transportation and Circulation
Impact TR -1 thru 2
Impact TR- 3 thru 7
Impact TR-9 thru 17
Impact TR-27 thru 31
Impact TR-34 thru 35
Impact TR-36 thru 45
Impact TR-49 thru 51
Impact TR-55 thru 57
Impact TR-100 thru 103
Impact TR-107 thru 109
Impact TR-112 thru 118
Impact TR-120 thru 124
Impact TR-133 thru 147
Impact TR-152

4.6 Noise
Impact NO-1 thru 5

4.7 Air Quality
Impact AQ-1 thru 14

4.9 Wind and Shadow
Impact WS-1 thru 2

113-1 OTH

4.12 Utilities and Service Systems
Impact UT-1 thru 4
Impact UT-6

4.15 Hydrology and Water Quality
Impact HY-3

4.16 Hazards and Hazardous Materials
Impact HZ-1

I. Comments directed at the <u>construction affects</u> to our Neighborhood and Community:

A. In the immediate area of the Cathedral Hill Campus (within a few surrounding blocks) we are concerned about the following –
   1. The loss of the use of operable windows due to construction dust. (health issue)
   2. The loss of the use of operable windows due to construction noise. (health and work issue)
   3. The loss of the use of operable windows due to the need to keep out vastly increased exhaust fumes from cars and trucks on Geary, Van Ness, Cedar, Polk, and Post Streets. (health and work issue)
   4. The loss of the use of operable windows to prevent heat gain and to provide adequate ventilation to the residents and businesses in general due to the need to close windows due to vastly increased noise and dust and exhaust fumes from cars and trucks on Geary, Van Ness, Cedar, Polk, and Post Streets. (health and work issue)
   5. The loss of natural light due to the amount of construction dust on windows. (health issue)
   6. The loss of natural light due to MOB height. (health issue)

113-2 AQ

113-3 AQ

B. The construction noise will penetrate living and work areas, making it hard to concentrate, talk, and sleep and to conduct business. In other words, difficult to perform normal daily functions. (health issue, see attached noise report and noise article)

113-4 NO

C. Our access to and from our living, work, and parking areas will be limited due to construction material, deliveries, trucks, etc. (work and living issue)

113-5 TR

D. For Geary, Cedar, Polk, and Post Street residents and businesses, with the daily construction activities and equipment having to pass our living units and businesses constantly we will be subject to greatly increased and new sources of loud noises, traffic congestion, vehicle emissions, debris and dirt. (work, living, and health issue)

113-6 AQ

E. With construction trucks and equipment moving throughout our area we will be subject to construction equipment noise and debris throughout our neighborhood. (health and work issue) 113-7 AQ

F. Even with shuttles being available for construction workers, they will need to drop off their equipment and tools at the site. This additional traffic noise, vehicle exhaust, and dirt will be a burden placed on our residences and businesses. (health and work issue) 113-8 AQ

G. LPN is concerned that as construction progresses the streets and alleys will become some what torn up causing wear and tear to our own vehicles. (work and living issue) 113-9 TR

H. LPN is concerned with day and night security, not only within the construction site but in the adjacent and radiating neighborhood. We need 24-hour security to prevent graffiti, vandalism, homeless encampments, and garbage dumping by citizens from outside the neighborhood. (work and living issue) 113-10 OTH

II. Comments directed at the <u>long term affects</u> to our Neighborhood and Community (Once Hospital and MOB are occupied):

A. For Post, Polk, and Cedar Street residents and businesses, with new two-way Cedar Street entry and exit lanes to access the MOB parking entry on Cedar Street, we will experience long waits and traffic congestion to get in and out of our own garages. Our garages are used throughout the day and evening. If the MOB parking is open in the evenings we will experience this problem continually. 113-11 TR

B. Again for Post, Polk, and Cedar Street residents and businesses, if the MOB parking is open in the early morning and evening we will be forced to endure noise throughout the entire day. If the evening use is allowed we will be forced to endure added noise of people coming and going to their cars, plus the car noises and emissions. 113-12 NO

C. With the MOB deliveries shown to be next to the parking entry this will be an additional traffic, noise and exhaust issue. 113-13 NO

D. Medical, hazardous, green, recycled, and normal garbage pickup from the MOB will be accessed from Cedar Street. This will involved garbage truck reverse-gear 'beeping' noise when ever garbage trucks back out from the MOB (there is no interior turn around space for garbage trucks). This is going to play havoc on residents and businesses having to listen to these hugely increased and irritating sounds, especially when residents are at home and are sleeping. No statistics are available as to how many garbage pick ups and reverse beeping will happen per hour, per daytime, per nighttime, per week. 113-14 NO

E. As with all hospital campuses, there will be cars circling the neighborhood waiting to pick up, drop off, and/or looking for parking. A major part of the neighborhood circling will be down our streets. Again, a major health and noise issue. 113-15 NO

E. The ten-story building height of the MOB will greatly reduce the natural light to some of our buildings, thus negatively affecting our work and living environments. 113-16 WS

F. Because we will be in a heavily-visited hospital zone, parking for our residents and businesses will be very difficult to come by which will deter potential customers from coming to our area, especially for 'pick up' items. (an economic and livelihood issue) 113-17 TR

G. We are concerned about the continuing health issues surrounding hospitals and medical facilities. We are concerned that the emissions and discharges from biohazards, ventilation of sterilization equipment and surgical by-products from laser use, and general ventilation of a hospital itself and medical building will create a health hazard. Small amounts of toxins and hazardous materials over a long period can cause major health issues. 113-18 AQ

Health studies of the neighborhood surrounding UCSF has shown that there is a larger percentage of health-related issues than outlying neighborhoods. Then there is the issue of hospital patients contracting infections and diseases while in the hospital. Some of this must carry outside the medical facility to the surrounding neighborhood. 113-19 AQ

End of comments

Acceptable Mitigation Measures:

1. **Health and Security**
   A. Sponsor a pilot project for behavioral and technical methods for reducing emergency vehicle (fire and ambulance) siren noise. (see enclosed noise report and health article) 113-20 NO
   In addition, help create a "siren free" zone. This "free" zone establishes a 4 block radius around the hospital where emergency vehicles can not use sirens.
   B. Provide 24 hour/7 days a week security around the entire blocks of the hospital and MOB. 113-21 PD
   C. Establish a fund to help replace residents' windows with acoustical windows, for units with windows on O'Farrell, Alice B. Toklas/Myrtle, Geary, Cedar, Post, Hemlock, Sutter, Fern, and Pine Streets (on blocks extending from Van Ness to Larkin Street) 113-22 NO
   D. Because of extensive senior housing in the neighborhood, convert the existing shelter (Next Door) into a senior health, fitness, and social center, with health and exercise classes, a senior fitness center, and on-going classes, etc. 113-23 OTH

2. **Neighborhood Vitality** (and Traffic Calming)
   A. Fund the Lower Polk Neighbors (LPN) attempt to pass a neighborhood CBD. (Include funds for an employee(s) to prepare, coordinate, and submit necessary documents.) 113-24 OTH
   B. Become an active and participating member of Lower Polk Neighbors (LPN)

C. Establish an on-going partnership with LPN with monthly meeting to monitor impacts and issues that arise (with reports going to the Board of Supervisors and appropriate city agencies) — 113-24 OTH
D. Sponsor four Neighborhood events with LPN, such as farmers markets, alley closings for neighborhood block parties, etc.
E. Establish a fund to help upgrade storefronts along Polk Street.
F. Along with Cedar Street, fund alley enhancements for Hemlock, Alice B. Toklas/Myrtle, and Fern Streets (from Van Ness to Larkin Street). Enhances to include stamped concrete paving (in lieu of current asphalt), bollards, trees (landscaping), play equipment where these can be located, better lighting, and murals. — 113-25 TR
G. Fund enhancement streetscape along Polk Street. Enhancements to include additional trees (in planters where under-sidewalk vaults prohibit in-ground planting) and decorative plants, seasonal decorations, banners, seating and lighting. (Funds to include maintenance and replacement when necessary.) — 113-26 OTH
H. Help fund an additional parking garage within the neighborhood (or within a few blocks from the LPN boundaries, but at least 4 blocks away from the hospital and MOB.) — 113-27 TR

3. Open Space/Environment

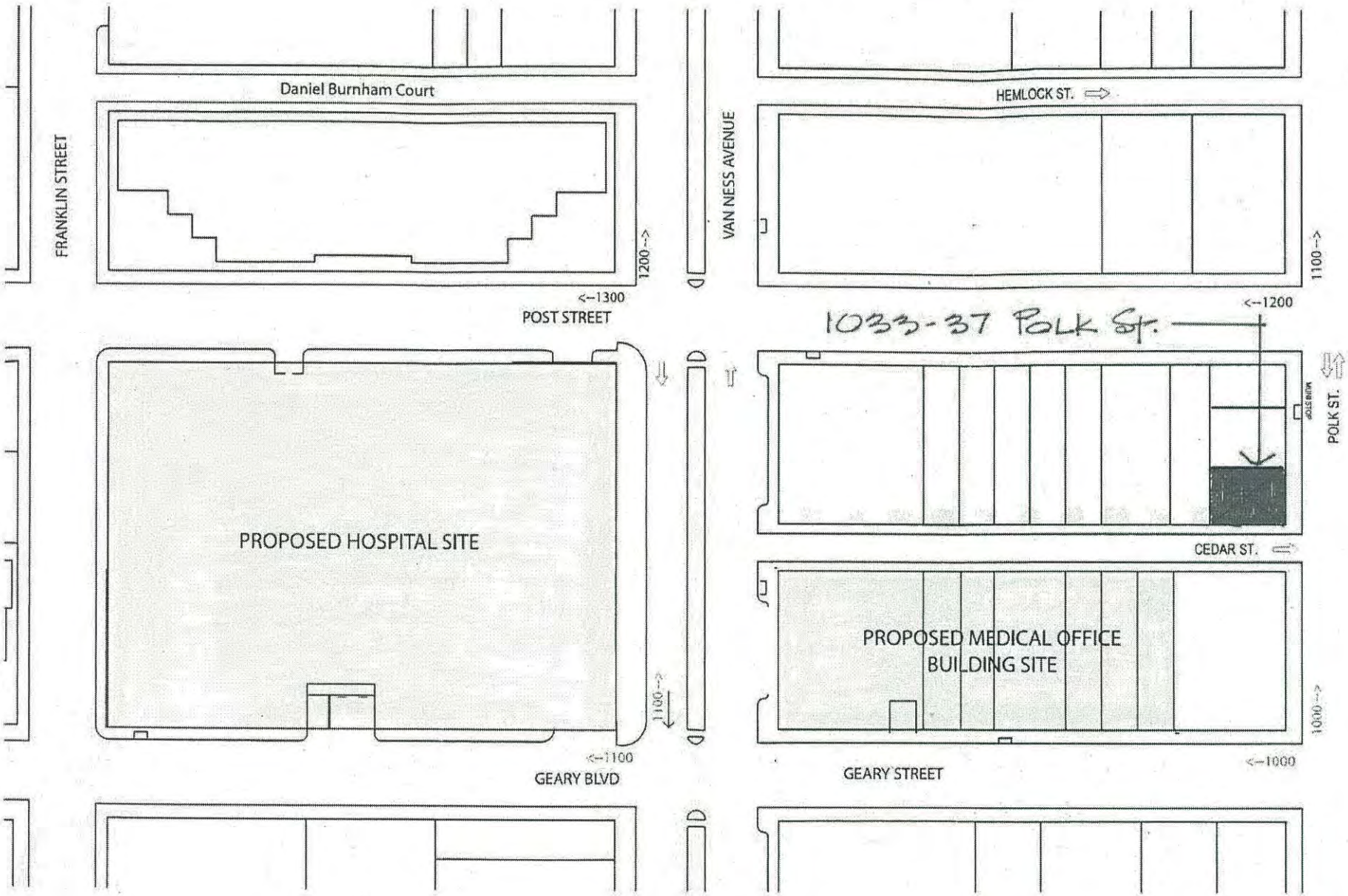
A. Establish an open-space park along Polk Street that would be privately owned by CPMC with 24 hour security and monitoring. Park to have ample landscaping (with seating) and attended toilet facilities. (Currently the best location seems to be on the Southwest corner of Polk and Geary Street. If this location is not feasible for purchase then another location of similar size.) — 113-28 REC
B. Fund the design and construction of two parklets (mini-parks) per block along Polk Street. Parklets are to be along the existing sidewalk and take up two existing street parking spaces. (See attached "Approach" as established by Rebar) — 113-29 RE
C. Reduce the east side bus zone on Polk Street between Post and Geary to be the same size as the west side. Use the captured space for a parklet.

4. Housing

A. Help finance design and construction upgrades to existing neighborhood SRO (Single Room Occupancy) buildings. — 113-30 OTH
B. Help finance relocation of the existing shelter (Next Door) to a more suitable and humane building with more helpful amenities such as outdoor seating areas, open courts and less crowding (less warehousing) of clients. — 113-31 OTH
C. Help finance (design and construction) of senior housing. (Location potential: abandoned site of St. John's Church at Clay and Larkin Streets and similar sites. — 113-32 OTH

Attachment to Letter 113

PROPOSED VAN NESS/GEARY CAMPUS SITE



Attachment to Letter 113

Lower Polk Neighborhood Traffic Noise Study
Study Report
July 6, 2010

Overview

During the 2009-2010 academic year, a UCSF School of Nursing student measured street noise levels in the Lower Polk neighborhood of San Francisco. The project was undertaken as part of an academic externship with Tom Rivard, Manager of the Health Hazard Assessment Group at the San Francisco Department of Public Health.

Methods

Sample: Twenty-four hour noise levels were measured at 5 locations (4 residential and 1 office) in the Lower Polk neighborhood. The sample was a convenience sample of residents who volunteered to host the recording equipment. Residents were recruited at the December 2009 meeting of the Lower Polk Neighbors, and through word of mouth.
Noise recording: Noise levels were measured using a calibrated noise dosimeter. The microphone of the dosimeter was suspended outside of a window opening of each residence, at the busiest availabe edge of the building. An audio recorder took a concurrent recording. The dosimeter measured the noise levels in 15-second average increments, while the audio recorder made a continuous recording that allowed the researchers to identify the sources of noise events.
Interviews: The five participants responded to structured interview questions regarding household demographics and experiences of traffic noise at their residences.
Research approval: Permission for the project was granted by the UCSF Committee on Human Research in February 2010. Consent was obtained from all participants.

Results

The dosimeter provided average 24-hour noise levels as well as average 15-second increment noise levels. The researcher used the audio tape to identify sources of noise for each 15-second increment that was 75 decibels or louder. (The researcher did not identify sources of noise 74.9 decibels or less.)

Location 1

Where: Outside of a 3rd story bedroom window on Polk Street between Bush & Pine.

When:	Saturday 3/6/10 to Sunday 3/7/10
Average 24-hr noise level (Leq):	**70.2 decibels**
Loudest 15-second increment:	97.2 dB at 1:51am, caused by an emergency vehicle (EV).
Total time > 75 decibels:	24 minutes
Source of noise > 75 decibels:	15 minutes by trucks, motorcycles, cars, other 9 minutes by EVs
Avg level of non-EV noise events:	77 decibels
Avg level of EV noise events:	86 decibels
Number of EV events:	18
Number of night EV events*:	7

Location 2

Where: Outside of a 2nd story living room window on Polk Street between Geary & Post.

When:	Saturday 4/16/10 to Sunday 4/17/10
Average 24-hr noise level (Leq):	**76.7 decibels**
Loudest 15-second increment:	106.0 dB at 4:09 am, caused by an EV.
Total time > 75 decibels:	128 minutes
Source of noise > 75 decibels:	103 minutes by trucks, motorcycles, cars, other. 25 minutes by EVs.
Avg level of non-EV noise events:	77.2 decibels
Avg level of EV noise events:	83.5 decibels
Number of EV events:	44 (included 5 EV events >100dB)
Number of night EV events*:	7

Location 3

Where: Outside of a 4th story window, recessed from Hyde Street, between California & Sacramento.

When:	Friday 4/30/10 to Saturday 5/1/10
Average 24-hr noise level (Leq):	**61.0 decibels**
Loudest 15-second increment:	84.0 dB at 8:01 pm, caused by an EV.
Total time > 75 decibels:	3 minutes
Source of noise > 75 decibels:	2.5 minutes by trucks, motorcycles, cars, other. 0.5 minutes by EVs.
Avg level of non-EV noise events:	78 decibels
Avg level of EV noise events:	79 decibels
Number of EV events:	4
Number of night EV events*:	0

Location 4

Where: Outside of a 3rd story bedroom window on Sutter Street between Polk & Larkin.

When:	Saturday 5/8/10 to Sunday 5/9/10
Average 24-hr noise level (Leq):	**70.0 decibels**
Loudest 15-second increment:	96.7 dB at 5:52 pm, caused by an EV.
Total time > 75 decibels:	40 minutes
Source of noise > 75 decibels:	34 minutes by trucks, motorcycles, cars, other. 6 minutes by EVs.
Avg level of non-EV noise events:	77.7 decibels
Avg level of EV noise events:	81.3 decibels
Number of EV events:	18
Number of night EV events*:	6

Location 5

Where: Outside of a 1st story office window on Post Street between Polk & Larkin.

When:	Tuesday 5/11/10 to Wednesday 5/12/10
Average 24-hr noise level (Leq):	**71.1 decibels**
Loudest 15-second increment:	96.0 dB at 5:21 pm, caused by an EV.
Total time > 75 decibels:	48 minutes
Source of noise > 75 decibels:	34 minutes by trucks, motorcycles, cars, other. 14 minutes by EVs.
Avg level of non-EV noise events:	77.8 decibels
Avg level of EV noise events:	84.0 decibels
Number of EV events:	34
Number of night EV events*:	13

* 11:00 pm to 7:00 am.

Interview Results

Below is a sample of responses from a structured interview with the resident of each noise monitoring location.

- Do you ever keep your windows closed on hot nights due to noise?
  Yes: 3 of 5 No: 2 of 5.
- How often (if ever) is your sleep disturbed by noise?
  Every night: 1 of 5
  2-3x/week: 2 of 5
  Weekly: 1 of 5
  N/A (business): 1 of 5.
- How does noise rank in comparison to other concerns you have about your neighborhood.
  Top concern: 1 of 5
  3rd or 4th: 4 of 5

- "I think that on a long term basis, (the road noise) isn't good. It makes you more agitated and more anxious."
- "I feel really defeated about the noise problem... It creates excruciatingly high levels of physical stress."

Discussion

While most community noise data is based on computerized noise models, this data provides empirically obtained data. This study provides exterior noise level data for four residential and one commercial locations in the Lower Polk neighborhood. The 24 hour noise levels varied widely, from 61.0 dB at the quietest location to 76.7 dB at the loudest location. Three of the locations (1, 4, and 5) had average levels between 70.0 and 71.1 decibels. This suggests that many residences with windows on main streets in the Lower Polk experience average levels around 70 dB of noise daily. Noise levels at the loudest location (76.7dB) were likely influenced by proximity to two major streets, the fire station, and a homeless shelter. Noise

levels at the quietest location (61.0dB), on the other hand, were likely influenced by the recession of the window from the street and the height of the window at the 4th story.

According to the World Health Organization, exposure to average environmental noise levels greater than 55 decibels causes annoyance, and long term exposure to levels greater than 65 decibels may have cardiovascular effects (WHO 1999). The WHO recommends levels of 45 decibels or less at night to ensure good sleep (WHO 2009). Four of the five locations measured exceeded these levels.

In all of the locations, the majority of loud moments were caused by trucks, motorcycles, and cars driving by. However, the peak noise moments were caused by emergency vehicles.

Limitations of the research

The audio tape enabled the researcher to identify general categories of noise sources, such as cars and trucks driving by; car alarms; people yelling; and emergency vehicle sirens. She did not break these categories into more specific sources, such as a truck engine versus a motorcyle engine, or an ambulance's siren versus a fire truck's siren. Additional research using video would be necessary to identify sources with more specificity.

The sample was a convenience sample, and was not random. There is likely selection bias present in the sample, as those that volunteered are those who were concerned about noise levels. However, these locations were likely representative of other housing units with windows facing major streets in this area.

Furthermore, the research does not account for the temporal factors that may influence noise levels, such as the weather, the day of the week, or the time of the month. For example, some residents anecdotally noted that they notice more noise at the beginning of the month, while others noted that foggy nights tend to be quieter.

The samples were measured at the exterior of windows. Well-insulated windows and walls can dramatically decrease interior noise levels. However, most of the housing stock is not well insulated, and in San Francisco's temperate climate, leaving windows open is sometimes necessary and desirable for climate control. Therefore, exterior noise levels are important indicators of interior levels.

About the researchers

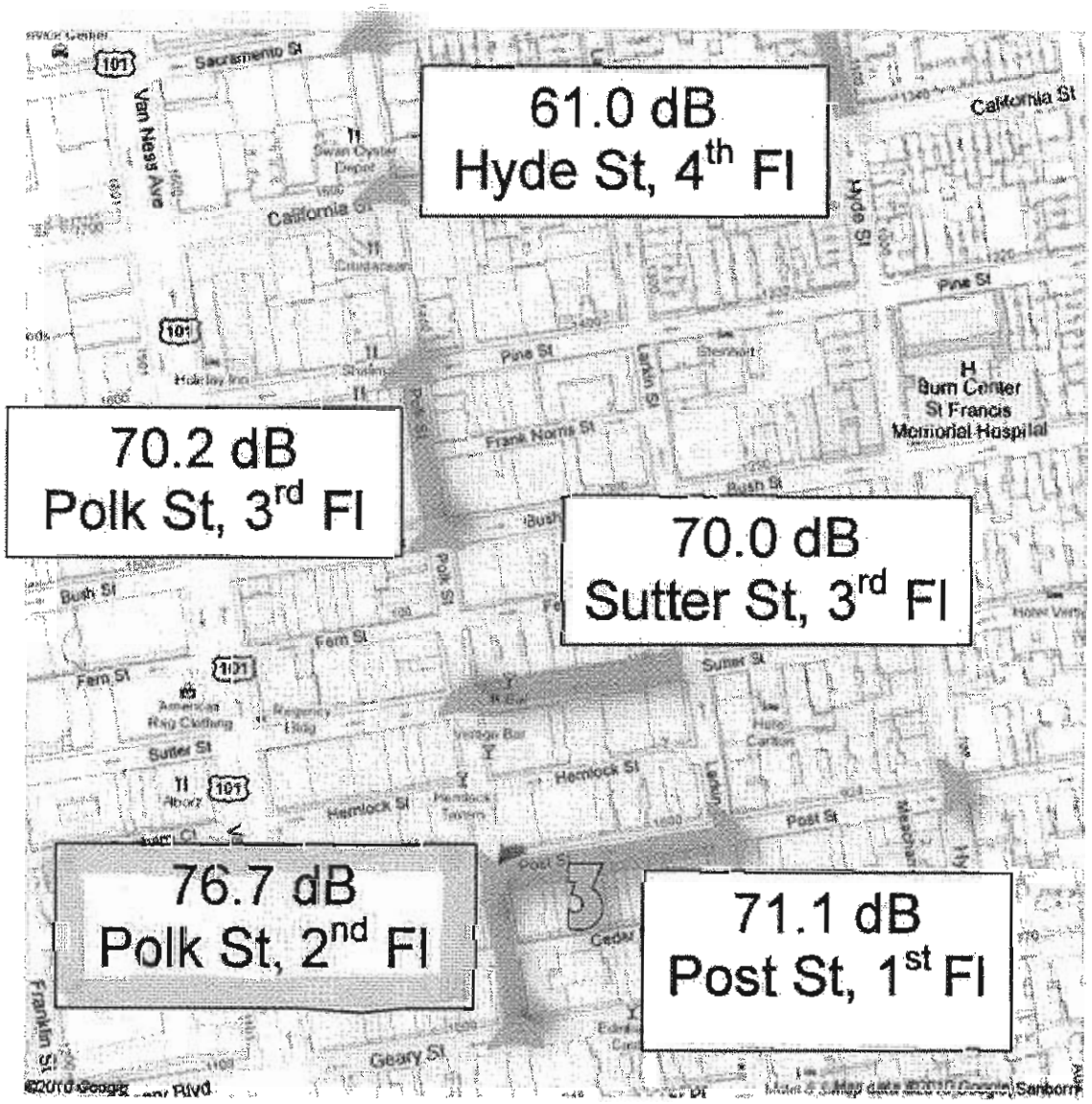
This study was undertaken to measure noise levels from residential locations and to identify sources of noise to the extent possible. The research was undertaken by Elisabeth Goldstein, RN, an MS student at the UCSF School of Nursing, Department of Occupational and Environmental Health. Her preceptor for this research was Tom Rivard, Manager of the Health Hazard Assessment Group at the San Francisco Department of Public Health, who also provided the noise dosimeter. The Principal Investigator was Dana Drew-Nord, faculty member at the UCSF School of Nursing.

References

World Health Organization. (1999). *Guidelines for Community Noise.* Berglund, B., Lindvall, T., & Schwela, D, (Eds). Retrieved from http://www.who.int/docstore/peh/noise/guidelines2.html

World Health Organization Regional Office for Europe. (2009). *Night Noise Guidelines for Europe.* Hurtley, C. (Ed.) Retrieved from www.euro.who.int/document/e92845.pdf.

Figure 1: Map of Monitored Locations and 24-hour Average Noise Levels



Attachment to Letter 113

What is a decibel, and how is it measured?

Browse the article What is a decibel, and how is it measured?

What is a decibel?

Up Next

- How Surround Sound Works
- How Speakers Work
- Discovery.com: Hearing

The **decibel** (abbreviated **dB**) is the unit used to measure the intensity of a sound. The decibel scale is a little odd because the human ear is incredibly sensitive. Your ears can hear everything from your fingertip brushing lightly over your skin to a loud jet engine. In terms of power, the sound of the jet engine is about 1,000,000,000,000 times more powerful than the smallest audible sound. That's a big difference!

On the **decibel scale**, the smallest audible sound (near total silence) is 0 dB. A sound 10 times more powerful is 10 dB. A sound 100 times more powerful than near total silence is 20 dB. A sound 1,000 times more powerful than near total silence is 30 dB. Here are some common sounds and their decibel ratings:

- Near total silence - 0 dB
- A whisper - 15 dB
- Normal conversation - 60 dB
- A lawnmower - 90 dB
- A car horn - 110 dB
- A rock concert or a jet engine - 120 dB
- A gunshot or firecracker - 140 dB

You know from your own experience that distance affects the intensity of sound -- if you are far away, the power is greatly diminished. All of the ratings above are taken while standing near the sound.

Any sound above 85 dB can cause **hearing loss**, and the loss is related both to the power of the sound as well as the length of exposure. You know that you are listening to an 85-dB sound if you have to raise your voice to be heard by somebody else. Eight hours of 90-dB sound can cause damage to your ears; any exposure to 140-dB sound causes immediate damage (and causes actual pain). See this page for an exposure "ruler."

Attachment to Letter 113

HEALTH SPOTLIGHT

Mother nature's stealthiest brain boosters

THE YOU DOCS

Mehmet Oz, M.D., and Michael Roizen, M.D.

For a razor-sharp brain, less may be more. Yup, flexing your gray matter daily — with a class in conversational Esperanto or after-dinner Sudoku tournaments — may help you reach 81 with a brain like an 18-year-old's (but without so many of those thoughts). But to keep your memory young, your neurons also crave a few deceptively simple "growth factors" that need to be more common than ivory-billed woodpeckers.

One of these factors happens when you do something deceptively simple: unplug. Researchers speculate that being constantly connected to digital devices deprives your brain of the downtime it needs to process information and consolidate memories. In lab studies, rats need breaks to form strong memories of new places they explore. You may, too. It's another reason to turn off your iPhone at dinner, leave your BlackBerry behind when you take a walk and disconnect from the Internet frequently on nights and weekends (except when you're checking out our latest tips on RealAge.com and DoctorOz.com, of course!).

Here's how to get four more stealthy brain boosters off the endangered species list and back into your life:

Less noise, more silence. Noise ages even 19-year-old brains. Loud noises during the night (planes, trucks, trains, the party next door) can disturb deep, restorative sleep enough to make your reaction times "old" in the morning.

Try running a white noise machine to muffle disruptive noises at night. Exposure to high-decibel sounds causes blood pressure and stress hormones to surge, and both can be major brain agers. If you work in a noisy environment (factories, construction), wear a protective headset (hey, they even look cool). Cover your ears if a loud noise erupts near you (jackhammer, siren, low-flying jet, vuvuzelas).

And when you've got to focus, turn off the radio and shut the door. Your brain's less able to screen out distracting sounds with age, making sharp thinking and recall more of a challenge if you're trying to balance the checkbook while listening to the ballgame.

Less artificial light, more natural light. Sun salutations aren't just for yoga class. When your prehistoric ancestors peeked out of their caves each morning to check for saber-toothed tigers, that first burst of natural light woke up the sweet spot deep in their brains — and yours — that's responsible for daytime alertness.

Greeting the day gets your brain in gear, boosting your ability to concentrate and turn out stellar work. The light bulb over your bathroom mirror can't do this. It takes intense blue light, a wavelength so far found only in Mother Nature's home-made morning light.

Scientists are working on artificial versions; there's early evidence that exposure to extremely bright blue-white light may reverse dementia and depression. For most, a few minutes of natural morning light may be all you need to feel bright-eyed and bushy-tailed.

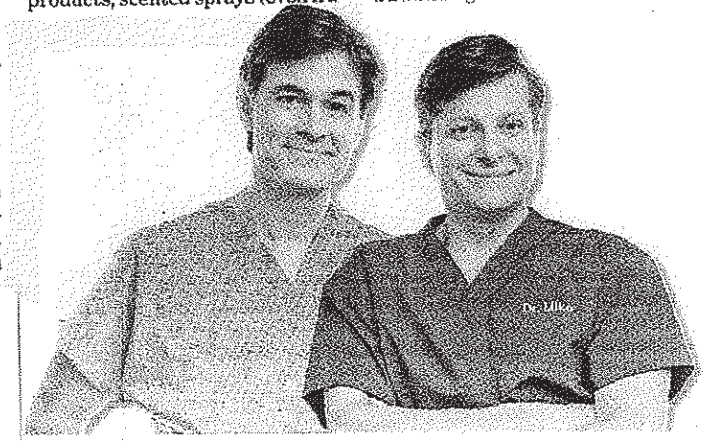
Less stuffy/smelly air, more fresh breaths. You spend 90 percent of your time indoors, where stale air causes mental fatigue and even some diseases. The cause? Anything from mold or mildew to substances released by fresh paint, new carpet, cleaning products and artificial smells — including, disturbingly, some air fresheners.

The fix? Choose scent-free products. Open your windows regularly, open vents on air conditioners, and ventilate well when using cleaning products, scented sprays (even fragrances), and of course when you're painting anything or replacing carpeting.

Less clutter, more wide-open spaces. Visual clutter slows down your brain. That's why clusters of road signs double the chances that you'll miss the one you're looking for, and why website and hospital designers aim for simplicity.

We instinctively look at something uncomplicated while wrestling with tricky problems (which is why you'd rather gaze at a blank wall than a Jackson Pollock painting when you're doing your taxes). Clearing up the clutter on your desk, bureau, files, shelves could do wonders for your bookkeeping, not to mention helping your brain stay closer to age 18.

The YOU Docs, Mehmet Oz and Mike Roizen, are authors of "YOU: On a Diet." Want more? See "The Dr. Oz Show" on TV. To submit questions, go to www.RealAge.com.



Letter 113

Rebar Comment on Cathedral Hill Campus Draft EIR on behalf of Lower Polk Street Neighborhood

Summary: Construction of the Cathedral Hill Campus ("CHC") of CPMC represents both a major transition for the Lower Polk Street Neighborhood, which lies immediately east, and a great opportunity for revitalizing and improving the public space network of the area. Given that the campus construction will cause a large disruption to neighborhood life over several years, and that several of the impacts identified in the Draft Environmental Impact Report cannot be mitigated, or will adversely affect pedestrians, cyclists and transit riders regardless of mitigation, the neighborhood requests that the following approach and measures be considered by CPMC as part of its construction plan. We recommend the following as an effective and innovative strategy for learning through interim, iterative design during the initial phase of construction, followed by long-term, permanent improvements to the neighborhood public space network, based on information gained during the interim phase.

1) Approach

a. Two-Phased Approach
We recommend a two-phased approach for implementing public space improvements in the Lower Polk Street area, consisting of "interim" and "long-term" improvements. These two phases should overlap in time, but generally begin immediately with interim improvements, which will be exploratory and temporary/reversible in nature and inform the design of long-term improvements, which will take place over several years during and following completion of the CHC project. Interim improvements should be made with the intent of evolving eventually into long-term, permanent improvements, if successful in the short-term.

b. Escrow account
An escrow account should be set up to fund the various streetscape projects which will take place over the short- and long-term. The escrow account would allow the improvements to stretch out over a longer period than is typically considered for capital projects, and possibly longer than the construction of the CHC itself.

113-33 TR

c. Interim improvements
"Interim improvements" can be implemented both during and immediately after the CHC construction project. They would be exploratory in nature, reversible, temporary and/or portable, and aim to physically test various approaches to streetscape improvements through a process of iterative design. Examples of interim improvements include San Francisco's *Pavement To Parks* program pilot projects, the *Market Street Trials* of bicycle, pedestrian and vehicle traffic control changes, and *Park(ing) Day*, which temporarily converts metered parking spaces to parks. Interim improvements would generally not permanently change infrastructure such as curbs, paving materials and utility lines, but rather use portable "add-on" designs that test the functionality of various streetscape designs without committing large amounts of funding.

d. Long-term improvements
"Long-term improvements" should be durable and permanent changes to the streetscape, potentially implicating changes to infrastructure such as curbs, utilities and paving surfaces. Their specific design and approach should be informed by explorations and the iterative design process in the interim improvement phase. They should also be consistent with the goals set out in applicable specific plans and, especially, the *Better Streets Plan*. Long-term

improvements would commit larger proportions of funding to new streetscape designs than interim improvements.

e. Scoping Committee
We recommend the formation of a committee to outline the scope of the streetscape improvement project, including the delineation of both the interim and long-term efforts. The group should include representatives of CPMC, the City of San Francisco, the neighborhood and design consultants.

113-33 TR

2) Neighborhood Impacts and Proposed Responses in the Lower Polk area.

a. Loss of significant vegetation
   i. Currently there are 81 trees on CHC site, 77 on hospital site, 4 on MOB site, including 53 street trees, 7 "significant trees" (4.13-2); all trees are proposed for removal at CHC campus (4.13-23). Although the CHC plan calls for the replacement of up to 99 trees, it will be many years before this vegetation attains the stature and benefits of the vegetation it replaces. Therefore, the neighborhood will be impacted by decades without the benefit of vegetation it once had.
   ii. Interim Phase
      1. Movable tree boxes
      2. "Green walls" on existing buildings
      3. Large portable planters for growing ornamental and/or edible plants.
   iii. Long-term Phase:
      1. Interim/reversible plantings will inform the location and design of long-term street trees and other plantings.
      2. Planting projects could include the redesign or removal of significant portions of paving and relate to stormwater projects.

113-34 BI

b. Increased noise
   i. The neighborhood will be impacted by increased noise both during the construction phase and, permanently, by the increased level of traffic and operations of the CHC. During construction, noise in the immediate vicinity would increase by 3 to 7 dB, up to 87 dB, and would exceed SF Noise Control Ordinance compliance levels at the 7 nearby sensitive sites (4.6-44). LRDP-related traffic noise would result in a noticeable (+3 dB or greater) increase in ambient traffic noise levels along Cedar Street (between Polk Street and Van Ness Avenue). This increase most likely would be perceivable to existing, nearby noise-sensitive receptors; noise may exceed 45dB in nearby residences if windows are open (4.6-58).
   ii. Interim Phase:
      1. Use of green walls to act as sound absorbers
      2. Use of portable, tree planters along Alleys to absorb ongoing construction noise
      3. Potential use of temporary water features to mask noise
   iii. Long-term Phase:
      1. Green walls and vertical gardens on hospital buildings and in park alley ways to absorb ongoing noises
      2. Use of permanent trees in Alleys and along Van Ness and Franklin to absorb ongoing hospital noise

113-35 NO

c. Increased vehicular traffic and congestion
   i. The proposed CHC project would add vehicles to the street network and riders to the Muni lines, adversely impacting bicyclists, pedestrians, and transit riders. The increased congestion and ridership would cause operational delays to Muni lines 49-Van Ness-Mission (a.m. and p.m. peak hours), 38/38L-Geary (a.m. and p.m. peak

113-36 TR

hours), and 19-Polk (p.m. peak hour), requiring additional vehicles to maintain proposed levels of service (4.5-117). Providing additional traffic lanes or otherwise increasing vehicular capacity at this intersection is not feasible because it would require narrowing of sidewalks to deficient widths, and/or demolition of adjacent buildings. Signal timing adjustments may improve intersection operations, but would likely be infeasible due to traffic, transit or pedestrian signal timing requirements (4.5-219). Pedestrians and bicyclists will experience a more crowded, dangerous and time-consuming transit experience in the Lower Polk area as the CHC project generates more vehicle trips which compete for space and time with other modes of transportation. Even with the proposed mitigation measures, transit riders will also experience "significant and unavoidable" impacts (4.5-124). Therefore we recommend that additional streetscape improvements addressing pedestrian, bicycle and transit rider comfort, convenience and safety are undertaken in the Lower Polk area to offset unavoidable degradations due to the CHC project.

ii. Interim Phase:
    1. Portable bike racks and bike corrals which can be transported around the neighborhood to test the most effective locations
    2. Widen sidewalks into the parking lane using portable sidewalk extensions similar to Pavement to Parks "parklet" trials
    3. Pedi-cab trials for local area
    4. Close alleys to vehicle traffic, create pedestrian zones (delivery traffic excepted, can be restricted to certain times of day)
    5. Test "Shared Street" conditions where sidewalks and street are combined; pedestrians are given priority in all areas of street but automobiles still have access
    6. Bollards to delineate increased pedestrian or transit rider zones.
    7. Raised pavement surface (flush curb) conditions
    8. Wider bike lanes
    9. Pedestrian lighting to create safer/comfortable conditions

iii. Long-term Phase:
    1. Replace street surfaces with special pavement that slows traffic
    2. Relocate curbs to increase sidewalk width, provide bulb-outs, midblock crossing, etc.
    3. Pursue other designs recommended in the Better Streets Plan

113-36 TR

d. Displacement of local retail businesses with medical-related businesses

i. The economic fabric of the Polk Street at Geary area is a mix of convenience stores, liquor stores, bars, porn shops, clubs, and restaurants. Interspersed are community centers such as the Bay Area Addiction Research and Treatment center and the San Francisco AIDS Foundation Needle Exchange program office. Geary Street near the CHC site is home to hotels, gyms, a theater, and restaurants, such as Mel's Diner. The introduction of the hospital has the potential to bring new businesses, particularly those which will serve a daytime professional population and the hospital industry. As new businesses arrive it is important that the local community benefit from the economic activity and continue to preserve small scale, local business.

ii. Interim Phase:
    1. Use of tented alley(s) to establish interim community centers:
        a. Medical clinic with temporary, planter box medicinal herb garden
        b. Soup kitchen
        c. Farmers Market
        d. Shelter gathering space or street game area

113-37 PH

e. Outdoor movie house
f. Mobile community garden
g. Afterschool programs
h. Pop-up retail pods in shipping containers or other portable architecture

iii. Long-term Phase:
1. Permanent medicinal herb garden
2. Community garden to grow produce for local community shelters
3. Permanent table and seating areas for outdoor eating; closure of alleys to serve as outdoor cafes lanes, similar to the ongoing practice in the Financial district

113-37 PH

e. No provision for open space in CHC plan
i. The majority of San Francisco's parkland is located within the western half of the city. San Francisco's eastern neighborhoods are considered parkland deficient compared to areas that are closer to the Pacific Ocean. The Eastern Neighborhoods Rezoning and Area Plans Environmental Impact Report indicates that it is possible to improve the parkland-to-population ratio in the eastern portions of San Francisco—or to maintain the current ratio despite projected population increases—by creating nontraditional open space, passing regulatory amendments to govern new development, issuing ecological standards for design of public and private open space, and creating an open space network (4.10-4). The National Park and Recreation Association (NPRA) formerly required 10 acres of open space per 1,000 city residents. However, the NPRA no longer recommends a single absolute "average" park acreage per population, in recognition of the fact it is more relevant for each area plan and its program facilities to be based on community need. More important than acreage is accessibility (location and walking distance) and whether the facility provides needed services to the population in question (4.10-2). The CHC project is a significant redevelopment of the Lower Polk Street area but does not provide new public recreation opportunities within its boundaries. Other uses of this site could have potentially offered such opportunities. Therefore we propose that non-traditional recreation spaces are provided in the surrounding neighborhood instead. The east-west alleyways and some areas of Polk Street are prime opportunities for such spaces.

113-38 RE

ii. Interim Phase:
1. Parklets – site-specific parklets and installations can be designed to introduce park and recreational features
a. Mobile playgrounds
b. Flexible seating options in the alleys and along Polk Street
c. Public bicycle repair station
2. Programming in public space:
a. Mural painting programs in the alleys, and along Polk Street
b. Local community garden programs
c. Rotating public art schedule
3. Redesign of alleys (see site-specific proposals)

iii. Long-Term Phase:
1. Redesign of alleys (see site-specific proposals)

3) Site-specific proposals

a. Polk Street

113-39 TR

i. Sidewalk extensions - The sidewalks along Polk are narrow for a Neighborhood Commercial street and do not provide adequate space for a comfortable throughway zone between the frontage zone and the edge zone. The Better Streets Plan sets a sidewalk width recommendation of fifteen feet for Neighborhood Commercial streets. In addition, use of the following sidewalk improvements from the Better Streets Plan would increase the quality of pedestrian life on Polk:
    1. Interim Phase:
        a. Parklet and Walklet installations to explore how an expanded throughway zone affects pedestrian traffic and life on Polk Street
    2. Long-term Phase:
        a. Curb corner extensions at Polk/Geary; Polk/Post; Polk/Sutter; Polk/Bush
        b. Transit bulb outs
        c. Extended and/or midblock bulb outs with landscape design and public seating

ii. Landscaping - Polk Street at Geary has a low tree density. What trees are there lack the height, foliage, and beauty that make great streets. Polk is located in the Bay climate zone and can therefore accommodate trees up to 50 feet tall.
    1. Interim Phase: installation of moveable planter boxes and Parklets with shrubbery, flowers, and small trees
    2. Long-term Phase:
        a. Propagation of large shade-giving trees
            i. Stormwater treatment landscaping

iii. Bicycle infrastructure
    1. Interim Phase:
        a. Portable bike racks and corrals
        b. Public Pump on Polk (PPonP) to serve bicycle commuters using bicycle Route 16
        c. Public bicycle repair station
    2. Long-term Phase:
        a. Permanent bike racks, corrals based on success of portable versions
        b. Trash receptacles – Polk Street is lacking in trash receptacles between Geary Street and Sutter, even though the Better Streets Plan calls for a receptacle every 200 feet in commercial zones
        c. Pedestrian-scale street lights

b. Geary Street
    i. Interim Phase:
        1. Parklets and pocket parks
        2. Planter boxes
    ii. Long-term Phase:
        1. Pedestrian-scale lighting
        2. Stormwater treatment landscaping

c. O'Farrell Street
    i. Interim Phase:
        1. Parklets and pocket parks
        2. Planter boxes
    ii. Long-term Phase:
        1. Pedestrian-scale lighting
        2. Stormwater treatment landscaping

d. Post Street

113-39
TR

i. Interim Phase:
    1. Parklets and pocket parks
    2. Planter boxes
ii. Long-term Phase:
    1. Pedestrian-scale lighting
    2. Stormwater treatment landscaping

e. Sutter Street
    i. Interim Phase:
        1. Parklets and pocket parks
        2. Planter boxes
    ii. Long-term Phase:
        1. Pedestrian-scale lighting
        2. Stormwater treatment landscaping

f. Bush Street
    i. Interim Phase:
        1. Parklets and pocket parks
        2. Planter boxes
    ii. Long-term Phase:
        1. Pedestrian-scale lighting
        2. Stormwater treatment landscaping

g. California Street
    i. Interim Phase:
        1. Parklets and pocket parks
        2. Planter boxes
    ii. Long-term Phase:
        1. Pedestrian-scale lighting
        2. Stormwater treatment landscaping

113-39 TR

h. Alleyways – the Alleyways in general should receive treatment according to the Better Streets Plan recommendations for Alleys, which would convert them into shared public ways with low traffic speeds, and limited parking, if they are not converted to pedestrian-only walkways.
    1. Interim Phase:
        a. Tented multi-purpose community "center" and market area.
        b. Temporary/movable parking lane planters with ornamental and edible plant elements including flowers which attract birds, butterflies, and honeybees.
        c. Parklets.
        d. High density bicycle parking racks.
        e. Flexible seating.
        f. Bird, pollinator and bat nesting installations.
        g. Large mobile planters that can be moved with trucks, providing lawn or ornamental garden areas.
        h. Potentially portable food garden containers, given appropriate sunlight, protection and security.
        i. Pop-up retail providing amenities to attract users to alleys, including coffee, lunch food, etc.
    2. Long-term Phase:
        a. Trees and green sidewalks.
        b. Curb corner bulb outs at intersections with Geary and Polk Streets.
        c. More lighting and more pedestrian-scale lighting.
        d. Pollinating animal gardens, edible landscaping including fruit trees.

113-40 TR

Letter 114

Devyani Jain/CTYPLN/SFGOV
10/26/2010 01:22 PM

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

DEVYANI JAIN, *Senior Planner*
Major Environmental Analysis

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

P: 415.575.9051 | F: 415.558.6409

----- Forwarded by Devyani Jain/CTYPLN/SFGOV on 10/26/2010 01:22 PM -----

Bill Wycko/CTYPLN/SFGOV
10/20/2010 04:10 PM

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

----- Forwarded by Bill Wycko/CTYPLN/SFGOV on 10/20/2010 04:10 PM -----

"Ron Case" <ron@CaseAbst-Architects.com>
10/19/2010 03:55 PM

To <bill.wycko@sfgov.org>
cc "David Chiu" <david.chiu@sfgov.org>, <rm@well.com>, <wordweaver21@aol.com>, <bill.lee@flysfo.com>, <hs.commish@yahoo.com>, <c_olague@yahoo.com>, <plangsf@gmail.com>, <mooreurban@speakeasy.net>, "Carolynn Abst" <ca@CaseAbst-Architects.com>
Subject Comments on the CPMC draft EIR

Mr. Bill Wycko,

Attached are comments pertaining to the draft EIR for the proposed new hospital and MOB [Cathedral Hill Campus] to be located at Van Ness and Geary Streets.

The attached comments are in regards to our property located at 1033-37 Polk Street. [We are in and part of the Lower Polk Neighborhood, the comments are similar to the association's [LPN] but some are particular to this property.]

Thank you,

Ron Case

Ron Case, AIA, LEED AP
Case +Abst ARCHITECTS LLP

1033 Polk Street
San Francisco, CA 94109
tel: 415 351 3900
www.CaseAbst-Architects.com

CPMC Draft EIR C+A Comments 10 18 10.doc.DOC

Map #1001.pdf

Map #2001.pdf

Health issues #2001.pdf

Health issues #3 Sound Ratings001.pdf

Health issues #1001.pdf

Letter 114

October 19, 2010

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

Subject: Comments on Draft Environmental Impact Report,
California Pacific Medical Center (CPMC) Long Range Development Plan
Planning Department Case # 2005.0555E
State Clearinghouse # 2006062157

Dear Mr. Wycko:

Thank you for the opportunity to comment on the subject Draft Environmental Impact Report (DEIR) for the California Pacific Medical Center (CPMC) Long Range Development Plan. CEQA, a law which emphatically provides for involvement the general public in assessment and mitigation of the impacts of development projects, affords the general public a rightful "place at the table" in the City's consideration of this Project. I hope and expect that the City, in response to these comments, will continue to closely include the public in further evaluation of the Project's environmental impacts, and in structuring alternatives to and/or mitigation for those impacts.

Background

Our comments are directed at how [1] constructing and [2] operating the new Cathedral Hill Campus will affect our property located at 1033-37 Polk Street [adjacent to the proposed Medical Office Building, see enclosed map]. 1033 Polk Street is the street-level commercial floor of a two-story building owned by Ron Case and Carolynn Abst. Our firm, Case+Abst Architects, is located at 1033 Polk Street. 1037 Polk Street is the second floor above 1033 Polk, and is the only residence of Ron Case and Carolynn Abst. Thus we, Ron Case and Carolynn Abst, occupy the entire building of 1033-37 Polk Street on a 24-hour basis, 7 days a week.

114-1 OTH

Our comments are directed at the environmental [and economic] impacts as described in CPMC's draft Environmental Impact Report, published July 21, 2010. The comments listed below are related to the following draft E.I.R. impacts: [most with "significant impact" listing]

Comments

4.5 Transportation and Circulation
- Impact TR -1 thru 2
- Impact TR- 3 thru 7
- Impact TR-9 thru 17
- Impact TR-30 thru 31
- Impact TR-34 thru 35
- Impact TR-37 thru 39
- Impact TR-44 thru 45
- Impact TR-51
- Impact TR-55 thru 57
- Impact TR-101 thru 103
- Impact TR-108 thru 109
- Impact TR-113 thru 115
- Impact TR-116 thru 118

Impact TR-120 thru 124
Impact TR-133 thru 147
Impact TR-152

4.6 Noise
Impact NO-1 thru 5

4.7 Air Quality
Impact AQ-1 thru 14

4.9 Wind and Shadow
Impact WS-1 thru 2

4.12 Utilities and Service Systems
Impact UT-1 thru 4
Impact UT-6

4.15 Hydrology and Water Quality
Impact HY-3

4.16 Hazards and Hazardous Materials
Impact HZ-1

114-1 OTH

I. Comments directed at the <u>construction effects</u> to our health and property:

A. We have one operable window on our 1st [office] floor for fresh air/air circulation for the entire office. The operable window is adjacent to new MOB site.
In summary, we are seriously concerned about:
1. The loss of the use of this window due to construction dust. [health issue]
2. The loss of the use of this window due to construction noise. [health and work issue]
3. The loss of the use of this window in order to keep out exhaust fumes from construction truck traffic and trucks and vans idling while waiting to be sequenced into the construction site for pick-up or delivery of materials. [health and work issues]
4. The loss of ventilation to the conference room and office in general. [health and work issue]
5. Uncomfortable raised temperatures at interior spaces due to the need to close this window due to noise and dust and exhaust fumes. [health and work issue]
6. The loss of natural light to the conference room due to the amount of construction dust on the window. [health issue]
7. The loss of natural light due to new MOB height. [health issue]

114-2 AQ

114-3 WS

We are also concerned with the conclusions contained throughout the draft EIR's Air Quality section with respect to the Cathedral Hill project. Generally, it appears that the conclusion that a number of the impacts will be reduced to a less than significant level appears cursory and based on impacts over a larger region. Our property's location on Cedar Street will result in a number of these "less than significant" impacts still having potentially significant impacts on our health, our business and our property.

114-4 AQ

For example, mitigation measures for Impact AQ-1 and AQ-8 identify actions to reduce fugitive dust before trucks leave the Cathedral Hill MOB construction site. Although this dust reduction could potentially reduce overall impacts for the area, the actions do not appear to reduce those impacts for residences and businesses located in immediate

proximity to construction sites. It appears that the majority of the fugitive dust reduction measures would not lessen the impact to properties in close proximity to the construction sites, but rather only for those potential impacts realized from trucks transporting the fugitive dust.

114-4 AQ

Further, we are concerned with the prevalence of a conclusion that there are significant, yet unavoidable impacts without a thorough consideration of mitigation measures or alternatives. For example, Impacts AQ-2, AQ-3, and AQ-9 through AQ-11 state that there are significant, but unavoidable impacts, mostly due to the uncertainty of equipment availability. There does not seem to be evidence that CPMC fully explored all if its options to mitigate potentially significant impacts.

114-5 AQ

These conclusions are particularly concerning given the location of our property. Not only is our property directly across the street from the future Cathedral Hill MOB construction site, it is also downwind of the majority of the Cathedral Hill construction. As a result, all significant air impacts will directly affect our business and residence. Further, as mentioned above our business has one operable window on the Cedar street level that provides the entire office with ventilation. We do not have an internal air circulation system. We rely on the natural wind patterns to provide air circulation for the business. As a result, all potentially harmful air pollutants would be carried into our business. Given the potential harmful effects of the air quality impacts, the apparently small amount of mitigation measures for these significant but unavoidable impacts is troubling for our health and business.

114-6 AQ

B. Our office windows are not acoustical. The construction noise will penetrate our working areas, making it hard to concentrate, talk on the phone, and communicate within the office. In other words, difficult to perform daily office functions. [health issue; also see attached noise report and noise article]

114-7 NO

In additional, the DEIR at Table 4.6-20 identifies significance thresholds as an increase existing ambient noise by 5 db or greater when existing ambient noise is less than 60 db and an increase of 3 db when existing ambient noise exceeds 60 db. In addition, the significance criteria identifies that the project could have a significant effect on noise if it would result in substantial permanent increase in ambient noise levels in the project vicinity above levels existing without the project or result in substantial temporary or periodic increase in ambient noise levels in the project vicinity above levels existing without the project.

The proposed construction of the Cathedral Hill Hospital and MOB would begin in early 2011 and would continue for approximately 4-1/2 years; the demolition time period would be 6-9 months; the excavation time period would be 5-6 months; the foundation work would take another 3-6 months; and the structural work would take an additional 16-18 months. The DEIR notes that the excavation and hauling associated with the Medical Office Building would involve 92,000 cubic yards excavated from the Medical Office Building site. Thus, the EIR concludes the loudest construction noise at the Cathedral Hill campus would occur in the first 11-15 months of construction. Table 4.6-22 indicates that the ambient existing noise level near our property is 66 db and would increase to 83 db, an increase of 17 db during demolition, excavation, and construction noise. Similarly, property close to ours would increase from 65 db to 75 db, or an increase of 10 db during that same time period. The EIR also acknowledges the maximum noise level generated by project construction activities at the exterior of these land uses could be up to 87 db.

114-8 NO

In addition, the EIR identifies that CPMC is proposing a second construction shift during the demolition and excavation phase at the MOB and Hospital. This second shift would be from 4 p.m. to midnight, Monday through Friday. This second shift would be proposed for

demolition and excavation, foundation and structural stages, and welding activities – again, extending years into the construction time period. The DEIR further acknowledges that in summary, the proposed construction would create noise that would be out of compliance with noise levels for daytime construction established by the San Francisco Noise Ordinance and would also be out of compliance for the proposed second shift nighttime construction.

The DEIR does contain some mitigation measures in an attempt to modify noise to a level of less than significant. These mitigation measures, and, specifically, M-No-N1C, involve the subsequent preparation of a construction noise management plan. This Construction Noise Management Plan should have been part of the EIR that has been circulated and made available for public comment. The proposed Construction Management Plan anticipates that if noise levels do actually exceed City noise standards, that the Management Plan and the retained consultant would review and approve additional mitigation measure to minimize prolonged sleep disturbance. The efficacy of these mitigation measures is, however, not able to be reviewed since the actual mitigation measures and the actual implementation of those measures have not been analyzed in this document. CEQA requires that all appropriate mitigation measures be fully analyzed as part of the EIR and not improperly delayed especially for the "project" level component of this development, which includes the hospital and MOB. 114- 8 NO

C. The access to our parking is in Cedar Street [bordering the MOB site]. Our access to and from will be limited and interrupted due to construction material, deliveries, trucks, etc. [work and living issue] 114-9 TR

D. With the daily construction activities and equipment having to pass our office [and residence] constantly we will be subject to loud noises, traffic congestion, vehicle emissions, debris, and dirt. [health issue] 114-10 AQ

E. Construction will result in vibration levels near our building that reach 82 (VdB) which the DEIR identifies as exceeding human annoyance thresholds and characterizes as a significant and unavoidable impact. (See Table 4.6-35) [health issue] 114-11 NO

E. With construction trucks and equipment moving throughout our drive areas we will be subject to construction debris all along area building and drive. [health and work issue] 114-12 AQ

F. The entire building is a major economic investment for us; the building will be coated with construction dirt and dust, damaging the finishes [roof, walls and windows] and hastening the durable life of the building and its components. [economic issue] 114-13 AQ

G. Even with shuttles being available for construction workers, they will need to drop off their equipment and tools at the site. This additional traffic noise, vehicle exhaust, and dirt will be a burden placed on our office, the employees, and our residence. 114-14 TR

H. There are no catch basins [storm and sewer inlets] at the corner of Polk and Cedar Street. Cedar Street slopes down from Van Ness to Polk. Construction water used to clean equipment, etc. will pond at our corner, next to our building entry, and construction detritus will be walked into our office and residence. We have seen this occur when other buildings along Cedar Street have undertaken construction projects, and we have had to involve DPW and owners to mitigate the mess. [This is a major health and work issue] 114-15 HY 114-16 AQ

I. As construction progresses, Cedar Street will become blocked at times and the paving will become torn up. This is our only means to get to our garage. We will have to endure five years of delays and accelerated wear and possible damage to our car. 114-17 TR

J. We are concerned with day and night security, not only within the construction site but all along the block. We need 24 hour security to prevent graffiti, vandalism and homeless encampments. 114-18 OTH

II. Comments directed at the long term affects to our health and property:
[Once Hospital and MOB are occupied]

A. With entry and exit of the MOB parking less than 50 feet away from our parking entry we will experience long waits and traffic congestion to get in and out of our own garage. The garage is use throughout the day and evening. This problem will be greater if the queue areas for cars entering the MOB parking garage on Cedar are inadequate. The DEIR fails to contain an adequate analysis of the required queuing space for the Cedar entrance. 114-19 TR

If the MOB parking is open in the evenings we will experience this problem continually.

B. If the MOB parking is open in the early morning and evening we will be forced to endure noise throughout the entire day. If the evening use is allowed we will be forced to the noise of people coming and going to their cars, plus the car noises and emissions. 114-20 NO

In addition to the construction noise, the operation of the hospital and the MOB will also significantly increase traffic noise. Specifically, the EIR notes that the increased traffic volumes could result in a noticeable 3 db or greater increase in traffic noise along roadways on or near the campus. The EIR further notes that the LRDP-related traffic noise would result in a noticeable 3 db or greater increase in the ambient traffic noise levels along Cedar Street between Polk and Van Ness. This increase would likely be perceivable to existing nearby noise sensitive receptors, such as our residential and commercial building. 114-21 NO

The actual net increase in db is an amazing 10.3 from the baseline existing condition of 52 along Cedar to a proposed cumulated plus project of 62.3. The 10.3 increase violates existing City policy, which provides that increases in ambient noise of 5 db are considered significant impacts. 114-22 NO There is a brief discussion in the EIR which suggests that the ambient noise level along Cedar Street is actually higher than the amount recorded during the noise analysis of 52 db as a result of noise flowing from Van Ness and Polk Streets down and along Cedar Street. Because of this noise that originates off different streets, the DEIR asserts that the actual increase along Cedar Street is approximately 2 db. Thus, the DEIR requires no mitigation for this 10.3 db increase in the ambient conditions. The DEIR should have identified mitigation measures that would have been applicable to minimize the impact of the 10.3 actual increase in db along Cedar Street. 114-23 NO

In addition, the DEIR discusses noise from stationery equipment. Specifically, the DEIR indicates that on-site sensitive receptors, such as our home and our business, which do rely on windows for ventilation, would experience a significant impact in that the resulting stationery noise for our property would be in excess of 45 db as the sound attenuation that would occur would be 15 db from the 70 db that is anticipated and identified at the property lines for the proposed Cathedral Hill campus. The DEIR should include mitigation for this significant effect on our property. 114-24 NO

C. With the MOB deliveries shown to be next to the parking entry this will be an additional traffic, noise and exhaust issue. 114-25 NO This renders our few operable windows unusable. This problem will be magnified because the DEIR identifies that the loading space demand for 114-26 TR

the MOB is 4 spaces and the available supply is only two spaces. The DEIR asserts, with no data to support the assertion that this situation will be mitigated by scheduling deliveries and by parking on street when necessary. The on street parking will only further amplify the traffic and exhaust impacts near our property. 114-26 TR

D. The amount of car and truck traffic next to our building, stopping and starting, trying to pull out on to Polk Street, will, overtime damage our exterior finishes [roof, walls and windows. 114-27 TR

E. As with all hospital campuses, there will be cars circling the neighborhood waiting to pick up, drop off, and/or looking for parking. A major part of the neighborhood circling will be down Cedar Street, at our building. The situation will be exacerbated by the significant and unavoidable impact at intersection of Polk and Geary near our office. Again, a major health and noise issue. 114-28 TR

F. We currently have two parking spaces in front of our building. It is proposed that one of these spaces be eliminated, for visibility reasons. This will be a negative impact on our business due to reduced client parking availability. 114-29 TR

G. The ten story building height of the MOB will greatly reduce the natural light to our building, thus negatively affecting our work and living environment. 114-30 WS

The existing buildings near our property and proposed for demolition to construct the MOB contains two- and three-story buildings that are up to 40 feet in height. The proposed MOB will place a nine-story building of approximately 169 feet in that location. This proposed MOB will drastically alter the sun and shadow patterns for businesses and residences on Cedar Street and Post Street. The shadow fan analysis reveals that the MOB will cast shadows on significant portions of Cedar Street between Polk and Van Ness during all seasons except the summer equinox. Additionally, the analysis predicts that Cedar Street will be entirely covered in shadows during the afternoon in all seasons except the summer equinox. This loss of sun exposure would significantly impact our property. 114-31 WS

The shadow fan analysis is troubling as our property would lose a significant amount of sun exposure. Our property contains numerous windows along Cedar Street due to its south-facing orientation. Sun exposure is critical not only for economic function, as it encourages pedestrian activity, but it also affects physical and mental health. Scientific studies have demonstrated the importance that natural sun exposure serves. We are very concerned that the proposed MOB would result in placing our residence and business in shadows for the majority of the year. The intent of San Francisco Planning Code Section 295 (the Sunshine Ordinance) is to protect sunlight in open spaces. Even though Cedar Street does not encompass open space within SFPRD's jurisdiction, the proposed project would nonetheless drastically impact the sidewalks of our neighborhood, which are the public areas within San Francisco that we and our clients utilize the most. 114-32 WS

The loss of sunlight along Cedar Street is even more troubling, given the fact that the wind analysis in the DEIR anticipates an increase of wind at Cedar and Van Ness beyond the pedestrian comfort level from 16% to 21%. The combination of loss of sun and increase of wind along Cedar will drastically change the character and comfort of Cedar Street. Even though the DEIR asserts that the impacts are less than significant for the study area, these impacts are significant for those properties within the immediate area of the MOB. 114-33 WS

H. Because we will be in a hospital zone parking for our clients will be very difficult and deter clients from coming. 114-34 PH

I. We are concerned about the continuing health issues surrounding hospitals and medical facilities. We are concerned that the emissions and discharges from the 114-35 HAZ

building will be a health hazard. We occupy the building 24 hours a day, 7 days a week. Small amounts of hazardous materials over a long period can be a major health issue.

114-35 HAZ

Health studies of the neighborhood surrounding UCSF has shown that there is a larger percentage of health related issues than outlining neighborhoods. Then there is the issue of hospital patience contracting infections and diseases while in the hospital. Some of this must carry outside the medical facility.

114-36 HC

III. Comments related to proposed community recreational facility.

With regards to recreational impacts, the DEIR provides that the General Plan's Recreation and Open Space Element states that, "To the extent it reasonably can, the City should increase the per capita supply of public open space within the City." In addition, the Recreation and Open Space Element provides that the focus of the updated element includes "improving access to open space and prioritizing open space acquisitions and improvements in high need areas."

114-37 RE

As noted on page 4.10-28, the proposed Cathedral Hill campus location is identified in a high need area where the City seeks to provide new open space. While the DEIR indicates that the proposed Cathedral Hill campus would intensify the activity and uses on campus and could generate more trips to local nearby parks than under current conditions, the only additional park facilities provided as part of the Cathedral Hill campus are a privately owned, but publicly accessible, outdoor courtyard located on the fifth floor podium level of the hospital. There are also some additional public spaces that are referenced in the DEIR and that include different activity zones, but those spaces are not further defined in the DEIR.

While the DEIR concludes that the near-term project would result in an incremental increase in demand on nearby facilities associated with the proposed Cathedral Hill hospital and medical facility, the incremental increase in demand would not result in a need to expand the existing recreational facilities or construct new facilities or cause physical deterioration of nearby parks and open spaces. Notwithstanding these findings, we understand that CPMC is considering providing additional privately managed park space near the CPMC facility for the benefit of its employees and the adjoining area. The proposed location of the additional recreational facility may be constrained because of the unwillingness of the owner to sell the property. To that end, we recommend that CPMC look for other nearby adjacent property on which such a privately managed open space could be constructed.

114-38 RE

Proposed Additional Mitigation Measures:

Option #1

It is our belief that after review of the draft EIR and design documents the new hospital and MOB construction and operation will create an intolerable living and working condition. For our health and well being we would like to permanently move from our location. We would like help from CPMC for this endeavor.

114-39 OTH

Option #2

If option #1 is unachievable we would like the following mitigation measures provided based on our having to live and work with less than desirable conditions both during construction and after MOB and hospital occupancy:

1. **Health and Safety**
   A. For the duration of the construction pay for relocation of our office and residence with similar accommodations [size space arrangement and amenities]. Cost to include all rents and relocation expenses:
      [1] New office set-up [phones, stationery, packing & moving expenses, utilities, etc.]
      [2] Living arrangements similar to our current arrangement [packing & moving, utilities, etc.]
   B. At the completion of construction pay for all expenses associated with returning to our existing location.
   C. At the end of construction [and before moving back]
      [1] Provide for new acoustical windows [1" thick] and doors throughout. Provide for clear replaceable film on exterior of all first floor windows and doors.
      [2] Provide [design; equipment necessary and installation] of total air conditioning system for both 1st & 2nd floors. System[s] to have a superior filtration component.
      [3] Repair and paint the total exterior of the building [same paint and colors as existing].
      [4] Replace existing roof with like system
2. **Protection and Care of Property** [during construction]
   A. Secure existing building [1033-37 Polk] from vandalism and miscellaneous damage.
   B. Remove all graffiti within 24 hours
   C. Repair any damaged areas within a few days time.
   D. Protect and care for the 4 palm trees and ground cover on the exterior of the building.
3. **Use of Property [after construction]**
   A. Install metering lights at MOB parking exit on Cedar Street so that we can halt exiting traffic briefly while we inter or exit our garage.
   B. Provide four [4] free parking space in the MOB for our clients to use [with validation] at no cost to us.
   C. Establish a committee or group who will meet quarterly to work out conflicts and issues that arise. [Also, establish a person we can call at anytime to resolve matters that won't wait until our quarterly meetings.]

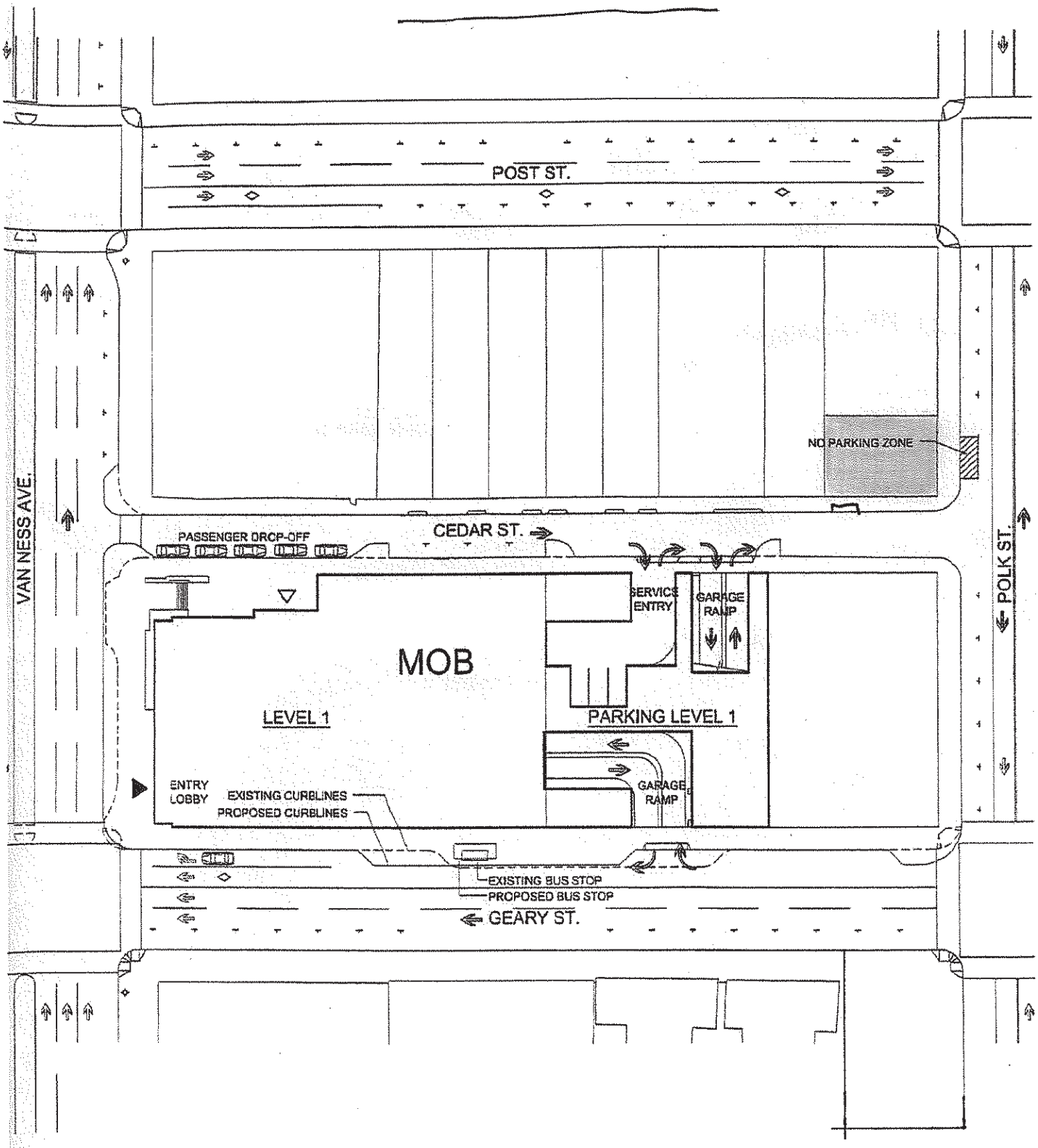
114-39 OTH

Sincerely,

Carolynn Abst

Ron Case

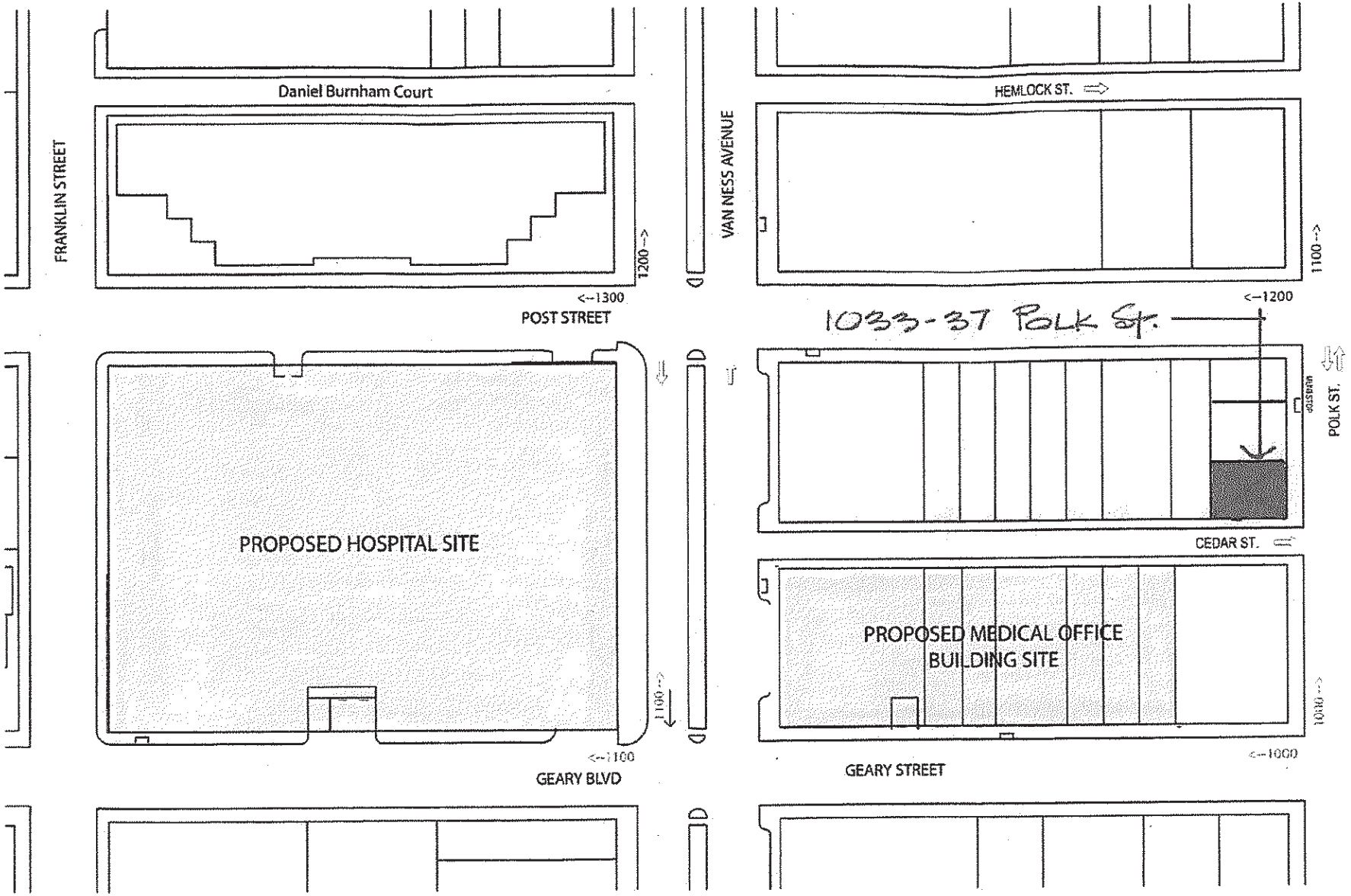
Attachment to Letter 114



NOTE : INFORMATION SHOWN ON THIS SITE PLAN REPRESENTS DESIGN INTENT ONLY. EXACT LAYOUT AND DIMENSIONAL INFORMATION WILL BE DETERMINED UPON DETAILED DESIGN & SURVEY VERIFICATION, APPROVALS AND FURTHER DEVELOPMENT OF SITE DETAILS.

Attachment to Letter 114

PROPOSED VAN NESS/GEARY CAMPUS SITE



Attachment to Letter 114

Lower Polk Neighborhood Traffic Noise Study

Study Report
July 6, 2010

Overview

During the 2009-2010 academic year, a UCSF School of Nursing student measured street noise levels in the Lower Polk neighborhood of San Francisco. The project was undertaken as part of an academic externship with Tom Rivard, Manager of the Health Hazard Assessment Group at the San Francisco Department of Public Health.

Methods

Sample: Twenty-four hour noise levels were measured at 5 locations (4 residential and 1 office) in the Lower Polk neighborhood. The sample was a convenience sample of residents who volunteered to host the recording equipment. Residents were recruited at the December 2009 meeting of the Lower Polk Neighbors, and through word of mouth.
Noise recording: Noise levels were measured using a calibrated noise dosimeter. The microphone of the dosimeter was suspended outside of a window opening of each residence, at the busiest availabe edge of the building. An audio recorder took a concurrent recording. The dosimeter measured the noise levels in 15-second average increments, while the audio recorder made a continuous recording that allowed the researchers to identify the sources of noise events.
Interviews: The five participants responded to structured interview questions regarding household demographics and experiences of traffic noise at their residences.
Research approval: Permission for the project was granted by the UCSF Committee on Human Research in February 2010. Consent was obtained from all participants.

Results

The dosimeter provided average 24-hour noise levels as well as average 15-second increment noise levels. The researcher used the audio tape to identify sources of noise for each 15-second increment that was 75 decibels or louder. (The researcher did not identify sources of noise 74.9 decibels or less.)

Location 1
Where: Outside of a 3rd story bedroom window on Polk Street between Bush & Pine.

When:	Saturday 3/6/10 to Sunday 3/7/10
Average 24-hr noise level (Leq):	**70.2 decibels**
Loudest 15-second increment:	97.2 dB at 1:51am, caused by an emergency vehicle (EV).
Total time > 75 decibels:	24 minutes
Source of noise > 75 decibels:	15 minutes by trucks, motorcycles, cars, other 9 minutes by EVs
Avg level of non-EV noise events:	77 decibels
Avg level of EV noise events:	86 decibels
Number of EV events:	18
Number of night EV events*:	7

Location 2

Where: Outside of a 2nd story living room window on Polk Street between Geary & Post.

When:	Saturday 4/16/10 to Sunday 4/17/10
Average 24-hr noise level (Leq):	**76.7 decibels**
Loudest 15-second increment:	106.0 dB at 4:09 am, caused by an EV.
Total time > 75 decibels:	128 minutes
Source of noise > 75 decibels:	103 minutes by trucks, motorcycles, cars, other. 25 minutes by EVs.
Avg level of non-EV noise events:	77.2 decibels
Avg level of EV noise events:	83.5 decibels
Number of EV events:	44 (included 5 EV events >100dB)
Number of night EV events*:	7

Location 3

Where: Outside of a 4th story window, recessed from Hyde Street, between California & Sacramento.

When:	Friday 4/30/10 to Saturday 5/1/10
Average 24-hr noise level (Leq):	**61.0 decibels**
Loudest 15-second increment:	84.0 dB at 8:01 pm, caused by an EV.
Total time > 75 decibels:	3 minutes
Source of noise > 75 decibels:	2.5 minutes by trucks, motorcycles, cars, other. 0.5 minutes by EVs.
Avg level of non-EV noise events:	78 decibels
Avg level of EV noise events:	79 decibels
Number of EV events:	4
Number of night EV events*:	0

Location 4

Where: Outside of a 3rd story bedroom window on Sutter Street between Polk & Larkin.

When:	Saturday 5/8/10 to Sunday 5/9/10
Average 24-hr noise level (Leq):	**70.0 decibels**
Loudest 15-second increment:	96.7 dB at 5:52 pm, caused by an EV.
Total time > 75 decibels:	40 minutes
Source of noise > 75 decibels:	34 minutes by trucks, motorcycles, cars, other. 6 minutes by EVs.
Avg level of non-EV noise events:	77.7 decibels
Avg level of EV noise events:	81.3 decibels
Number of EV events:	18
Number of night EV events*:	6

Location 5

Where: Outside of a 1st story office window on Post Street between Polk & Larkin.

When:	Tuesday 5/11/10 to Wednesday 5/12/10
Average 24-hr noise level (Leq):	**71.1 decibels**
Loudest 15-second increment:	96.0 dB at 5:21 pm, caused by an EV.
Total time > 75 decibels:	48 minutes
Source of noise > 75 decibels:	34 minutes by trucks, motorcycles, cars, other. 14 minutes by EVs.
Avg level of non-EV noise events:	77.8 decibels
Avg level of EV noise events:	84.0 decibels
Number of EV events:	34
Number of night EV events*:	13

* 11:00 pm to 7:00 am.

Interview Results

Below is a sample of responses from a structured interview with the resident of each noise monitoring location.

- Do you ever keep your windows closed on hot nights due to noise?
  Yes: 3 of 5 No: 2 of 5.
- How often (if ever) is your sleep disturbed by noise?
  Every night: 1 of 5
  2-3x/week: 2 of 5
  Weekly: 1 of 5
  N/A (business): 1 of 5.
- How does noise rank in comparison to other concerns you have about your neighborhood.
  Top concern: 1 of 5
  3rd or 4th: 4 of 5

- "I think that on a long term basis, (the road noise) isn't good. It makes you more agitated and more anxious."
- "I feel really defeated about the noise problem… It creates excruciatingly high levels of physical stress."

Discussion

While most community noise data is based on computerized noise models, this data provides empirically obtained data. This study provides exterior noise level data for four residential and one commercial locations in the Lower Polk neighborhood. The 24 hour noise levels varied widely, from 61.0 dB at the quietest location to 76.7 dB at the loudest location. Three of the locations (1, 4, and 5) had average levels between 70.0 and 71.1 decibels. This suggests that many residences with windows on main streets in the Lower Polk experience average levels around 70 dB of noise daily. Noise levels at the loudest location (76.7dB) were likely influenced by proximity to two major streets, the fire station, and a homeless shelter. Noise

levels at the quietest location (61.0dB), on the other hand, were likely influenced by the recession of the window from the street and the height of the window at the 4th story.

According to the World Health Organization, exposure to average environmental noise levels greater than 55 decibels causes annoyance, and long term exposure to levels greater than 65 decibels may have cardiovascular effects (WHO 1999). The WHO recommends levels of 45 decibels or less at night to ensure good sleep (WHO 2009). Four of the five locations measured exceeded these levels.

In all of the locations, the majority of loud moments were caused by trucks, motorcycles, and cars driving by. However, the peak noise moments were caused by emergency vehicles.

Limitations of the research

The audio tape enabled the researcher to identify general categories of noise sources, such as cars and trucks driving by; car alarms; people yelling; and emergency vehicle sirens. She did not break these categories into more specific sources, such as a truck engine versus a motorcyle engine, or an ambulance's siren versus a fire truck's siren. Additional research using video would be necessary to identify sources with more specificity.

The sample was a convenience sample, and was not random. There is likely selection bias present in the sample, as those that volunteered are those who were concerned about noise levels. However, these locations were likely representative of other housing units with windows facing major streets in this area.

Furthermore, the research does not account for the temporal factors that may influence noise levels, such as the weather, the day of the week, or the time of the month. For example, some residents anecdotally noted that they notice more noise at the beginning of the month, while others noted that foggy nights tend to be quieter.

The samples were measured at the exterior of windows. Well-insulated windows and walls can dramatically decrease interior noise levels. However, most of the housing stock is not well insulated, and in San Francisco's temperate climate, leaving windows open is sometimes necessary and desirable for climate control. Therefore, exterior noise levels are important indicators of interior levels.

About the researchers

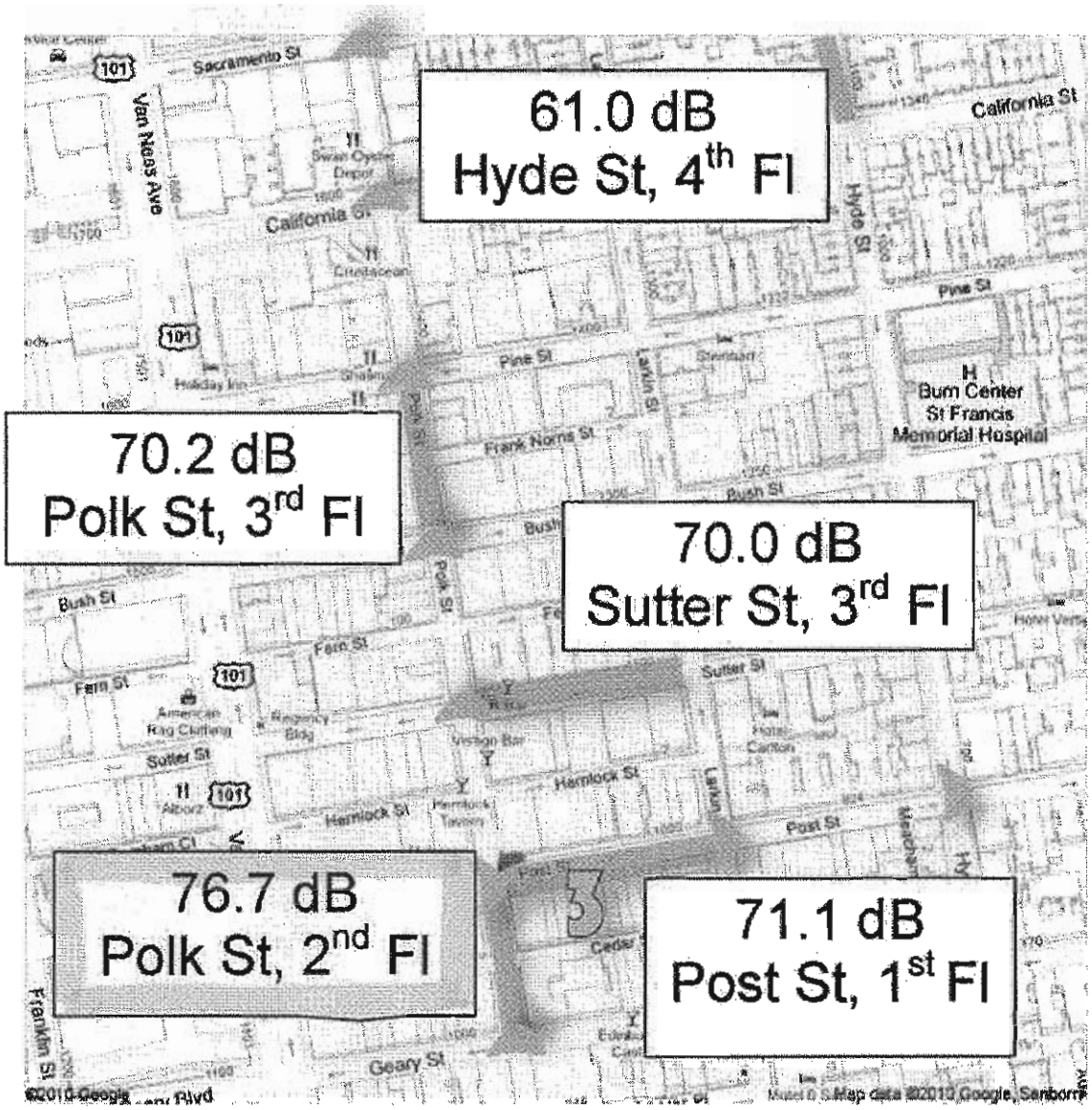
This study was undertaken to measure noise levels from residential locations and to identify sources of noise to the extent possible. The research was undertaken by Elisabeth Goldstein, RN, an MS student at the UCSF School of Nursing, Department of Occupational and Environmental Health. Her preceptor for this research was Tom Rivard, Manager of the Health Hazard Assessment Group at the San Francisco Department of Public Health, who also provided the noise dosimeter. The Principal Investigator was Dana Drew-Nord, faculty member at the UCSF School of Nursing.

References

World Health Organization. (1999). *Guidelines for Community Noise*. Berglund, B., Lindvall, T., & Schwela, D, (Eds). Retrieved from http://www.who.int/docstore/peh/noise/guidelines2.html

World Health Organization Regional Office for Europe. (2009). *Night Noise Guidelines for Europe*. Hurtley, C. (Ed.) Retrieved from www.euro.who.int/document/e92845.pdf.

Figure 1: Map of Monitored Locations and 24-hour Average Noise Levels



Attachment to Letter 114

What is a decibel, and how is it measured?

Browse the article What is a decibel, and how is it measured?

What is a decibel?

Up Next

- How Surround Sound Works
- How Speakers Work
- Discovery.com: Hearing

The **decibel** (abbreviated **dB**) is the unit used to measure the intensity of a sound. The decibel scale is a little odd because the human ear is incredibly sensitive. Your ears can hear everything from your fingertip brushing lightly over your skin to a loud jet engine. In terms of power, the sound of the jet engine is about 1,000,000,000,000 times more powerful than the smallest audible sound. That's a big difference!

On the **decibel scale**, the smallest audible sound (near total silence) is 0 dB. A sound 10 times more powerful is 10 dB. A sound 100 times more powerful than near total silence is 20 dB. A sound 1,000 times more powerful than near total silence is 30 dB. Here are some common sounds and their decibel ratings:

- Near total silence - 0 dB
- A whisper - 15 dB
- Normal conversation - 60 dB
- A lawnmower - 90 dB
- A car horn - 110 dB
- A rock concert or a jet engine - 120 dB
- A gunshot or firecracker - 140 dB

You know from your own experience that distance affects the intensity of sound – if you are far away, the power is greatly diminished. All of the ratings above are taken while standing near the sound.

Any sound above 85 dB can cause **hearing loss**, and the loss is related both to the power of the sound as well as the length of exposure. You know that you are listening to an 85-dB sound if you have to raise your voice to be heard by somebody else. Eight hours of 90-dB sound can cause damage to your ears; any exposure to 140-dB sound causes immediate damage (and causes actual pain). See this page for an exposure "ruler."

Attachment to Letter 114

HEALTH SPOTLIGHT

Mother nature's stealthiest brain boosters

THE YOU DOCS

Mehmet Oz, M.D., and Michael Roizen, M.D.

For a razor-sharp brain, less may be more. Yup, flexing your gray matter daily — with a class in conversational Esperanto or after-dinner Sudoku tournaments — may help you reach 81 with a brain like an 18-year-old's (but without so many of those thoughts). But to keep your memory young, your neurons also crave a few deceptively simple "growth factors" that need to be more common than ivory-billed woodpeckers.

One of these factors happens when you do something deceptively simple: unplug. Researchers speculate that being constantly connected to digital devices deprives your brain of the downtime it needs to process information and consolidate memories. In lab studies, rats need breaks to form strong memories of new places they explore. You may, too. It's another reason to turn off your iPhone at dinner, leave your BlackBerry behind when you take a walk and disconnect from the Internet frequently on nights and weekends (except when you're checking out our latest tips on RealAge.com and DoctorOz.com, of course!).

Here's how to get four more stealthy brain boosters off the endangered species list and back into your life:

Less noise, more silence. Noise ages even 19-year-old brains. Loud noises during the night (planes, trucks, trains, the party next door) can disturb deep, restorative sleep enough to make your reaction times "old" in the morning.

Try running a white noise machine to muffle disruptive noises at night. Exposure to high-decibel sounds causes blood pressure and stress hormones to surge, and both can be major brain agers. If you work in a noisy environment (factories, construction), wear a protective headset (hey, they even look cool). Cover your ears if a loud noise erupts near you (jackhammer, siren, low-flying jet, vuvuzelas).

And when you've got to focus, turn off the radio and shut the door. Your brain's less able to screen out distracting sounds with age, making sharp thinking and recall more of a challenge if you're trying to balance the checkbook while listening to the ballgame.

Less artificial light, more natural light. Sun salutations aren't just for yoga class. When your prehistoric ancestors peeked out of their caves each morning to check for saber-toothed tigers, that first burst of natural light woke up the sweet spot deep in their brains — and yours — that's responsible for daytime alertness.

Greeting the day gets your brain in gear, boosting your ability to concentrate and turn out stellar work. The light bulb over your bathroom mirror can't do this. It takes intense blue light, a wavelength so far found only in Mother Nature's home-made morning light.

Scientists are working on artificial versions; there's early evidence that exposure to extremely bright blue-white light may reverse dementia and depression. For most, a few minutes of natural morning light may be all you need to feel bright-eyed and bushy-tailed.

Less stuffy/smelly air, more fresh breaths. You spend 90 percent of your time indoors, where stale air causes mental fatigue and even some diseases. The cause? Anything from mold or mildew to substances released by fresh paint, new carpet, cleaning products and artificial smells — including, disturbingly, some air fresheners.

The fix? Choose scent-free products. Open your windows regularly, open vents on air conditioners, and ventilate well when using cleaning products, scented sprays (even fragrances), and of course when you're painting anything or replacing carpeting.

Less clutter, more wide-open spaces. Visual clutter slows down your brain. That's why clusters of road signs double the chances that you'll miss the one you're looking for, and why website and hospital designers aim for simplicity.

We instinctively look at something uncomplicated while wrestling with tricky problems (which is why you'd rather gaze at a blank wall than a Jackson Pollock painting when you're doing your taxes). Clearing up the clutter on your desk, bureau, files, shelves could do wonders for your bookkeeping, not to mention helping your brain stay closer to age 18.

The YOU Docs, Mehmet Oz and Mike Roizen, are authors of "YOU: On a Diet." Want more? See "The Dr. Oz Show" on TV. To submit questions, go to www.RealAge.com.

LETTER 115

Iris biblowitz
<irisbiblowitz @hotmail.com>
10/26/2010 04:56 PM

To <devyani.jain@sfgov.org>, <chelsea.fordham@sfgov.org>
cc
bcc
Subject St. Lukes hospital

Hello-I'm a nurse and have lived in the MIssion (26 st and Florida), not far from St. Lukes, for over 30 years. I was a home health nurse, mainly in the MIssion, BayView, and Tenderloin, for over 5 years and have a grasp of what health resources are needed in the southeast part of San Francisco. You don't need to be a nurse to know that there's a desperate need for health care in the southeast. SFGH is a wonderful and overwhelmed hospital. Ambulances are diverted from SFGH over 50% of the time. Patients may wait months for an MRI, mammogram, clinic appointment. Patients typically wait 6-12 hours to be seen in the ED, unless they have chest pain or are brought in by ambulance. 115-1 HC
St. Lukes Hospital is the only other hospital in the area and it can serve a critical function, if CPMP/Sutter, the planning department, and other city officials are committed to responding to the needs of city residents.

The inequalities of the plan for the Cathedral Hill hospital and St. Lukes are stark. I strongly recommend increasing the beds at St. Lukes (from 80 to 200) and decreasing the beds at Cathedral Hill (from 555 to 200?) so they meet somewhere in the middle, and that's called equity. This is not for philosophical reasons but because of the community needs. 115-2 HC

There is a crying need for a SNF, a long-term facility that could be part of St. Lukes. The new LHH has fewer beds that it originally did, and the demand is, and will continue to be, greater.

There's a great need for more psychiatric units, which have been closing down at a rapid rate in SF. A rehab/detox unit would be very helpful; people are on waiting lists and relapse before they can get in to a program.

The southeast probably has a larger proportion of children than other SF neighborhoods and all-around pediatric care is needed. This is especially helpful because the BayView has one of the highest percentages of children (and adults) with asthma. 115-3 HC

An oncology department would be a wonderful asset. BAyView and Mission have more than their share of cancer (especially breast cancer) and this would enable patients who feel extrememly tired and weak to go to a hospital in the neighborhood rather than travel. Many patients of SFGH and St. Lukes now travel by bus; fortunately, there are several bus routes that stop close to each of them. (Unfortunately, the #26 on Valencia was discontinued.) Riding MUNI across town after chemotherapy or just being sick is a real hardship.

We all know the statistics about CPMC/Sutter's higher prices, which reveal a less than sincere commitment to providing for the needs of low-income communities. That's why your work to pressure them to respond to these communities is so important. 115-4 HC
Thank you-Iris Biblowitz, RN (I do not, and never have, worked at St. Lukes)

Letter 116

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

COMMENTS

1. Pg. 2-53, Figure 2-4 and Pg. 2-77, Figure 2-19. The O_2 Tank is shown as being on Level 3. Please clarify how the O_2 tank will be refilled/replenished. At St. Francis Hospital a truck with oxygen (liquid?) routinely blocks Pine Street. Any such "deliveries" should not take place on either Geary Street or Franklin Street; please clarify O_2 deliveries at this site.

116-1 TR

2. Pg. 4.1-48, 4th paragraph. I have always been perplexed with the finding that a project "with the requested amendments and approvals would therefore not conflict with any applicable land use plan, policy, or regulation." If one takes the "existing condition," the Planning Commission and Board of Supervisors have not taken any action, approval, or denial of any requested general plan amendments, code modifications, or variances. Shouldn't this existing situation form the analysis of impacts rather than some future, hypothetical condition, which may, or may not, be realized?

116-2 LU

3. Pg. 4.2-13, Figure 4.2-1. The evaluation of Aesthetics depends, in part, on the views from various locations as depicted on this figure. Why were these locations chosen? What other locations were considered and rejected? Two other views should be depicted: 1. Looking south from Van Ness Avenue and Bush Street; 2. Looking north from Van Ness Avenue and Ellis Street.

116-3 AE

4. Pg. 4.2-119. Although there are plans and elevations of the proposed Cathedral Hill building provided elsewhere in the DEIR, I don't believe I saw any perspective renderings, or photographs of a model, of the preferred design. These would be of the proposed building and in addition to those shown in this section. Please provide.

116-4 AE

5. Pg. 4.2-138. 1st paragraph makes the observation that the project's height and massing "would not be out of context with the visual character of the commercial development along Geary Boulevard…as well as the civic development to the south. In addition, would generally be consistent…with existing development located north of the site." Since Figure 4.2-8 only shows one building with some height on Van Ness, the EIR should show on a map the locations of those buildings being referred to here. Where are these buildings, what is their height/massing//bulk, provide photographs of each such building, and a bird's eye showing buildings north, south, west and east to which the project is being compared.

116-5 AE

Pg 4.2-132. Second paragraph. "Replacing the existing Cathedral Hill Hotel with the proposed Cathedral Hill Hospital would create a considerable increase in the

116-6 AE

visual bulk of the structure at this site and would replace the receding skyline with a dominant skyline form." Is a receding skyline preferred over a dominant one? 116-6 AE

"The proposed hospital would also replace the less intricate and uninteresting visual quality of the existing hotel facades with more interesting forms, patterns, color, and texture in a more contemporary architectural style." This is purely an opinionated value judgment about architectural treatments of the two building designs and should be removed from the EIR. In fact, the two architectural treatments are not that far apart (my opinion). 116-7 AE

Pg. 4.3-33. 3rd paragraph. How can an identified impact, in the case the loss of housing, be a less than significant impact when any of the five ways the loss can be mitigated as set forth in Section 41.13 (a) has not be specifically identified? Tenant relocation is not one of the five methods. 116-8 PH

Since the proposed project is governed, in part, by the Van Ness SUD, an evaluation of Planning Code Section 243. Van Ness Special Use District. Sec. 243.(c)(8)(A)-(C) should be included. 116-9 LU

Pg. 4.4-30. Why was the Knapp survey limited to an evaluation of "historic architectural resources at the properties composing the site of the proposed [Cathedral Hill] campus?" Shouldn't the survey have included properties adjacent to the development site since they could potentially be affected directly or indirectly (construction impacts, vibration) by the project? Examples: Goodman Building across Geary Boulevard; the two churches to the west across Franklin Street and the properties at the NE and SE corners of Van Ness Avenue and Post Street. 116-10 CP

Why was the survey limited to "historic architectural resources?" Eligibility criteria for the California Register of Historical Resources has more criteria than architectural significance. Evaluation of Tommy's Joynt would fall under one of these other criteria. 116-11 CP

Shouldn't the newer survey of Van Ness Avenue by William Kostura also be used in 4.4 Cultural Resources? 116-12 CP

Pg. 4.4-34. 2nd paragraph. Aren't there potential impacts from demolition of the 12-story hospital tower on the historic resource such as construction activities associated with the demolition, vibration? There are standard mitigations for these types of impacts; please include and revise the evaluation: potential impacts have been identified, but which can be mitigated. 116-13 CP

Pg.4.4-35. 1st paragraph. The last sentence says there are no physical impacts. What about indirect affects? 116-14 CP

Also, refer to my comments at the Planning Commission's DEIR public hearing. I made verbal comments at our hearing on the Draft Environmental Impact Report requesting information about health care plans. Please provide an inventory, or something like that in the Comments and Responses document, about other cities' health care/services master plans with a short summary description of each. I also asked how such master plans are used to inform environmental impact reports for medical facilities in these other communities.

116-15 HC

Submitted via e-mail by:

Hisashi Sugaya
Planning Commission

October 15, 2010

Letter 117

Yu, Angela

From: Chelsea.Fordham@sfgov.org
Sent: Thursday, November 04, 2010 11:20 AM
To: Grivas, Marisa
Subject: Fw: comment on CPMC Master Plan, St Lukes

Categories: TO DO

Marisa,

Please see below comment letter 1 of my emails for CPMC DEIR.

Chelsea E. Fordham
Major Environmental Analysis Division
San Francisco Planning Department
1650 Mission Street, Suite 400
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----- Forwarded by Chelsea Fordham/CTYPLN/SFGOV on 11/04/2010 11:19 AM -----

Frances Taylor <duck.taylor@yahoo.com>		To
10/29/2010 07:35 PM	Devyani.Jain@sfgov.org, Chelsea.Fordham@sfgov.org	cc
	comment on CPMC Master Plan, St Lukes	Subject

I am a neighbor of St. Luke's Hospital who has been working for several years on traffic calming on Cesar Chavez Street. I am the cochair of the community organization CC Puede, which has taken the lead on this effort, though I speak only for myself and not for the group.

117-1 TR

The proposal for St. Luke's basically prioritizes parking over patients.
The proposed 80-bed hospital will replace a facility currently licensed for over 200 beds, while the proposed 200-space parking garage will replace the current 80 or so surface parking spaces. So a third as many patients will share space with three times more cars! This turns the mission of a healthcare organization on its head.

The proposed garage will have ramps spilling traffic onto both Cesar Chavez Street and Valencia. Valencia currently has a very busy bike lane, and Cesar Chavez is slated for major bicycle and pedestrian improvements in the next few years, including bike lanes. This garage will endanger more residents that the hospital will serve patients! 117-2 TR

St. Luke's Hospital is a crucial provider of healthcare services in the southern half of San Francisco, which it shares with only San Francisco General Hospital. Slashing the number of patient beds, even without the addition of this killer garage, is unacceptable to the community. Neighbors want a viable St. Luke's, not a boutique shell of a hospital put in place only as a token to forward a large facility elsewhere in the city. 117-3 HC

Frances Taylor
2982 26th Street
San Francisco
duck.taylor@yahoo.com
415/285-4536

Letter 118

NICOS
Chinese Health Coalition 華人健康組織聯會

NICOS Chinese Health Coalition is a public-private-community partnership of more than 30 health and human service organizations and concerned individuals. The mission of NICOS is to enhance the health and well-being of San Francisco's Chinese community.

The acronym, "NICOS," stands for the first initials of the five founding members. Additional organizations and individual members have since joined to form the overall health coalition.

Founding Members:

North East Medical Services
Chinese Community Health Care Association (**I**PA)
Chinese Hospital
On Lok Lifeways
Self- Help for the Elderly

Additional Members:
(partial listing)

American Cancer Society
American Red Cross
APA Family Support Services
Asian & Pacific Islander American Health Forum
Asian & Pacific Islander Wellness Center
Asian Women's Resource Center
Bay Area Legal Aid
Chinatown Child Development Center
Chinatown Community Development Center
Chinatown/ North Beach Mental Health Services (DPH)
Chinatown Public Health Center (DPH)
Chinatown- YMCA
Chinese Community Health Care Association
Chinese Community Health Plan
Chinese Community Health Resource Center
Chinese Hospital Medical Staff
Chinese Newcomers Service Center
Commodore Stockton Children's Center
Community Youth Center
Donaldina Cameron House
Gordon J. Lau Elementary School
Kai-Ming Inc.
Kaiser Permanente
Newcomers Health Program (DPH)
Richmond Area Multi-Services Center
San Francisco General Hospital
San Francisco Health Plan
St. Mary's Chinese Day School
University of California, San Francisco
Wu Yee Children's Services

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November 1, 2010

San Francisco Planning Department
Attn: Devyani Jain
Devyani.Jain@sfgov.org

RE: CPMC EIR

Dear Sir or Madam:

On behalf of NICOS Chinese Health Coalition, I am writing in response to the Environmental Impact Report (EIR) that California Pacific Medical Center (CPMC) has recently submitted to your department.

NICOS Chinese Health Coalition is a public-private-community partnership of more than 30 health and human service organizations and concerned individuals. The mission of NICOS is to enhance the health and well-being of the San Francisco Chinese community. Since 1985, NICOS has been engaged in advocacy, research, training, coalition-building and program implementation for the benefit of this population and the organizations that serve it.

118-1 OTH

NICOS is taking a neutral position on the report. We commend CPMC for its continuing support and partnership in improving the health and well-being of the Chinese community, and maintain faith that the current endeavor is well-intended. At the same time, we realize that projects of this size and scope have the potential to greatly impact immediate and surrounding communities, positively or negatively, and this is impossible to vet or foresee from a report alone. As such, we hold no position, but trust that CPMC will work collaboratively with NICOS and its member organizations to maximize community benefit and prevent or minimize impact in any identified areas of concern that may arise.

Thank you for the opportunity to provide comment. If you have any questions, please feel free to contact me at 415.788.6426 or kentwoo@nicoschc.org.

Sincerely,

Kent Woo, MSW
Executive Director

CC: Board of Directors

Letter 119

SWAPE Technical Consultation, Data Analysis and Litigation Support for the Environment

2503 Eastbluff Dr., Suite 206
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Matt Hagemann
Tel: (949) 887-9013
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October 18, 2010

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

Subject: **Comments on the California Pacific Medical Center Long Range Development Plan**

Dear Ms. Smith:

I have reviewed the July 21, 2010 California Pacific Medical Center (CPMC) Long Range Development Plan Draft Environmental Impact Report (DEIR) for issues associated with hazardous substances and hazardous waste. I have identified a number of areas where the DEIR fails to adequately disclose potential contaminants in soil and groundwater and fails to address known contamination through remediation and mitigation measures. Instead, the DEIR defers further assessment and remediation, i.e. removal of contaminated soils, until construction has begun, despite knowing of the presence of contaminants for at least two years. The DEIR also fails to document any communication with regulatory agencies in an attempt to address the known and suspected contaminants prior to construction. Failure to engage regulators may delay construction if contamination is found upon excavation that would require regulatory oversight of cleanup because of potential harm to construction workers and neighboring residents. Because the construction is to be undertaken in a densely populated area, the risk to neighboring residents is a potentially significant issue that needs to be addressed in a revised EIR.

119-1 HZ

119-2 HZ

The CPMC Long Range Development Plan provides for a 20 year development strategy to meet State seismic safety requirements for hospitals and to develop a master plan for its four existing medical campuses:

119-3 PD

- Pacific Campus at Sacramento and Buchanan Streets;

- California Campus at Maple and California Streets;
- Davies Campus at Castro and 14th Streets; and
- St. Luke's Campus at Cesar Chavez and Valencia Streets.

A new medical campus (Cathedral Hill) is proposed at Van Ness Avenue and Geary Boulevard for completion by 2015. To construct the new campus, CPMC would demolish the existing Cathedral Hill Hotel and 1255 Post Street Office Building and construct the proposed new Cathedral Hill Hospital, a 15-story, 555-bed hospital at the northwest intersection of Van Ness Avenue and Geary Boulevard. In addition, a nine-story medical office building would be constructed at the northeast intersection of Van Ness Avenue and Geary Street. Implementation of the Long Range Development Plan at Pacific Campus would result in the decommissioning of an existing nine-story hospital building and its renovation and conversion to a ambulatory care center (ACC), construction of a new nine-story ACC building addition and new structured parking, and renovation of other existing buildings at this campus. 119-3 PD

New development at Davies Campus would include the construction of a new four-story Neuroscience Institute building at the corner of Noe Street and Duboce Avenue, currently occupied by a 206-space surface parking lot. A new three-story Castro/14th Street MOB (and related parking improvements) would also be developed at Davies Campus after demolition of the existing on-site 290-space structured parking garage, currently located at the corner of 14th and Castro Streets. 119-4 PD

Development at St. Luke's Campus would include construction of a new five-story, 80-bed, acute-care replacement hospital at the site of the existing 3615 Cesar Chavez Street Surface Parking Lot, and demolition of the existing 1970's St. Luke's Hospital tower and construction of a five-story MOB/Expansion Building (and related parking improvements) on this former hospital site. 119-5 PD

In my experience in the review of over three-dozen DEIRs for hazardous waste issues over the past seven years, I have never seen such poor disclosure of potential contamination issues. Because of the poor disclosure and because further investigation of the contamination is deferred, construction workers may be at risk during excavation of soil. The failure of the applicant to disclose these issues is made even more significant by the massive scale of this development in a densely populated urban environment which may put neighboring residents at risk during construction. The public, who has the potential to be directly affected by cleanup activities when dusts and vapors may be generated, has the right to review a DEIR that adequately discloses contamination issues that have been vetted with regulatory agencies and that have been addressed by remediation and mitigation prior to excavation. 119-6 HZ 119-7 HZ

Hazardous Substances Issues

To assess potential environmental contamination issues, the applicant commissioned the preparation of a number of Phase I and Phase II Environmental Site Assessments (ESAs) as summarized in the DEIR in Section 4.16, Hazards and Hazardous Materials.

The purpose of the ESAs was to:

> identify recognized environmental conditions (RECs) at the Site to assist CPMC in supplying information to the City and County of San Francisco for their use in preparing sections of an Environmental Impact Report (EIR) for the Long Range Plan. **A REC is the presence or likely presence of any hazardous substances or petroleum products on a property under conditions that indicate an existing release, a past release, or a material threat of a release of any hazardous substances or petroleum products into structures on the property or into the ground, groundwater, or surface water of the property**.[1]

119-8 HZ

This definition is consistent with the American Society for Testing and Materials' (ASTM) definition of a REC, an organization that develops and publishes voluntary consensus technical standards.[2] The DEIR also states (DEIR, p. 4.16-2):

> The ESAs also identify other known and potential environmental conditions that do not meet the definition of a REC.

As discussed below, the findings of "potential environmental conditions" or "potential recognized environmental conditions"(the actual term used in the Phase I ESAs)is inconsistent with ASTM guidance and is unnecessarily confusing There is no middle ground or hedging: the presence or the potential presence of hazardous substances or a material threat of a hazardous substance release into the environment constitutes a recognized environmental condition according to the ASTM definition. There is no ASTM definition for a "potential recognized environmental condition," the finding made numerous times in the Phase Is reports and repeated in the DEIR. (see for example, p. 4.16-10 of the DEIR where "two hydraulic elevators and demolished residential structures represent potential RECs.")

The ASTM does define the term "potential environmental concern" for but the tem only applies to property transactions made with limited environmental due diligence, using a process that is

[1] See for example, August 20, 2009 Phase I Environmental Site Assessment Saint Luke's Campus Tower Area, p. 1
[2] http://www.astm.org/Standards/E1527.htm

not a rigorous as conducting a Phase I ESA.[3] Thus that term is not appropriate here. The ASTM definition for potential environmental concern is as follows:

> the possible presence of any hazardous substances or petroleum products on a property under conditions that indicate the possibility of an existing release, a past release, or a threat of a release into structures on the property. or into the ground, ground water, or surface water of the property.[4]

119-8 HZ

The finding of a "potential environmental concern" may be an impetus for additional inquiry. ASTM states, "Upon completing the *transaction screen questionnaire*, if the *user* concludes that further inquiry or action is needed (for example, consult with an environmental consultant, contractor, governmental authority, or perform additional governmental and/or historical records review)," the user should proceed with such inquiry.[5] Such an inquiry would be the conduct of a Phase I and a Phase II ESA, as appropriate.

Therefore for this project, a finding of a "potential recognized environmental condition" is double speak and is inconsistent with ASTM definitions. Per standard practice, as set forth in ASTM guidance, where RECs are documented in a Phase I, further full investigation is warranted to assess the potential for subsurface contamination, and the need for mitigation and/or remediation. The additional investigations involve the collection of soil and groundwater samples in what are called Phase II ESAs. Here where the applicant found "potential recognized environmental conditions" during the CPMC Phase Is, it did not require further Phase II investigations through soil or groundwater sampling. Therefore, the findings of potential RECs constitute inadequate disclosure and are unresolved environmental issues that warrant further investigations.

119-9 HZ

To resolve the findings of the potential RECs, the San Francisco Department of Public Health (SFDPH), the local agency which oversees subsurface soil and water contamination of this type, should be engaged to review the Phase I and the Phase II reports. There is no indication that, to date, the SFDPH has reviewed the findings of any of the Phase Is. The SFDPH must independently assess whether further action is necessary to protect public health during excavation, grading, and transportation of contaminated soil and groundwater.

119-10 HZ

The Phase I and Phase II reports were completed over a seven-year period beginning in 2003. Therefore the applicant has had ample time to submit the reports to SFDPH for review, under a voluntary cleanup agreement. Instead, the applicant included the reports in the DEIR without regulatory review and, as a result, I consider the status of the conditions described, including

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[4] http://www.astm.org/BOOKSTORE/COMPS/136.htm
[5] http://www.edrnet.com/reports/whitepapers/e1528whitepaper.pdf

soil and groundwater contamination, to be without resolution and therefore inadequately disclosed. Moreover, the DEIR did not adequately describe the Project's environmental conditions accurately or adequately. A revised DEIR must eliminate confusing terms such as "potentially recognized" so that reviewers can assess the Project's true impacts.

119-10 HZ

Contaminants documented and suspected in soil in the Project area include petroleum hydrocarbons, lead, and dry cleaning solvents, such as trichloroethylene (TCE). Health effects of lead include[6]:

> Long-term exposure of adults can result in decreased performance in some tests that measure functions of the nervous system. It may also cause weakness in fingers, wrists, or ankles. Lead exposure also causes small increases in blood pressure, particularly in middle-aged and older people and can cause anemia. Exposure to high lead levels can severely damage the brain and kidneys in adults or children and ultimately cause death. In pregnant women, high levels of exposure to lead may cause miscarriage. High level exposure in men can damage the organs responsible for sperm production.

119-11 HZ

Health effects for petroleum hydrocarbons include[7]:

> Some of the TPH compounds can affect your central nervous system. One compound can cause headaches and dizziness at high levels in the air. Another compound can cause a nerve disorder called "peripheral neuropathy," consisting of numbness in the feet and legs. Other TPH compounds can cause effects on the blood, immune system, lungs, skin, and eyes. Animal studies have shown effects on the lungs, central nervous system, liver, and kidney from exposure to TPH compounds. Some TPH compounds have also been shown to affect reproduction and the developing fetus in animals.

Health effects of TCE include[8]:

> Breathing small amounts may cause headaches, lung irritation, dizziness, poor coordination, and difficulty concentrating. Breathing large amounts of trichloroethylene may cause impaired heart function, unconsciousness, and death. Breathing it for long periods may cause nerve, kidney, and liver damage. Drinking large amounts of trichloroethylene may cause nausea, liver damage, unconsciousness, impaired heart function, or death. Drinking small amounts of trichloroethylene for long periods may cause liver and kidney damage, impaired immune system function, and impaired fetal development in pregnant women, although the extent of some of these effects is not yet clear. Skin contact with trichloroethylene for short periods may cause skin

[6] http://www.atsdr.cdc.gov/toxfaqs/tf.asp?id=93&tid=22
[7] http://www.atsdr.cdc.gov/toxfaqs/tf.asp?id=423&tid=75
[8] http://www.atsdr.cdc.gov/toxfaqs/tf.asp?id=172&tid=30

> rashes. The International Agency for Research on Cancer (IARC) has determined that trichloroethylene is "probably carcinogenic to humans."

119-11 HZ

Exposure to the known and suspected contaminants in the Project area may result in significant health impacts to construction workers who may come into dermal contact with soils or who may breathe dusts. Exposure to known and suspected contaminants may also occur when those who live close to the site, or those who live along transportation routes, breathe contaminated dust.

Pacific Campus

The applicant prepared a total of 10 Phase I ESAs for individual buildings at the eight parcels of the Pacific Campus. A summary of the Phase I findings is presented below where, in my opinion, there is the potential for environmental contamination that was not adequately addressed in the Phase I investigations.

2323 Sacramento

A January 17, 2008 Phase I[9] found two hydraulic piston-driven elevators to be located in buildings at the Site. The Phase I stated (p. 3):

119-12 HZ-PC

> The presence of these hydraulic elevators represents a potential that petroleum hydrocarbons may have been released to the soil. However, because they do not indicate a release or imminent threat of release, they do not qualify as a recognized environmental condition.

This statement is in consistent with the ASTM definition of a REC which states that a "material threat of a release of any hazardous substances or petroleum products into structures on the property or into the ground, groundwater, or surface water of the property" constitutes a REC.[10]The Phase I also found the potential for a REC to be associated with artificial fill which may be present under the Site and which may contain residual chemicals (p. 3).

The Phase I only provides for a plan to address contamination upon development in stating (p. 3):

> Prior to redevelopment, we recommend that an Environmental Contingency Plan be prepared to describe procedures to be followed in the event environmental issues are

[9]California Pacific Medical Center, 2008 (January 17). *Phase I Environmental Site Assessment (Updated and Revised), Pacific Hospital,2333 Buchanan Street, California.* San Francisco, CA. Prepared by Treadwell & Rollo, Inc., San Francisco, CA.

[10]See for example, August 20, 2009 Phase I Environmental Site Assessment Saint Luke's Campus Tower Area, p. 1

encountered during excavation activities (i.e., discolored soil, lead based materials, or potential hazardous material releases in soil or groundwater).

119-12 HZ-PC

In my opinion, the finding in the Phase I -- that the hydraulic elevators represent a potential for petroleum hydrocarbons to have been released to the soil -- is a REC. The finding of a "potential recognized environmental condition" in the Phase I is inconsistent with recognized definitions such as that of ASTM.

According to ASTM guidance, a finding of a REC typically results in the conduct of a Phase II investigation, to include the collection of soil samples, to further investigate the Phase I findings.[11]

119-13 HZ-PC

Recommendation: A Phase II subsurface investigation must be conducted to investigate the potential for soil and groundwater contamination associated with the two "potential recognized environmental concerns," the two hydraulic elevators at the site and possible artificial fill. In our experience, we are aware of other sites where the project EIRs analyzed impacts associated with hydraulic elevators and required a sampling investigation along with a regulatory letter of closure.[12]That is the proper protocol for this type of environmental hazard.

2405 Clay Street

A Phase I for the Site was completed on August 10, 2006.[13] The Phase I found three "potential recognized environmental conditions" (Phase I, p. 3):

- the former presence of a laundry facility;
- the former presence of the carpentry and machine shop (including a paint spray booth); and
- potential artificial fill.

119-14 HZ-PC

According to the Phase I, two former businesses may have released chemicals to the soil or groundwater as follows (Phase I, p. 2):

> • A laundry was operated in the eastern part of the Site from prior to 1913 until sometime after 1929. It was not determined during this ESA whether dry cleaning was performed at this facility, or whether dry-cleaning solvents may have been released to

[11] http://en.wikipedia.org/wiki/Phase_I_Environmental_Site_Assessment
[12] http://www.wlac.edu/DEIR/Chapter%203%20Environmental%20Setting,Impacts%20and%20Mitigation.pdf
[13] California Pacific Medical Center. 2006 (August 10). *Phase I Environmental Site Assessment, Clay-Webster Parking Garage, 2405 Clay Street, San Francisco, California*. San Francisco, CA. Prepared by Treadwell & Rollo, Inc., San Francisco, CA.

the soil or groundwater at the Site. Therefore, this former Site use constitutes a potential recognized environmental condition.

• A carpentry and machine shop, with a paint spray booth, were operated on the Site from prior to 1950 until after 1970. It was not determined during this ESA whether lubricants, paints, solvents, or heavy metals were released to the soil or groundwater at the Site. Therefore, this former use constitutes a potential recognized environmental condition

119-14 HZ-PC

In response to the so-called "potential recognized environmental conditions," the Phase I proposed that an environmental contingency plan be prepared to describe procedures to evaluate and address environmental issues encountered during excavation activities (i.e., discolored soil, lead based materials, or potential hazardous material releases in soil or groundwater).

Recommendation: As stated above, for consistency and clarity, the term "potential recognized environmental condition" must first be eliminated from a revised EIR; then, the revised EIR must include a Phase II ESA describing any identified soil and groundwater sampling at both the laundry site and the carpentry and machine shop.

3773 Sacramento Street

The applicant conducted a February 8, 2008 Phase I for the Site which includes a two-story parking garage.[14] From 1953 to 1966, "Art Craft Cleaners" occupied the site (Phase I, p. 3). No information about the cleaners was provided in the Phase I. However, an existing groundwater well was sampled and concentrations of volatile organic compounds (VOCs) were detected as follows: tetrachloroethene (PCE) at 1.3 micrograms per liter (µg/L), trichloroethene (TCE) at 0.7 µg/L, and cis-1,2-dichloroethene (cis-1,2-DCE) at 0.6 µg/L. These concentrations are below drinking water standards and, although the detected VOCs are typically associated with dry cleaning operations, the Phase I states that the former cleaners was not a source of the contamination (p. 4):

119-15 HZ-PC

> The previous dry-cleaning operations at the former "Art Craft Cleaners" that was at the Site between 1953 and 1966 is a less likely source as it is cross-gradient from the well, with respect to groundwater flow.

[14]California Pacific Medical Center. 2008 (February 8). *Phase I Environmental Site Assessment and Well Sampling (revised and updated), Parking Garage, 3773 Sacramento Street, San Francisco, California*. San Francisco, CA. Prepared by Treadwell & Rollo, Inc., San Francisco, CA.

The Phase I attributes the contamination to a potential off-site, upgradient source (Phase I, p.4). The potential impact from the "Art Craft Cleaners" was not assessed by the groundwater sampling in the Phase I because the well was judged to be cross gradient.

119-15 HZ-PC

Recommendation: A Phase II must be conducted to determine potential soil and groundwater contamination from the "Art Craft Cleaners." A Phase II is also necessary to address the potential off-site source of contamination. Without sampling, construction workers may be at risk from inhalation of VOC vapors and dermal contact with VOC-contaminated soil during excavation. A revised EIR must describe any contaminants found during the Phase II and must include measures to remediate/mitigate the contaminants.

2351 Clay Street

A January 17, 2008 Phase I ESA was completed for the Site which is known as the Stanford Building, a seven-story medical clinic and office building. The Phase I found greater than two hundred chemicals to be listed as stored in the basement, "Boiler Room" and the second floor. The Carpentry and Paint Shops in the basement of the Stanford Building contain chemicals such as various paints, thinners, methyl ethyl ketone, muriatic acids, degreasing solvents, epoxy floor coatings, and cleaners (Phase I, p. 2). No observations of floor drains or liquid waste management practices, current and historic, were provided in the Phase I.

119-16 HZ-PC

The Phase I found no recognized environmental conditions to be associate with the Site.

Recommendation: The applicant must conduct a Phase II investigation in the basement of the Site, which includes a sampling investigation in areas where liquid wastes may have drained from the former carpentry and paint shops. Any mitigation or remediation that would be necessary to protect worker safety or the safety of residents during transportation of hazardous materials must be included in a revised DEIR.

2200 Webster Street

The applicant completed a Phase I for this site on January 17, 2008. This site consists of a five-story medical research laboratory and office building.[15] The Phase I classified two hydraulic elevators as "potential recognized environmental conditions." These decommissioned elevators may have released petroleum products to soil or groundwater during operation. Additionally, artificial fill may be present beneath the Site from previous demolition of residential buildings at the Site (Phase I, p. 3).

119-17 HZ-PC

[15]California Pacific Medical Center. 2008 (January 17). *Phase I Environmental Site Assessment (Updated and Revised), Gerbode Building,2200 Webster Street, California*. San Francisco, CA. Prepared by Treadwell & Rollo, Inc., San Francisco, CA.

Recommendation: As discussed above, we consider "potential recognized environmental conditions" to be recognized environmental conditions that must be the subject of a Phase II sampling investigation. Results of a Phase II investigation must be disclosed in a revised EIR along with measures to remediate and mitigate these environmental hazards prior to construction and subject to the approval of the SFDPH.

119-17 HZ-PC

2333 Buchanan Street

A Phase I was completed for the Site, a hospital and a parking lot, on January 17, 2008.[16] The Phase I documented a 10,000 gallon diesel underground tank, along with an underground water tank, to be located on the east side of the hospital. The Phase I states (p. 4):

> The San Francisco Department of Public Health (SFDPH) reported a pressure test violation for the diesel tank on 18 February 2003. Both tanks were removed in 2003 during construction of an access shaft for installing a linear accelerator at the hospital. The removal was approved by the SFDPH, but follow-up documentation was not obtained. Because the replacement of the tank was approved and because soil around and under the tank was removed to construct the access shaft, it is unlikely that petroleum products were released, or if released would remain, at significant concentrations in soil at the Site. Therefore, this fuel tank does not represent a recognized environmental condition.

119-18 HZ-PC

In my opinion, unless documentation can be obtained, the former fuel tank represents a recognized environmental condition.

Recommendation: The applicant must document whether the underground diesel tank was properly resolved and closed, including a finding that the SFDPH approved these actions. If the documentation is not available, a Phase II investigation should be conducted. All of this must be described in a revised EIR.

California Campus

3698 California Street and 3773 Sacramento Street

119-19 HZ-CA

A February 8, 2008 Phase I[17]revealed one REC: an open environmental case with the SFDPH regarding documented releases of petroleum hydrocarbons to soil in the truck dock area caused by an underground fuel storage tank. (Phase I/II, p. 4) To address the REC, the

[16]California Pacific Medical Center, 2008 (January 17). *Phase I Environmental Site Assessment (Updated and Revised), Pacific Hospital,2333 Buchanan Street, California.* San Francisco, CA. Prepared by Treadwell & Rollo, Inc., San Francisco, CA.

[17]California Pacific Medical Center, 2008 (January 17). *Phase I Environmental Site Assessment (Updated and Revised), Pacific Hospital,2333 Buchanan Street, California.* San Francisco, CA. Prepared by Treadwell & Rollo, Inc., San Francisco, CA.

Applicant commissioned a Phase II investigation that involved sampling three existing groundwater wells. The applicant sampled a groundwater boring in June 2006 to evaluate potential groundwater contamination from an upgradient source and sampled again in July 2006.[18] Analysis of the groundwater samples did not detect compounds that would likely be associated with potential onsite and offsite sources. On the basis of the findings, the consultant recommended that the applicant submit a report for case closure with the SFDPH. There is no documentation in the DEIR or supporting materials that such a report was prepared or submitted. The SWRCB "Geotracker" web site, accessed in October, 2010, indicates the site is still open, and that the site will be closed only upon the abandonment of three existing monitoring wells.[19] The DEIR omitted the consultant's Phase I recommendation for case closure. The DEIR does not discuss the open status of the site. This must be resolved.

119-19 HZ-CA

Recommendation: A revised EIR must include documentation that a proper resolution and closure occurred.

3700 California Street

A February 19, 2008 Phase I[20] found one REC in connection with the Site: a finding of dark oily liquid and staining adjacent to a floor drain "indicating the material threat of release of hazardous materials or petroleum products" (Phase I, p. 5). The Phase I also documented the presence of two abandoned USTs , including a 1,000-gallon and a 4,000-gallon tank (Phase I, p. 4) According to the Phase I, a SFDPH letter approved the in-place closure of one abandoned UST; however, during the Phase I file review , the applicant could not determine which tank was abandoned. Other materials reviewed during the Phase I indicted the conversion of a 4,000-gallon storage tank to water storage but the Phase I did not conclude if this plan was completed. The Phase I states that soil samples collected at the 4,000-gallon UST in 1990 did not detect petroleum hydrocarbons as diesel fuel and the Phase I concluded "it is unlikely that past use of the tank has impacted soil at the Site (Phase I, p. 4). No documentation that the USTs were closed was found in the files during the Phase I review.

119-20 HZ-CA

The Phase I found one recognized environmental condition in connection with the Site: the dark oily liquid and staining observed near the floor drain in Room G200. A REC was not found in association with the former USTs for which the Phase I found no records of closure.

[18] *Ibid.*

[19] http://geotracker.swrcb.ca.gov/profile_report.asp?global_id=T0607500094

[20] California Pacific Medical Center. 2008 (February 19). *Phase I/Phase II Environmental Site Assessment (Updated and Revised), Children'sHospital, 3700 California Street, San Francisco, California.* San Francisco, CA. Prepared by Treadwell & Rollo, Inc., San Francisco, CA.

The applicant conducted a Phase II to address the oily staining which involved the collection of one soil sample beneath the floor drain.[21] The analysis of the sample found detectable concentrations of petroleum hydrocarbons, a PCB compound and metals. The Phase II found "detected soil concentrations were found to not represent a significant risk to human health and would not likely be considered a hazardous waste if the Site were redeveloped and soil disposal were needed" (Phase, II, p. 8).

119-20
HZ-CA

Recommendation:

Because the documentation in the Phase I did not include a record of UST closure, the applicant must conduct an additional Phase II investigation to confirm the presence of the 1,000- and the 4,000-gallon USTs at the site. In addition, the applicant must sample the USTs for the presence of potential contaminants and submit to SFDPH the results of the analysis for regulatory closure of the site prior to development. All of the new information must be disclosed in a revised EIR including measures to mitigate and remediate these potentially harmful conditions.

Davies Campus

Two Phase Is were completed for the Davies Campus: one for the "northeast corner" and another for the "southern parking area."

Northeast Corner

0n April 28, 2008, the applicant completed a Phase I for the northeastern corner of the Ralph K. Davies Medical Center Campus.[22]

119-21
HZ-DV

The Phase I states (p. 3):

> One 7,500-gallon underground tank is closed in place at the Site, which formerly contained diesel fuel for boilers and emergency generators at the hospital west of the Site. This tank was permitted by the SFFD for abandonment in 1998, and the tank was reportedly cleaned and filled with concrete. No documentation of abandonment activities or conditions were found in the records searched.

The Phase I did not document specifically who reported that the tank was cleaned and filled with concrete.

The Phase I also states the following USTs to be present at the Site (p. 3):

[21] *Ibid.*

[22] California Pacific Medical Center. 2008 (April 28). *Phase I Environmental Site Assessment, Noe Street Medical Office Building, SanFrancisco, California.* Project San Francisco, CA. Prepared by Treadwell & Rollo, Inc., San Francisco, CA.

> Two 2,000-gallon tanks for diesel fuel (actually one 2,000-gallon removed tank and one active 2,500-gallon underground tank south of the Site). The removal of the 2,000-gallon tank and replacement with the 2,500-gallon tank were permitted by the SFFD in 1998. No violations associated with these tanks were found in the documents examined. However, no documentation of removal activities or conditions associated with the 2,000-gallon tank were found in the records.

The Phase I found a REC to be associated with the 7,500-gallon UST but not with the other USTs at the site. Despite the identification of a REC, no Phase II was conducted.

119-21 HZ-DV

Recommendation:

In my opinion, because a REC was identified, and because no closure records have been found for the 7,500-galllon and the 2,000-gallon USTs, the applicant must conduct a Phase II subsurface investigation must to investigate the potential for the presence of soil contamination to be associated with these tanks. The investigation must be disclosed, along with any necessary mitigation in a revised EIR to ensure that construction workers are not at risk during earthmoving activities.

Southern Parking Area

The Phase I states[23] (p. 3):

> from circa 1913 to the 1960s, a greenhouse was located near the northern boundary of the west part of the Site, which may indicate the use or release of pesticides on the site.

119-22 HZ-DV

The Phase I also found (p. 3):

> A 2,500-gallon diesel underground storage tank (UST) for supplying the emergency generator at the southern hospital is located in the upper parking lot of the eastern part of the Site (Photograph 6). This UST is operated under a permit from the San Francisco Fire Department. CPMC personnel indicated that this 2,500 gallon UST replaced a former 2,000 gallon UST in 1988. Closure documents for the previous UST were not available.

The Phase I did not find a REC to be associated with the former greenhouse. It is important to note that pre-1970s greenhouses are frequently associated with soil contaminated with organochlorine pesticides such DDT and DDE. Given the pre-1970s greenhouse and because

[23]California Pacific Medical Center. 2008 (February 13). *Phase I Environmental Site Assessment, South Davies Campus Parking Areas, San Francisco, California.* Project San Francisco, CA. Prepared by Treadwell & Rollo, Inc., San Francisco, CA.

closure documents are not available for the 2,500-gallon UST, the applicant must prepare a Phase II analysis to include soil sampling in these areas.

119-22 HZ-DV

Recommendation:

The applicant must prepare a Phase II analysis for a revised EIR and include any measures necessary to mitigate or remediate the risk of human exposure during earthmoving activities. A Phase II must also be completed to sample for petroleum hydrocarbons in the vicinity of the 2,500-gallon UST. Coordination of the Phase II activities with the SFDPH must be documented in a revised DEIR.

Saint Luke Campus

A Phase I was completed for the tower area of the Saint Luke Campus on August 20, 2009 and found:[24]

> an inactive diesel underground storage tank at the site that was reportedly abandoned in place in 2000 by cleaning and filling with cement. This tank was "closed" in place by with the approval of the SFDPH; no documents indicating releases of fuel from this tank were found (Phase I, p. 3).

Note: The Phase I includes no information about the contents of the UST or the capacity of the UST. The quotation marks were in the Phase I itself.

119-23 HZ-SL

The Phase I concluded:

> Several other known and potential environmental conditions, which do not meet the definition of Recognized Environmental Condition, but may impact Site redevelopment were identified at the Site. These include:
>
> • The presence of artificial fill, which may contain elevated levels of metals, organic chemicals, and/or asbestos;
>
> • The presence of underground tanks in an area to be excavated;
>
> • The possible presence of an acid neutralization sump; and
>
> • The potential presence of deposits of ash from a former hospital incinerator.

There is no documentation for the UST closure. Most important, there is no discussion in the Phase I of why the above features do not meet the definition of a REC, or whether the features

[24]California Pacific Medical Center. 2009 (August 20). *Phase I Environmental Site Assessment, St. Luke's Campus Tower Area, 3555 CesarChavez Avenue, San Francisco, California.* San Francisco, CA. Prepared by Treadwell &Rollo, Inc., San Francisco, CA.

are potentially significant impacts under CEQA. These conditions may in fact meet the definition of a REC and thereby warrant the preparation of a Phase II to include sampling.

One REC was identified in the Phase I: Oily staining was observed at a utility vault indicating a release of hazardous materials or petroleum products. However, the he Phase I did not conclude that a Phase II investigation was needed, despite the finding of a REC. Instead, it recommended only that prior to Project construction an environmental contingency should plan be prepared "describing procedures to be followed to address known and unknown environmental conditions at the Site (Phase I, p. 5).

119-23 HZ-SL

Recommendation: The applicant must conduct a Phase II subsurface investigation to investigate the potential for the presence of soil contamination associated with the USTs, and to address the soil staining. The investigation must be included a revised EIR and contain mitigation or remediation measures to ensure that nearby residents or construction workers are not at risk during earthmoving activities.

Cathedral Hill Campus

The applicant prepared nine Phase I/Phase II reports to assess the potential for environmental conditions associated with the old Cathedral Hill Hotel (1101 Van Ness Avenue), the 1255 Post Street Office Building and two parcels at 1375 Sutter Street, all proposed for development under the DEIR.

1101 Van Ness Avenue and 1255 Post Street (Proposed Cathedral Hill Hospital)

119-24 HZ-CH

Although no RECs were found in a 2003 Phase I,[25] the applicant's consultant recommended additional sampling to address the potential for earthquake fill to contain elevated levels of lead in the northeastern part of the site, and recommended sampling of the expected area of earthquake fill in the site's southeast area (Phase I, p. 15). Based on the soil sample analysis, the 2003 Phase II ESA[26] determined that no significant release of hazardous materials would trigger regulatory requirements for long-term monitoring or remediation has occurred at the site (DEIR, p. 4-16.4).

In summarizing Phase II for the site, the DEIR states:

> Based on the soil sample analysis, the Phase II ESA determined that no significant release of hazardous materials that would trigger regulatory requirements for long-term

[25] California Pacific Medical Center. 2003. *Phase I Environmental Site Assessment, Cathedral Hill Hotel and Office Building: 1101 Van NessAvenue and 1255 Post Street, San Francisco, California.* San Francisco, CA. Prepared by Treadwell & Rollo, Inc., San Francisco, CA.

[26] California Pacific Medical Center. 2003 (October 13). *Phase II Environmental Site Assessment, Cathedral Hill Hotel, 1101 Van Ness Avenue, San Francisco, California.* San Francisco, CA. Prepared by Treadwell & Rollo, Inc., San Francisco, CA.

monitoring or remediation has occurred at the site. Therefore, with the exception of the limited area of earthquake fill containing elevated concentrations of lead in the northeastern part of the site and the expected area of earthquake fill in the southeast part of the site, no RECs or other potential environmental conditions were found during the ESAs of the proposed Cathedral Hill Hospital.

119-24 HZ-CH

Recommendation: The Phase II ESA determination that no regulatory intervention is needed must be confirmed by submitting the Phase II ESA to the SFDPH under a voluntary cleanup agreement for review. The regulatory determination must be included in a revised DEIR along with any measures to mitigate or remediate conditions that would pose a hazard to construction personnel or to residents adjacent to the construction or along transportation routes.

1020, 1028/1030, and 1062 Geary Street and 1100 Van Ness Avenue

A Phase II Environmental Site Assessment was completed on February 12, 2010 for an area bounded by Van Ness Avenue to the west, Cedar Street to the north, a commercial/residential mixed-use building to the east, and Geary Street to the south.[27] The Phase II was completed to follow-up on findings made in Phase I ESAs that had been previously completed for the six buildings at 1020 through 1062 Geary Street and the building at 1100 Van Ness Avenue.

119-25 HZ-CH

The applicant found earthquake fill containing high lead concentrations is present under much of the Site. During redevelopment, this material will be excavated and disposed as non-RCRA hazardous waste. This material likely underlies the buildings with no basement at 1020, 1028/1030, and 1062 Geary Street to a depth of four to six feet. Fill material underlying 1062 Geary Street shows elevated concentrations of petroleum hydrocarbons, likely as a result of activities at the former auto repair shop. This material will also be excavated during construction of the planned medical office building. Groundwater in an adjacent well in Cedar Street contained concentrations of petroleum and cyanide exceeding their health-based regulatory screening levels.

The DEIR erroneously deferred sampling of contaminants until excavation is undertaken. Under this proposal, the site's true environmental conditions would not be adequately disclosed. For example, the DEIR makes no attempt to quantify the amount of contaminated soil that would underlie the entire two-block site, or the impact the excavation, mobilization and transport of

[27] *California Pacific Medical Center. 2010. Phase II Environmental Site Assessment, Planned Medical Office Building California Pacific Medical Center Cathedral Hill Campus San Francisco, California. San Francisco, CA. Prepared by Treadwell & Rollo, Inc., San Francisco, CA.*

the soil would have on the neighboring residential and commercial properties and their inhabitants.

Recommendation: The applicant must revise the EIR to include any measures to mitigate or remediate the contaminated soil to protect the health of the construction workers and the neighboring residents or the public along transportation routes. It must also document communication with the SFDPH to ensure that all necessary regulatory actions are taken, including any necessary cleanup of groundwater and soil. Finally, a revised EIR must document an application for voluntary cleanup with the SFDPH to ensure that cleanup of the known contaminants in conducted prior to construction. If cleanup and regulatory closure is deferred until construction, the applicant may encounter conditions that will require delays while regulators determine if the contaminants have been adequately addressed.

119-25 HZ-CH

Summary and Recommendations

The DEIR and the supporting Phase I and Phase II reports document numerous instances of soil and groundwater contamination. These documents also evidence the potential for additional widespread contaminants where the applicant must conduct proper further investigation as required by CEQA. The conditions have been known, in most instances for at least two years, yet the applicant has made no attempt to engage the SFDPH. Instead, the DEIR proposes to further delineate areas of contamination only once project construct begins. These omissions result in inadequate documentation in DEIR of the extent and severity of the contamination at numerous sites throughout the Project area. Failure to adequately disclose the contamination puts the public at risk. Construction workers may be put at risk when they touch and breathe contaminants (through dust and vapors). Neighboring residents and those living along transportation corridors may be at risk from harmful dust and vapors generated during excavation and transport of contaminated soil in and through their neighborhoods.

119-26 HZ

To address known and potential soil and groundwater contamination at the proposed campuses, the DEIR proposes Mitigation Measure M-HZ-N1a (p. 4.16-43) which would require the preparation and approval of soil management plans that include "management protocols based on the site-specific environmental contingency plans." This measure also requires air quality monitoring during tank removal activities and sampling of surrounding soils to ensure that leaks have not occurred subject at that time, finally, to SFDPH approval. This is not sufficient.

119-27 HZ

The preparation of plans to address known and suspected contamination only at the time of excavation is wholly inadequate. A revised EIR is required to immediately assess the extent and severity of all Project-related contamination. The revised EIR must include alternatives and measures to mitigate or remediate all potentially significant contamination impacts. In addition, the applicant must immediately engage the City of San Francisco's Public Health

119-28 HZ

Department through a voluntary cleanup application. By entering into a voluntary cleanup agreement now, the applicant will be assured that assessment and cleanup of the contamination will be sufficient for a regulatory determination that no further action is warranted. However, all further action required by the SFDPH must be included in a revised DEIR along with the results of investigations that may be required to address known or suspected soil and groundwater contaminants. The steps that are necessary to meet SFDPH requirements must be included in a revised EIR as mitigation measures to assure the public that contaminants will be adequately addressed.

119-28 HZ

So far, the applicant appears to either hope to avoid or delay formal regulatory oversight. By doing so, the applicant not only risks delaying project construction until serious contamination issues are resolved, but also puts the public at risk because many of contamination risks have not been disclosed and thus not mitigated. The DEIR must be revised to include documentation of communication with the SFDPH and the results of any investigations that are required by the agency to protect public health. Any measures that are required by SFDPH must be stated in a revised EIR and addressed through remediation or mitigation prior to excavation.

Sincerely,

Matt Hagemann, P.G.

SAN FRANCISCO PUBLIC UTILITIES COMMISSION

1155 Market St., 11th Floor, San Francisco, CA 94103 • Tel. (415) 554-3155 • Fax (415) 554-3161 • TTY (415) 554.3488

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PROJECT REVIEW COMMENTS

Project: California Pacific Medical Center Long Range Development Plan
Submitted Documents: Draft Environmental Impact Report (7/21/2010)
Response Date: 9/23/2010
From: SFPUC Water Conservation Section

Thank you for the opportunity to review the project referenced above. Below are the San Francisco Public Utilities Commission (SFPUC) Water Conservation section's comments.

Please consider the following two local ordinances that may affect planned development, as well as rebate programs for which CPMC might be eligible.

First, the Commercial Water Conservation Ordinance amending Chapter 13A of the San Francisco building code requires water-efficient fixtures be installed in all commercial building by 2017, upon additions that increase floor space by 10 percent, or improvements over $150,000. The requirements also apply to new construction. The ordinance mandates the following flow rates for all fixtures:

- Low-Flow Showerheads- 2.5 gallons per minute (gpm)
- Faucets and Faucet Aerators- 2.2 gpm
- Toilets- 1.6 gallons per flush (gpf)
- Urinals- 1.0 gpf

The ordinance also requires a water conservation inspection be performed by the Department of Building Inspection's Plumbing Inspection Division to certify compliance.

120-1 UT

Second, the SFPUC is proposing a water efficient irrigation ordinance to bring the City into compliance with state law AB 1881, the Water Conservation in Landscaping Act. The ordinance would require all property owners with landscaping projects over 1,000 square feet to submit landscape documentation to the SFPUC to ensure water efficient irrigation of the space. If over 2,500 square feet of landscape is planned at a given location, the SFPUC will require applicants to submit full landscape design and irrigation plans, a soil management report, water budget worksheet, and a grading design plan. Landscapes over 2,500 square feet will require the services of a licensed landscape professional to certify the necessary documentation. The SFPUC anticipates that the water efficient irrigation ordinance will go into effect early 2011.

Finally, for portions of the project that involve improvements to existing facilities, the SFPUC may be able to provide rebates for the purchase of high efficiency toilets (1.28 gpf or lower) and urinals (1.0 gpf or lower) that replace inefficient toilets (3.5 gpf or higher) and urinals (2.0 gpf or higher).

120-2 UT

If you have any questions regarding these ordinances or our rebate program, please contact SFPUC Water Conservation Manager Julie Ortiz at (415) 551-4739 or jnortiz@sfwater.org.

Tom Brohard and Associates

March 8, 2011

Ms. Gloria Smith
The Law Offices of Gloria D. Smith
48 Rosemont Place
San Francisco, CA 94103

SUBJECT: California Pacific Medical Center – Transportation/Circulation Impact Comparison between Alternative 3A and the LRDP Project

Dear Ms. Smith:

At your request, I am providing additional comments on the Transportation and Circulation Section of the Draft Environmental Impact Report (Draft EIR) for the California Pacific Medical Center (CPMC) Long Range Development Plan (LRDP Project) which was published by the San Francisco Planning Department in July 2010. My prior comments, submitted on October 18, 2010, focused on an analysis of Section 4.5 of the Draft EIR which deals with transportation and circulation impacts associated with buildout under the proposed LRDP Project. These additional comments analyze transportation and circulation impacts of the LRDP Project for the Cathedral Hill and the St. Luke's Campuses compared to those that would be associated with Alternative 3A.

These comments do not necessarily endorse all aspects of Alternative 3A. Instead, approval of Cathedral Hill and St. Luke's hospitals roughly the size of those described in Alternative 3A would significantly reduce the overall Project-related traffic impacts described in my October 18, 2010 letter.

121-1
ALT3A

As described in Section 6 of the Draft EIR, the size of the proposed Cathedral Hill Hospital and associated parking would be reduced under Alternative 3 compared to full buildout under the LRDP because the Women's and Children's Center would be relocated to the St. Luke's Campus. Under Alternative 3A, the Cathedral Hill Campus would provide a total of 400 beds and the St. Lukes Campus would provide 240 beds including the 160 beds for the relocated Women's and Children's Center. Significantly, this alternative reduces traffic congestion City-wide because two more equally sized hospitals would distribute services among two campuses instead of concentrating much of CPMC's resources at one site.

Page 6-403 of the Draft EIR concludes that "Alternative 3A would be the environmentally superior alternative other than the No Project Alternative." I concur with the Draft EIR's conclusion that "Alternative 3A would reduce some of the significant and unavoidable impacts on transportation and circulation identified under the proposed LRDP" and that buildout under Alternative 3A would not result in any additional transportation and circulation impacts near the St. Lukes Campus. As such, Alternative 3A is the preferred alternative for transportation and circulation.

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Transportation and Circulation Impact Comparison between Alternative 3A and the LRDP Project

According to Section 6 of the Draft EIR, Alternative 3A would cause no additional significant impacts regarding transportation and circulation. Instead, it listed the following **benefits** for Alternative 3A compared to buildout under the LRDP:

Traffic Impacts

- Reduces development at the Cathedral Hill Campus in Years 2015 and 2030, thereby eliminating the significant unavoidable traffic impacts at Van Ness Avenue at Market Street.
- Avoids construction of the Two-Way Post Street Variant and the Medical Office Building (MOB) Access Variant, thereby eliminating significant unavoidable impacts at Van Ness Avenue at Market Street, Polk Street at Geary Street, and Franklin Street at Bush Street.
- Reduces vehicle delays at other intersections near Cathedral Hill Campus.

121-1
ALT3A

Transit Impacts

- Adds 314 fewer AM and 258 fewer PM peak hour transit trips, about half of the net-new transit trips forecast for the LRDP Project.
- Decreases demand for the CPMC shuttle service with reduced development.
- Reduces impacts to Muni transit services with reduced development.

Pedestrian Impacts

- Eliminates the significant and unavoidable pedestrian conflict impact under the LRDP Project MOB Access Variant at the proposed Cathedral Hill MOB driveway on Geary Street.
- Adds 369 fewer AM and 303 fewer PM peak hour pedestrian trips, about half of the net-new pedestrian trips forecast for the LRDP Project.

Construction Impacts

- Shortens the construction duration because of the reduced size of the Cathedral Hill Hospital under Alternative 3A.

Parking Impacts

- Eliminates peak-period queues and spillbacks from traffic entering parking garages that would block traffic lanes on adjacent streets at the entrances to the three parking garages at the Cathedral Hill Campus.

Clearly, a number of the significant transportation and circulation impacts that would occur under the LRDP can be avoided with implementation of Alternative 3A without incurring penalties elsewhere. Six significant and unavoidable traffic impacts at three

intersections in the vicinity of the Cathedral Hill Campus would be eliminated. Also, the significant and unavoidable pedestrian conflict impact at the Cathedral Hill MOB driveway on Geary Street would be avoided under Alternative 3A because the MOB Access Variant would not be required. At the same time, the corresponding increase of 160 beds at the St. Luke's Campus would not result in any additional significant unavoidable traffic impacts. In other words, Alternative 3A, which would relocate the Women's and Children's Center from Cathedral Hill Campus to St. Luke's Campus, is by far the environmentally superior alternative with respect to traffic and circulation.

121-1 ALT3A

Many of the intersections in the vicinity of the proposed Cathedral Hill Campus are already failing during peak traffic hours as there is more vehicle demand than capacity available. These intersections currently operate at Level of Service (LOS) "F", the lowest performance measurement of efficiency. Under LOS "F" conditions, flow is forced and each vehicle moves in lockstep with the vehicle in front of it, with frequent slowing and stopping required. The number of these failing intersections will significantly increase in future years. Adding LRDP trips to these failing intersections will increase vehicle delay and gridlock beyond what is already being experienced, with no relief in sight.

121-2 TR

Transportation gridlock is particularly critical for a hospital project. Access for ambulances and for labor and delivery vehicles to the proposed Cathedral Hill Campus will be adversely impacted by the severe congestion. Intersections and roadways near the Cathedral Hill Campus, located in a high-density neighborhood at the intersection of two major traffic corridors, already experience heavy use, congestion and lengthy delays. Adding hospital patients and employees concentrated at one very large hospital campus, rather than spreading medical services across several campuses, would present unnecessary health risks for patients stuck in traffic on Van Ness Avenue trying to reach the emergency room or labor and delivery. Excessive delays for patients requiring immediate care could be a daily event during rush hour, and potentially worse in the event of an accident, routine construction, or other disruption. Such circumstances pose unacceptable and avoidable health and safety risks and should have been examined in the Draft EIR.

121-3 TR

My prior analysis recommended spreading the proposed development to several other campuses including to the St. Luke's Campus rather than concentrating services at the Cathedral Hill Campus. Access to and from St. Luke's is closer to Highway 101 for vehicles and to major transit facilities such as the 24th Street BART Station for transit patrons. Moreover, the St. Luke's Campus is the most accessible CPMC facility for those Sutter patients traveling from San Mateo and Santa Clara counties.

In my opinion, the City could eliminate all significant, Project-related traffic impacts near the Cathedral Hill Campus. With proper planning, the Cathedral Hill Campus could generate the same number of PM peak hour vehicle trips as that of the former hotel and office uses, thus avoiding the LRDP Project's projection of generating three times more PM peak hour vehicle trips than these former uses. For this to occur, the City would approve a new Cathedral Hill hospital one third the size of that proposed in the LRDP. In

121-4 ALT

addition, my analysis indicates reducing development at the Cathedral Hill Campus by two thirds would also eliminate the significant transit impacts that will occur with the LRDP Project. A size reduction on this order would eliminate many of the traffic-related safety concerns expressed here and by others commenting on the Draft EIR.

121-4 ALT

From a transportation perspective, CPMC should spread the proposed LRDP development away from the Cathedral Hill Campus to several other CPMC facilities including the St. Luke's Campus. In my opinion, this would better serve the entire City and could be accomplished in a manner that would minimize any significant transportation impacts near other campuses. A Project alternative that distributes patients and services more equally across the City should be evaluated in a revised EIR.

Should you have any questions regarding these findings, please contact me at your convenience.

Respectfully submitted,

Tom Brohard and Associates

Tom Brohard

Tom Brohard, PE
Principal

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March 8, 2011

Gloria D. Smith
Law Offices of Gloria D. Smith
48 Rosemont Place
San Francisco CA. 94103

Dear Ms. Smith:

RE: Additional Comments on the Land Use Aspects of the proposed CPMC LRDP

This letter provides additional comments on the land use aspects of the California Pacific Medical Center (CPMC) Long Range Development Plan (LRDP) published by the San Francisco Planning Department in July 2010. My prior comments, submitted on October 18, 2010, focused on land use impacts associated with the entire CPMC DEIR. These additional comments analyze the LRDP's land use impacts for the Cathedral Hill and the St. Luke's Campuses compared to those that would be associated with Alternative 3A. As shown below, the DEIR's Alternative 3A is not only the environmentally superior alternative; it is the only alternative that can conform to the City's existing planning framework. Specifically, the overarching planning principles under the City's Proposition M in combination with the San Francisco General Plan support a shift of beds to St. Luke's and making it a clinical anchor, while reducing the size of the Cathedral Hill campus. Table 1 at the end of this letter summarizes the impact and policy reasons supporting such an alternative.

122-1 ALT3A

I. The San Francisco General Plan Supports a Larger St. Luke's Hospital and A Correspondingly Smaller Cathedral Hill Campus

As explained in my comments of October 18, 2010, the proposed Cathedral Hill campus is indisputably inconsistent with San Francisco's General Plan and the applicable Van Ness Avenue Area Plan (VNAP). These plans, along with the other elements of the General Plan, provide a clear and strong vision for the Van Ness Corridor both in terms of uses and scale. Specifically, the plans call for a mix of residential and supportive commercial uses that are appropriately scaled for the Corridor. That vision has been and continues to be successfully implemented as evidenced by the existing and emerging mix of residential and supportive commercial uses. The proposed Cathedral Hill campus would be a huge departure in both use and scale from the vision set forth in these plans.

122-2 LU

The DEIR proposed a major General Plan Amendment to address inconsistencies between the proposed Cathedral Hill campus and the VNAP. The proposed amendment would carve out a new

Subarea 4. The "Van Ness Subarea 4 Medical Use Subdistrict" would encompass both the Cathedral Hill hospital and associated Medical Office Building ("MOB"). Such a carve-out for a new sub-area would create an incompatible "island" in the middle of the Van Ness Corridor, and would both overwhelm and destroy the fabric of the diverse and thriving Polk Street and Tenderloin neighborhoods. These adjacent neighborhoods have longstanding and vibrant mixed uses, diverse residents, and distinct small businesses. A carve out for the massive Cathedral Hill would put tremendous pressure on these neighborhoods to convert existing smaller, more pedestrian friendly services, affordable housing and small scale employment opportunities to uses that cater to the new hospital and MOB. In contrast, the neighborhood surrounding St. Luke's hospital has evolved with the hospital, thus a facility along the lines of Alternative 3A that would be reconstructed and located on the existing footprint, would present far fewer land use impacts.

122-2 LU

The City may decide to amend the General Plan; however, any land use inconsistencies proposed by the LRDP must be resolved according to the following Proposition M guiding principles:

- That existing neighborhood-serving retail uses be preserved and enhanced and future opportunities for resident employment in and ownership of such businesses be enhanced;
- That existing housing and neighborhood character be conserved and protected in order to preserve the cultural and economic diversity of our neighborhoods;
- That the City's supply of affordable housing be preserved and enhanced;
- That commuter traffic not impede Muni transit services or overburden our streets or neighborhood parking.

122-3 LU

The proposed Cathedral Hill Campus' uses, sheer scale and resulting elimination of both existing and required housing would be irreconcilably inconsistent with Proposition M's current policies. In addition, the 2009 General Plan Housing element includes a number of policies for the Van Ness corridor that give preeminence to mixed use and housing. For example:

- Implementation 1.6: The Planning Department will continue to implement the Van Ness Avenue Plan which requires residential units over commercial uses.

- Implementation 2.1: The City will continue to implement the Proposition M policy that requires that existing housing and neighborhood character be conserved and protected in order to preserve the cultural and economic diversity of neighborhoods.

- Policy 2.5: Preserve the existing stock of residential hotels. Residential or single-room occupancy hotels (SRO's) represent a unique and often irreplaceable resource for thousands of lower income elderly, disabled, and single-person households. Most of these hotels are close to downtown and have been subject to strong economic pressures that led to conversion or demolition…The retention of remaining units of housing permanent residents should be supported.

122-4 LU

Contrary to these and other policies articulated for the Corridor in the Housing Element and other applicable plans, the proposed Cathedral Hill campus would remove existing housing and SRO rooms, and eliminate the potential for future housing on the campus sites as envisioned by the plans.

Finally, the proposed Cathedral Hill campus is clearly inconsistent with the already in place VNAP, because the VNAP encourages high-density mixed use development over a large scale hospital and MOB. Likewise, VNAP contains strong provisions for the preservation of existing housing resources and mixed uses. According to the DEIR, major amendments would be needed to bring the project into conformance with the City's General Plan VNAP, Planning Code – VNSUD, zoning. These amendments would create internal inconsistencies within the General Plan and create vertical inconsistencies with the code.

122-5 LU

In comparison, St. Luke's is an existing medical facility which would be replaced by a new campus within the existing footprint. As such it is a superior location for additional beds and a clinical anchor. Amendments are necessary only to accommodate the proposed scale of the facilities and street configuration.

122-6 LU

II. A Smaller Cathedral Hill Campus is Essential for Neighborhood Compatibility

The proposed Cathedral Hill Campus would be located is an area that is bustling with activity and composed mainly of a mix of residential and commercial uses. The area is a focal point for high-density mixed use development because of its central location within the jurisdiction of the Van Ness Avenue Area Plan (VNAP) and the associated Van Ness Special Use District (VNSUD) (Planning Code Section 243). For this reason, the General and Area plans and supporting codes (VNSUD) have strong, interwoven and internally consistent policy guidance for mixed use including residential, neighborhood commercial services and retention of affordable housing and businesses. Because of the strong and focused policies, the Corridor has evolved into a model for vibrant, walkable mixed use development.

122-7 LU

Amendments to these plans and codes to allow an oversized, 555-bed medical center will destabilize the fabric of this area and adjacent areas such as the Tenderloin. Existing policies have already directed the retention of existing businesses, jobs, and residential and single-room occupancy hotels (SRO's), which represent unique and often irreplaceable resources that are subject to strong economic pressures that often lead to conversion or demolition.

III. Feasible Solution for Traffic and Housing Issues and Impacts

The City has a viable means of avoiding the above described land use impacts as well as reconciling some of the major policy inconsistencies. By simply shifting beds and services from Cathedral Hill to the St. Luke's campus, the City could create two equitably sized campuses that would greatly eliminate traffic and land use conflicts.

Under the DEIR's preferred alternative, the Van Ness Corridor will be subject to significant and avoidable traffic and housing related impacts. Many intersections along the Corridor in the vicinity of the proposed Project already operate at LOS F in peak hours and under existing conditions and the number will significantly increase in future years. Moreover, regional trips and associated air quality impacts will result from shifting the current population from the community accessible St. Luke's to the Cathedral Hill campus. Contrary to City policy, the Cathedral Hill campus will result in direct impacts to housing by requiring the demolition of five dwelling units and 20 residential hotels on MOB site. In addition, the Cathedral Hill MOB will result in the loss of "future" housing units which are currently required under existing plans and zoning requirements. The loss of housing presents both environmental impacts and policy inconsistencies. Downsizing the Cathedral Hill campus and shifting beds and services to the St.

122-8 ALT

Luke's campus will result in less severe transportation impacts to the Van Ness Corridor and, depending on the configuration of the downsized campus, could also result in fewer housing impacts. The St. Luke's campus already has close access to and from Highway 101 for vehicles, and to easy access to BART, making it the most accessible campus for regional patients. A smaller Cathedral Hill campus and larger St. Luke's is a feasible solution for both housing and traffic impacts associated with the proposed Cathedral Hill campus.

122-8 ALT

IV. Conclusion

The DEIR's Alternative 3A is not only the environmentally superior alternative; it is the only alternative that can conform to the City's existing planning framework. The Cathedral Hill campus requires a major departure from the planning vision for the Van Ness Corridor; a departure that will impact existing and future uses and result in irreconcilable inconsistencies in planning policies and codes. The overarching planning principles under the City's Proposition M in combination with the San Francisco General Plan support a shift of beds to St. Luke's and making it a clinical anchor, while reducing the size of the Cathedral Hill campus.

122-9 ALT3A

Sincerely,

Terry Watt

Terry Watt, AICP

Table 1
Summary of Issues/Impacts and Solutions

Issue/Impact	Cathedral Hill ("CH")	Solution	St. Luke's	Solution
Proposition M The following Priority Policies are hereby established [by Proposition M, Nov. 4, 1986]. They shall be included in the preamble to the General Plan and shall be the basis upon which inconsistencies in the General Plan area resolved: 1. Preservation and enhancement of neighborhood retail uses and future opportunities for resident employment in and ownership of such businesses; 2. Protection of the	CH campus is inconsistent with at least four principles of Proposition M. By eliminating existing housing and putting pressure on the neighborhood and adjacent neighborhoods (e.g. Lower Polk and Tenderloin in particular), for conversion. The project as proposed is inconsistent with these provisions.	Downsize CH Campus.	Consistent with and supportive of Proposition M principles.	Increasing beds and adding a clinical anchor at St. Luke's will increase the probability for project success and both preserve jobs and create opportunities for resident employment.

existing neighborhood character. 3. Preservation and enhancement of affordable housing; 4. Discouragement of commuter traffic.				
Land Use Compatibility	Project as proposed is incompatible with existing land uses in the immediate and adjacent neighborhoods.	Downsize CH project by a minimum of 400 beds and include mitigation measures protective of existing neighborhood businesses and housing.	The campus would be developed within the existing footprint.	Increasing beds by up to 240 (Alt. 3A) would be consistent with existing use and can be designed to be compatible with the neighborhood.
Planning Consistency	Inconsistent with overarching policy framework of the General Plan which provides strong policy and implementation provisions to encourage housing and mixed uses. Specifically the Housing Element, Area Plan and Special Use District which call for mixed use and appropriate scale for the Van Ness Corridor. Specifically, the sites for the hospital and MOB are located in a RC-4 residential-commercial, High Density zoning district, which encourages a mixture of high-density dwellings with supporting commercial uses.	Downsize the CH project and include housing (either in-lieu or by protecting housing on MOB site)	The project requires general plan amendments for height and street vacation, but is consistent with the existing land use. The campus is not within the Mission Area Plan. Like CH campus, the site is zoned for RH-2, but the project is a replacement of the existing medical campus on the existing footprint.	

	Inconsistent with code requirements related to height,			
Housing	Would have a direct impact by requiring the demolition of five dwelling units and 20 residential hotels on MOB site. In addition, would result in the loss of housing units that are required under current plans and zoning for a development on the campus sites.	Downsize the CH project to eliminate loss of some housing and include housing in the project (either built or in-lieu fees).	Would not impact housing.	None needed.
Traffic	Significant traffic impacts will occur as a result of the project. Many intersections already operate at LOS F in peak hours and under existing conditions and the number will significantly increase in future years. Moreover, regional trips and associated AQ impacts will result from shifting the current population from the community accessible St. Luke's to CH campus.	Downsize CH campus and shift the proposed development to other campuses where transportation impacts would not be as severe.	Regional trips will increase as a result of the shift of current patients from St. Luke's to other hospitals in the City and region.	Increase St. Luke's campus which has access to and from 101 for vehicles and to BART. Moreover, it is the most accessible for regional patients.

APPENDIX B

Planning Commission Transcript

San Francisco Planning Commission

Special Hearing:

Public Hearing on the California Pacific Medical Center (CPMC) Long Range Development Plan (LRDP) Draft EIR

Commission Chambers
Room 400
City Hall, 1 Dr. Carlton B. Goodlett Place
San Francisco, California

Thursday, September 23, 2010

1:30 P.M.

Reported by
A. Edler

APPEARANCES

Present:

Ron Miguel, President

Christina R. Olague, Vice President

Michael J. Antonini, Commissioner

Kathrin Moore, Commissioner

Hisashi Sugaya, Commissioner

John S. Rahaim, Director of Planning

Linda D. Avery – Commission Secretary

P R O C E E D I N G S

SEPTEMBER 23, 2010

1:46 P.M.

-oOo-

Item 1. Case No. 2005.0555E – California Pacific Medical Center (CPMC) Long Range Development Plan (LRDP) – Draft EIR.

MS. AVERY: Good afternoon. This is a Special Meeting of the San Francisco Planning Commission for Thursday, September 23rd, 2010. Prior to taking roll, let me just acknowledge a couple of things. This is going to be a very long hearing, it is crowded, we have overflow in the North Light Court, and it is going to be very important that you turn your cell phones off, your pagers, any electronic devices that may sound off during the proceedings. It is also going to be very important that you not engage in secondary discussions during these proceedings. If you feel the need to do so, please step outside and conduct your conversations, keeping in mind that you might not be let back into this room. With that, I would just remind the public that this is a public hearing to receive comments on the draft document. The staff is not here to respond to your comments in

any way today; there will be a Response to Comments document published later, and your comments will be responded to at that time. With that, roll call.

Commissioner Kathleen Moore – Here; Commissioner Bill Sugaya – Here; Commissioner Mike Antonini – Present; Commissioner Ron Miguel – Here; Commissioner Christina Olague – Here.

Thank you. Commissioners, the item on calendar before you today, it is a single subject calendar, and the item is a public hearing on the California Pacific Medical Center Long Range Development Plan, the Draft EIR.

MS. JAIN: Good afternoon, President Miguel and members of the Commission. I am Devyani Jain, Planning Department staff. I am the Environmental Review Coordinator for the California Pacific Medical Center, Long Range Development Plan. As you know, this is a hearing to receive comments on the Draft Environmental Impact Report for the proposed project. The proposed project is CPMC's Multiphase Plan to meet State Seismic Safety Requirements for Hospitals, expand medical facilities, and establish a 20-year development framework for its four existing medical campuses, Pacific, California, Davies, and St. Luke's campuses, and a new medical campus at Cathedral Hill.

The proposed Cathedral Hill campus would include development of a 15-story, 555-bed hospital, and two medical office buildings, the Cathedral Hill MOB and the 1375 Sutter MOB. An underground pedestrian tunnel is proposed beneath Van Ness Avenue, connecting the Cathedral Hill MOB and the new hospital.

Pacific campus development would include a new ambulatory care center and underground parking. Davies campus development would include two medical office buildings and parking improvements. St. Luke's campus development would include a new six-story, 80-bed replacement hospital, a five-story medical office expansion building, and parking improvements. CPMC will sell the California campus by 2020, after relocation of its in-patient services to the Cathedral Hill Hospital, and other services to Pacific campus.

In response to Requests for Supplemental Guidance to assist in the review of this Draft EIR, on July 28th, Planning Department staff circulated an overview summary of the Draft EIR to the Planning Commission, the Board of Supervisors, and interested members of the public. This document is also available here today. The Draft EIR is a full EIR that comprehensively analyzes all 18 environmental topics. This Draft EIR found that implementation of

the proposed project would result in significant unavoidable environmental impacts related to transportation, noise, air quality, and greenhouse gas emissions.

Now, I would like to draw your attention to a couple of procedural points. I want to note that staff is not here to answer questions on the Draft EIR today. All comments made today will be transcribed and responded to in writing in the Comments and Responses document, which will respond to all verbal and written comments received, and make revisions to the Draft EIR, as appropriate. I would like to remind all speakers that this is not a hearing to consider approval or disapproval of the proposed project. Approval hearings will follow the Final EIR Certification. Your comments today should be confined to the adequacy and accuracy of information, and analysis contained in the Draft EIR. I would also like to request that you speak slowly and clearly so that the Court Reporter can produce an accurate transcript. Also, commenters should state their name and address so that they can be properly identified, and so that they can be sent a copy of the Comments and Responses document when completed. The Court Reporter is sitting at the back.

After hearing comments from the general public, we will also receive comments on the Draft EIR from members of the Planning Commission. The public comment period for this project began on July 21st and extends for 90 days until 5:00 p.m. on October 19th, 2010. A potential commenter on this Draft EIR has raised concerns about the availability of environmental documents related to the proposed project. Planning staff have timely responded to all requests for environmental documents consistent with the Department's practices. A reference memo regarding this was distributed to the Planning Commission and is available here today. This concludes my presentation. Unless the Commission members have any questions, I respectfully request that we open the public hearing. Thank you.

COMMISSIONER MIGUEL: Thank you. I will open the public hearing now. I have somewhere around, if my count is right, 116 requests for comment cards already, and there may be more that will come in. Each speaker will be allowed three minutes. I have an additional request that, out of courtesy to those people who are in the overflow room in the North Light Court, that once you have spoken, if you would please leave this room to allow others to come in, so that

they would be available quicker when their turn comes. You can then follow the proceedings downstairs, main floor of this building, in the North Light Court, or actually, if you have a computer at home, you could follow it there. So, with that, I will call approximately three names at a time, if you would come up, each of you following the other.

COMMISSIONER SUGAYA: Yes, I have to report that I do not have a conflict of interest, but I need to, I think, air the situation. The company that I work for has been doing work for a Sutter Health Medical Facility in Sacramento. This is an affiliate of Sutter Health, which is the overarching organization to which CPMC also is affiliated. In checking with the City Attorney's Office, they felt that that connection, since it is a separate hospital, and CPMC is a separate entity, so to speak, the fact that there is an overarching Sutter Health Affiliate situation, they did not feel that presented a conflict.

COMMISSIONER MIGUEL: Thank you. Commissioner Olague?

COMMISSIONER OLAGUE: Yeah, I just had a request that an item be calendared for next week that is not part of this discussion, so I had made the

request earlier that I be given just a couple of minutes to request that this be calendared. I wanted to calendar the Park Merced calendaring issue for a Commissioner discussion. I do not know if there is a second or not.

COMMISSIONER MOORE: I would express my support for that, I think it is coming too rapidly on the heels of other large projects and I do not think now is the right time.

MS. AVERY: I am sorry, Commissioners, I did not hear clearly. I know that you have a cold, but you asked for –

COMMISSIONER OLAGUE: That there be a time on next week's calendar during Commissioners' comments or something, but placed on the calendar to discuss the calendaring of Park Merced.

COMMISSIONER MIGUEL: I think we can do that without a vote. That is a calendaring issue, unless you had something, Commissioner?

COMMISSIONER ANTONINI: Yeah, I would be supportive without comment on the advisability of what we are going to discuss, but certainly calendaring is always something we should discuss, and having it calendared to discuss calendaring next week sounds reasonable to me.

COMMISSIONER MIGUEL: All right, with that, I will start calling names. Dick Schrum, Tanya Castanian [phon], and Sui Kwong.

MR. SHRUM: Can I speak?

COMMISSIONER MIGUEL: Please.

MR. SCHRUM: Yes. I want to thank the Commission for all your consideration, your goodness, and your kindness shown me. I resided at 1054 Geary Street not many years, only 49. And I am a young senior citizen, just 86. But I want to thank them for all you have done, all the people on the staff, and made it possible, now I am residing at the Grenada on Sutter Street. Thank you for everything, your goodness, your kindness, thank you. PC-1 OTH

MS. AVERY: Mr. President, if I can just restate your earlier announcement that, for those of you who are downstairs in the North Light Court, if you hear your name, please come up, let the guards know that your name has been called, so the President can keep going and the hearing can keep going, and we do not have to wait. The President will call a number of cards at one time, so if you hear your name, please come up and let the guards know that your name has been called.

COMMISSIONER MIGUEL: The other mic.

MS. CASTANIAN: Oh, sorry. Just give me a second. Good afternoon. My name is Tanya Castanian. I am one of 350 dialysis patients. CPMC wants to sell our care to a for-profit company with a history of litigation over patient safety issues. We are all concerned about our own safety of our being transferred to Da Vita and over 100 of us signed the petition in protest. The EIR is incomplete because it does not consider the cumulative effects on City services or traffic resulting from unsafe conditions like 911 calls, calls by the sale. Also, CPMC submitted a plan that included providing dialysis and, before that plan was even approved, they cut the service. CPMC cannot be trusted to provide the services they say they are going to provide. We ask you to hold their feet to the fire to ensure that our lives are not put in danger by this plan. Thank you.

PC-2 HC

PC-3 HC

PC-4 HC

COMMISSIONER MIGUEL: Sui Kwong. In the mean time, I will call some other names. Marianna Ferris, Jack Scott, Bernie Sherman.

MR. SCOTT: Mr. President, Commissioners, my name is Jack Scott and I represent Neighbors of Cathedral Hill. We strongly object to the construction of a mammoth hospital project planned by CPMC on the proposed site. The project proposed is

PC-5 OTH

PC-6 HC

not good for the City and not good for the residents of the southeast section of the City. Reduction of services at St. Luke's would further overload those of the San Francisco General Hospital. The current plan proposes to construct two separate parking garages, one for the hospital, and one for the medical office building; combined, they would represent plus or minus a thousand parking places. A thousand parking places equates to a thousand cars, which equate to 10,000 daily automobile trips. The already congested Van Ness corridor, Franklin Street, Post Street, and Geary Blvd. would be further impacted with these garages and these numbers of cars. The problem is size, the reduction of local services, noise, traffic, emergency vehicles, spot zoning violations, disregard for the Planning Department and Planning Commission established zoning restrictions, among other things, interfering with the success of established small businesses currently in operation along the Van Ness Corridor, the impact this project will have on the already over-extended Muni system. We urge you to study the recommendation of the Planning staff and act on adopting the environmentally sound and workable alternate 3A. Thank you for your indulgence and understanding, the Neighbors of Cathedral Hill.

PC-6 HC

PC-7 TR

PC-8 ALT3A

COMMISSIONER MIGUEL: Thank you.

MR. SHERMAN: Thank you. My name is Bernard Sherman and I am with San Francisco Tomorrow, on whose behalf I am speaking. San Francisco Tomorrow firmly believes in the long-term importance of CPMC and major hospital development transcends any short term benefits such as professed job creation. It is incumbent upon the City and developers to demonstrate legal commitment and secured needs before approval of the EIR regarding the following issues: developments context within the overall Master Plan for health care, emergency and disaster needs. To this end, the combined efforts of the City's health providers need to pool resources, ensuring 24/7 acute care is available and evenly distributed for geography and population require them, you cannot make this incumbent solely on CPMC, everybody together. Demonstrating means of mitigation of the long term impacts of each development as the effective affordability of housing, community services, and businesses. And economic speculation weakens community diversity. The onus of institutionalizing such salutary means lies with the City and not with those affected by the negative impacts. A demonstrated commitment in means of mitigation of

PC-9 HC

PC-10 PH

PC-11 TR

interim construction phase impacts, for example, the construction of parking and staging areas will likely impair each site's livability and commercial viability. Japantown, on whose organizing committee I serve, could face commercial disaster. In addition, I have just found, as you will, that there is a 30-inch gas line running up Franklin Street. The Fire Department was just informed of this two days ago. I am sure all of us will be surprised and we need to deal with that mitigation before we approve anything else. Thank you.

COMMISSIONER MIGUEL: Thank you. Marianna Ferris.

MS. CAMPBELL: Good afternoon, Commissioners. My name is Bertie Campbell. I am Vice President of the Cathedral Hill Neighborhood Association. I live on Cathedral Hill and have for 10 years. I am reading a letter on behalf of our organization and I have copies for each of you, as well. "The DEIR does conclude that Alternative 3A is the environmentally preferred alternative to the CPMC proposal to build an unsafe 555-bed hospital on Cathedral Hill and an 86-bed unsustainable hospital at the St. Luke's site. We support the concept outlined in Alternative 3A of distributing beds and services

PC-11 TR

PC-12 HZ

PC-13 ALT3A

more equally between the proposed Cathedral Hill and St. Luke's sites. The Long Range Development Plan, as proposed, would have devastating impacts on health care provided to underserved communities located South of Market and devastating environmental impacts on the communities near the proposed monster Cathedral Hill Hospital. Alternative 3A+ would reduce these impacts on health and environment by redistributing services between St. Luke's and Cathedral Hill to create two approximately equal size hospitals. Alternative 3A would locate 160 beds from the California campus to the St. Luke's campus, creating two sustainable hospitals. Alternative 3A limits development on Cathedral Hill to that permitted by the City's current height restrictions. 3A reduces impacts on Muni operations now at capacity, traffic congestion, overflow neighborhood parking, decreases in pedestrian and bicycle access and walkability in the neighborhood, accessibility to emergency vehicles, accessibility in a disaster. 3A reduces the effects of massive increase in building height, including shadows, wind, views and urban design. 3A reduces the effects of a Pill Hill on local serving businesses and neighborhood character. Conversion of the area to a medical monoculture, while improving the long term

PC-13 ALT3A

PC-14 HC

PC-15 ALT3A

PC-16 ALT3A

viability of existing businesses, residences, churches, and community facilities. 3A reduces noise caused by emergency sirens, traffic, construction, loading dock, and mechanical equipment. 3A reduces construction impacts, dust, noise, vibrations, truck deliveries, and the effects of evacuations – or excavations, sorry about that. Therefore, we urge the Planning Commission to support Alternative 3A plus additional mitigations as the most viable alternative to the proposed CPMC LRDP which would significantly reduce the devastating impacts on our central City communities. Thank you very much for your time.

PC-16
ALT3A

COMMISSIONER MIGUEL: Thank you. If you will please wait until your name is called. Ms. Ferris was called – sorry; they took my cards for some reason.

MS. AVERY: Mr. President, before we go on, we have to acknowledge that there was a request for reasonable accommodation from a group of people, a group of elders who believe that they need to be able to speak early in this process, as opposed to waiting until 8:00 or 9:00 tonight, and we would like to acknowledge that that request has come in and grant that request. So, if you are a part of the request for reasonable accommodation to speak early, and you

are outside of this room, you need to come to the room, let the guards know, and we will let you in one at a time after someone else has spoken. If you are part of that request and you are in this room, we would ask that you stand on the far side of the room so that we can let you speak prior to calling other names.

COMMISSIONER MIGUEL: Thank you.

COMMISSIONER OLAGUE: I am wondering if we need translation? Or no? I am not sure if everyone who is elderly speaks English, but I do not know if we have translation available.

MS. AVERY: No one has made a request for it, so I do not have it.

COMMISSIONER OLAGUE: Okay, that is fine.

MS. KWONG: My name is Sui [Kwong]. I come from TNDC. Today I help the senior from the Tenderloin Neighborhood. I hope CPMC can provide, you know, the healthy care for the low income seniors and the families. And I hope CPMC can provide jobs for the San Francisco residents, and I hope CPMC can provide the housing for the low income families, too. Thank you very much. PC-17 HC

COMMISSIONER MIGUEL: Thank you. Are the people you just referred to also going to speak? Or

are you speaking for them?

MS. KWONG: I speak on behalf of the seniors.

COMMISSIONER MIGUEL: Okay, then if they would just stand up. Thank you.

MS. KWONG: Thank you so much. [Applause]

COMMISSIONER MIGUEL: So, you could – you may leave the room so others can come in.

MS. KWONG: Sure.

COMMISSIONER MIGUEL: Thank you.

MS. FERRIS [presumed]: Commissioners, I speak for a group of people that are outside. May I have them come in?

COMMISSIONER MIGUEL: You may have them come in and stand on the side.

MS. FERRIS [presumed]: Thank you very much.

COMMISSIONER MIGUEL: The far side, because it blocks the door, otherwise.

MS. FERRIS: President Miguel and Commissioners, thank you for this opportunity to make public comment. My name is Marianna Ferris, F-e-r-r-i-s. I live at 3631 Caesar Chavez, next to the proposed St. Luke's Hospital site. I am here today representing a coalition of neighbors and neighborhood groups surrounding the St. Luke's Hospital campus. I

PC-18 TR

represent the Lost Block Association, Tiffany Neighbors, and the San Jose Guerrero Coalition to Save our Streets. Many of the families in our Coalition live adjacent to the hospital campus and along the proposed truck routes that wind their way through our residential streets. All of our lives will be impacted both during construction and after the building is finished. We stand together before you to make our public comment. We are concerned with the adequacy of the Alternatives Analysis, and several of the Impact Analyses, including traffic, noise, and air quality. We are particularly concerned because there are very young, elderly and infirm residents who live in the buildings that border the proposed construction site, truck routes, and in the immediate neighborhood surrounding both. As a group, we are actively engaged in a productive dialogue with CPMC to gain clarity and explore agreement, given that the existing Site Plan places a high intensity commercial building adjacent to small scale residential housing. Due to the complexity of the DEIR and the proposed project, discussions are ongoing and require more time. We respectfully request that public comment remain open at the end of today's hearing and that the hearing be continued to accommodate ongoing discussions. Thank

PC-18 TR

PC-19 ALT

PC-20 TR

PC-21 OTH

you very much for your time.

COMMISSIONER MIGUEL: Thank you. Lois Scott, Helene Dellanini, Jessica Weimer.

MS. AVERY: If people have come in and are identifying themselves as part of those who requested the reasonable accommodation, we should let them go before the names called.

MS. SCOTT: Good afternoon. I am Lois Scott, a resident of the center of the City. What is the basis for land use regulation? Health, welfare and safety of the community. What is the basis for environmental review? To protect the environment, including human life. A big issue in this proposed project is seismic safety, it is driving hospital rebuilding and the standards of safety for patients in their beds. The larger issue is the safety of all of the citizens of San Francisco in an emergency and their access to acute care. The Draft Environmental Impact Report should have the context of a citywide hospital plan, not just the five sites included in the DEIR. Another major issue, and I think you just heard it with the group from the near downtown neighborhoods is the medical needs of the residents, particularly in the near downtown neighborhoods in proximity to the proposed Cathedral Hill site. It is important not to

PC-21 OTH

PC-22 LU

PC-23 HC

PC-24 HC

shut out charitable care and to have only a high-end facility. This should be part of a citywide plan, as well. A big issue for Cathedral Hill, itself, is transportation, and the future capacity of our already stressed public transit system. This impact needs serious mitigation, both capital and operating costs. Alternative 3A, which conforms to existing regulations, the scale of the Van Ness Plan, and to the capacity of transportation in San Francisco, should be the preferred alternative, along with preparing a citywide plan so you have more context for reviewing these proposed changes. Thank you.

PC-24 HC

PC-25 TR

PC-26 ALT3A

COMMISSIONER MIGUEL: Thank you.

MS. JONES: Good afternoon. My name is Sister Elaine Jones and I live in the Tenderloin. I am here to let you guys know that my husband and I, Mr. Arthritis and I, have a very hard time getting across streets. I was coming down Van Ness to take the 47 Bus, it took me 65 seconds to get across the street, and then this guy decides he wanted, because he saw a parking space, he wanted to cut in front of me, almost killing me just to get this parking space, I mean, it is based on common sense, the seniors in that area, it takes time to get across the street. The common sense, the impact on these seniors, it is

PC-27 TR

not going to help us, it's gonna make it worse. We're going to end up isolating because we can't get out of our rooms to go down the street because we're in fear of our lives. And also, the health and safety of the senior citizens, it's just like you're telling them, "Well, let's breathe in all that bad air," you know? And it's just based on common sense. If you take your time and sit out there, or walk down Van Ness, that's one of the busiest streets other than Market Street, and I just don't understand it, you know, where are you going to put the ambulance? Where are you going to put the people? Where are you going to put the trucks and all this stuff? Where are you going to put them? You know? If somebody wants to get to the hospital and they don't have a way to get there except within an ambulance, and that costs money for us. It just really don't make sense. And I want to ask you guys to look at the common sense of this whole thing, it doesn't benefit anybody but the rich. And I'm sorry, that's the way I feel because I have suffered with mental illness, they're not going to accept me into that hospital. I'm going to end up having to go all the way to San Francisco General Hospital because I am poor, and it's not benefitting me, so why do I want this? Look into it. Look deep into this because

PC-27 TR

PC-28 AQ

PC-29 TR

PC-30 HC

PC-31 HC

it's going to impact more seniors than anybody else, and I'm sick of them picking on the seniors. Thank you. [Applause]

PC-31 HC

COMMISSIONER MIGUEL: Thank you.

MS. AVERY: Okay, if we can hold our applause, there are a lot of people, and the more you applaud, the more you delay this hearing.

COMMISSIONER MIGUEL: Do the people who just came in wish to speak?

MS. BROWNSON: Good afternoon, Commissioners. My name is Carol. I am a senior and I have lived in Tenderloin for almost 14 years. Official my stay in the Tenderloin and I am proud of my community. That is why I also want to see it improve for residents. Today I want to share and express my concern about the proposed Cathedral Hill hospital. As a senior, I am worried about the proposed loss of care that this hospital is primarily intended. Does it mean that seniors in low income families are not going to be accepted in this facility? We need a hospital that will accept seniors in low income, families, as well. We want to make sure that Medi-Cal medical patients can also avail in the same CPMC facilities. The same applies for St. Luke's Hospital. St. Luke's must be beds large enough

PC-32 HC

to ensure health care is provided to all communities. Therefore, I am demanding that CMPC assures us that they will not ignore the community. We want the CPMC to sign a community benefits agreement and build a larger centers. Thank you.

PC-32 HC

COMMISSIONER MIGUEL: Thank you.

MS. AFENIR: Good afternoon, Mr. Commissioner. My name is Felicidad Afenir, a resident of 201 Turk Street and a member of the Tenderloin Filipino American Community Association. We are here today to voice our concern regarding the proposed CPMC project to construct a health care facility in Van Ness and Geary. Considering this development in our community, but this development should go to the advantage of the residents. Traffic will be congested in this area, considering that this area is a main route of public transportation, transportation will be much – it will be impacted and traffic will be congested, and people who commutes daily in their respective destinations will experience hardship. There are solutions to be made by CPMC to mitigate the problems. We demand CPMC must upgrade each existing hospitals, affiliated existing hospitals like Davies, Sutter and St. Luke's, instead of downgrading. We don't want to lose these hospitals because they have

PC-33 OTH

PC-34 TR

PC-35 HC

already earned their good service to the community and they should also increase primary care access in our community-based clinics and long term commitments to partner with community-based clinics in providing secondary care in their hospitals.

PC-35 HC

COMMISSIONER MIGUEL: Thank you.

MS. [UNIDENTIFIED SPEAKER]: I just come to ask that they put back St. Luke's Hospital. My children were born there and all our community need it there. We don't ask for charity, we just ask for service. They were born here and they need that service, all the community there in Bernal Heights. I really thank you for letting you know, we do need that hospital. Thank you.

PC-36 HC

COMMISSIONER MIGUEL: Thank you.

MS. MARQUEZ: Mi nombre es Rosa Marquez. No hablo mucho Ingles, pero – yo tengo 45 anos, mi madre, mi – todos los servicios [no translation]

PC-37 OTH

COMMISSIONER MIGUEL: Thank you. Those of you who have read written statements and may not have had a chance to finish them, or even if you have, if you want to submit that paper, your written statements to the Secretary, that will become part of the record. So, if you wish to leave those statements with the Secretary, please do so.

MS. DELLANINI: Good afternoon. My name is Helene Dellanini. I am the Association Manager for Daniel Burnham Court, a residential and commercial condominium building on the corner of Van Ness and Post. We have 245 residential units and 103,000 square feet of commercial space. Our residential population is approximately 325 people, including a number of children, as well as some seniors. Our commercial tenants include a number of medical offices that utilize highly sensitive equipment such as lasers for eye surgery and ultrasound technology. Daniel Burnham Court is literally surrounded by CPMC's Cathedral Hill Project. On the south side of our building is the main hospital site, on the north side of Daniel Burnham Court is the medical office building at 1375 Sutter. And across Van Ness, diagonally from Daniel Burnham Court, is a medical office building at Van Ness and Geary. Naturally, our residents and tenants have a number of concerns, both about what it would be like to be surrounded by this extraordinary construction project for the next five years, as well as the long term impacts that the hospital and the medical buildings will create for our community. Earlier this year, we initiated discussions with CPMC. We have voiced our reasonable and rational concerns

PC-38 NO

PC-39 NO

about specific impacts that the project will have on our residents and tenants now and in the future. Our dialogue continues with CPMC and its construction team. CPMC has indicated that they are willing to make certain accommodations to address our concerns. We are hopeful that those discussions will result in certain specific mitigations. Our team has reviewed the Environmental Impact Report and has many practical solutions for the findings that were significant to Daniel Burnham Court, but were not assigned any mitigation, especially relating to noise and traffic. We will be submitting a letter of comment which will describe and support our suggestions. We hope the planning staff, Commission, and Board adopt these practical solutions into the project's Condition of Approval if they are not enveloped into the final EIR. We look forward to continuing this dialogue with our perspective new neighbors and remain optimistic that CPMC will do the right thing for its closest and most heavily impacted neighbors. Thank you.

PC-39 NO

PC-40 OTH

PC-41 NO

PC-42 OTH

COMMISSIONER MIGUEL: Thank you.

MS. WEIMER: My name is Jessica Weimer and I have been a Registered Nurse for 38 years. I have spent 33 of those years with CPMC. And I would like to discuss with the published San Francisco health

PC-43 HC

goals that were in the *Chronicle's* paper today and how that is at odds with what CPMC proposes. The first goal on the list is to increase access to quality medical care. With the closing of CPMC, the downsizing of both St. Luke's and the Pacific campus, it is going to make it much more difficult for the underserved to get their health care. The next point is the stop of spread of infectious diseases. These people are going to have to rely more and travel further on public transportation while they are ill, exposing even more people to infectious diseases. And also, it may increase the use of ambulance service; the improvement of behavioral health care – they are already decreasing the beds at St. Luke's and Davies campus, and there are also plans at the Pacific campus to decrease the number of beds for psychiatric care. Also, to raise healthy children – the California campus has one of the only pediatric ER's in the City and that would be closed down, eliminating access for people to bring their children into the ER. Also, to have improved health and access to health care for people with disabilities – by eliminating beds in hospitals in the outlying areas and where it is also underserved, decreasing the services at St. Luke's, eliminating California Pacific Medical Center, it will

PC-43 HC

PC-44 HC

PC-45 HC

be even more difficult for patients to get to the hospital. They are also eliminating the sub acute and acute rehab services, and they are closing the dialysis that was already mentioned. And another goal that is on the list is to eliminate health disparities. With the plan that CPMC has, I think this is only going to increase the disparities in health care in San Francisco, it is going to put a burden on the lower income people to try to get access to health care at the Cathedral Hill site. Thank you very much.

PC-45 HC

PC-46 HC

COMMISSIONER MIGUEL: Thank you. Magarita Lopez Perez, Mary Sarkarian, and Dina Hillard.

MS. PEREZ: Good afternoon, President Miguel and Commissioners. My name is Margarita Lopez Perez.

COMMISSIONER MIGUEL: If you could speak into the microphone?

MS. PEREZ: Absolutely. I work at St. Luke's, CPMC. I would like to submit this opening letter if I may to the Secretary. Will I be able to do that?

COMMISSIONER MIGUEL: Yes, just leave it there. Thank you.

MS. LOPEZ PEREZ: Thank you. Our future depends on Cathedral Hill. We need hospitals that are

PC-47 OTH

earthquake safe and provide more and better service to our patients and to our community. We write you today because we need your support to make that happen. If CPMC is not permitted to build seismically compliant hospitals by 2015, the majority of the medical center will be forced to close. We will lose our jobs as a community, and we will lose critical access to health care. We are proud to announce that, after 21 months of bargaining, we won a new contract with unprecedented job security at the newly rebuilt medical center. Jobs guarantee, job training, jobs protected for seven years, CPMC has guaranteed these job protections well beyond the life of the contract through January 1st, 2017. That is an important victory for us. Now, we need you to stand with us to protect the safety of our workplace and our ability to provide quality affordable patient care to our community. We support the Cathedral Hill building project because it will improve safety. Our new hospitals will nearly double the number of earthquake-safe beds in the City. San Francisco currently only has 600 of the 1,500 earthquake-safe beds that the City requires on a daily basis. To ensure quality patient care, our new hospitals will improve patient care by incorporating the medical advancements that

PC-47 OTH

PC-48 PH

PC-49 HC

reduce infection, shorten overall hospital stays, and increase access for patients with disabilities. The new facility will also centralize services at the Cathedral Hill and Davies campuses, which will prevent sick patients from having to shuttle from one campus to another to receive the services they need.

Enhanced community access – CPMC will expand services most utilized by the community. This includes a 25 percent increase in overall ER capacity and an overall increase in the number of staffed acute care beds throughout the medical center. To make health care more affordable for the community, CPMC has committed to the City to increase contributions to charity care by 79 percent and will increase its uncompensated care for Medi-Cal patients by 22 percent in the next five years. Additionally, the St. Luke's rebuild and the new Cathedral Hill will provide access to the state-of-the-art acute care for the underserved Mission, Tenderloin, and Western Addition neighborhoods, build a stronger local economy in the midst of the cuts and layoffs –

PC-49 HC

COMMISSIONER MIGUEL: Thank you.

MS. PEREZ: Thank you.

MS. SIRAKARYAN: Good afternoon, President Miguel and Commissioners. I am going to continue on

PC-50 PH

from Ms. Lopez's, where she left off. My name is Mary Sirakaryan. To follow-up with Ms. Lopez's – "…build a stronger local economy: In the midst of our cutbacks and layoffs, the building project will serve as an economic stimulus for the City, creating 1,500 new jobs, preserving 6,500 health care jobs, and encouraging new business around our new hospitals. While the City struggles with an immense budget shortfall, CPMC's plan will be paid for entirely through private funds and will require no public financing. Absent these improvements, most of the medical center will be forced to close at 2015. The resulting loss of jobs and access to quality health care for San Francisco would simply be devastating. We urge you to join us in making the plan to rebuild CPMC a reality. Our jobs, our patients, and our community depend on your support. Sincerely, the SEIU, UHW Bargaining Committee with CPMC." Thank you.

PC-50 PH

COMMISSIONER MIGUEL: Thank you.

MS. HILLIARD: Hi. Is this okay? Hello, Commissioners. I deeply appreciate this opportunity to speak before you today. My name is Dina Hilliard and I am a 12-year resident of the Tenderloin. I am also the Associate District Manager for the North of Market Tenderloin Community Benefit District. We are

PC-51 OTH

a core member of the Good Neighbor Coalition. The proposed CPMC development at Cathedral Hill is something that has concerned residents of the Central City for several years now, and the Good Neighbor Coalition formed as a way to directly address these concerns. We began our work at the coalition by serving over 800 Central City residents in five languages, who spoke loud and clear of their priorities and concerns regarding the proposed development. They expressed four major areas of concern: access to quality health care, increased opportunities for affordable housing, local economic development, and the prioritization of educational and economical opportunities for youth within the Central City. When CPMC presented their Institutional Master Plan to this body, they declared that this development will be a tremendous opportunity and resource for the Tenderloin community. We were disappointed and frankly offended to find the geographic scope of their Draft EIR blatantly ignores the impacts of the development upon the Tenderloin and Central City. It is difficult to understand that CPMC makes claims of servicing our community and then denied those services have any impacts on that community. Additionally, the Good Neighbor Coalition was surprised to find CPMC is

PC-51 OTH

PC-52 HC

PC-53 LU

PC-54 LU

assuming to be granted a complete exemption from the Van Ness Special Use District requirements. Assuming exemption from this plan makes the Draft EIR deficient in its analysis of this development's responsibilities around housing and neighborhood stabilization. The Good Neighbor Coalition believes this is a wonderful opportunity for CPMC to engage with Tenderloin and Central City neighbors, and come to a legally binding resolution that reflects the community's concerns. But we cannot engage in these discussions if this EIR will not validate or acknowledge that our community exists. Thank you.

PC-54 LU

PC-55 OTH

COMMISSIONER MIGUEL: Thank you. Jeff Buckley, Steve Woo, Marc Anthony, Cliffton Smith, if you are downstairs in the North Light Court, please come up; if you are here, could you come up to the podium?

MS. AVERY: Mr. President, while we are waiting for the next speaker, if I could just remind all of those who have spoken to leave the room? There are people waiting outside to come in, so we would like your seat, basically. Thank you.

MR. ANTHONY: Good afternoon, Commissioners. My name is Marc Anthony. I am part of the Good Neighbor Coalition, as well, and also part of the

PC-56 OTH

Community Housing Partnership. I am also a community organizer here in San Francisco and a resident in the Tenderloin for the last seven years. And I would like to reach out and touch you with a little information in regards to the Good Neighbor Coalition, which is focused on maximizing the local hiring in the community around the surrounding hospitals. The DEIR also cites and legal around the policy settings in the area, particularly in existing local hirees. What we are trying to say is, all the people that are living in the Tenderloin or around the community area, even the Union workers that are out of work, that are registered in that area, that we are looking for them to get some of the jobs that are offered. And hopefully CPMC will pay attention to what I am saying. Thanks.

PC-56 OTH

PC-57 PH

COMMISSIONER MIGUEL: Thank you. While we are waiting for the others, I will call Erin Chin, Betty Huey, Lisa Cleis, Elaine Zamora. If your name has been called, please come up. Thank you.

MR. WOO: Good afternoon, Commissioners. My name is Steve Woo. I am representing the Good Neighbor Coalition. We are a coalition of residents and nonprofits and community-based organizations. I am here to talk about the housing issue with regards

PC-58 PH

to our Tenderloin neighborhood. The Draft EIR is deficient in terms of addressing the housing issue. There is no mention of the Van Ness Avenue Area Plan. It is almost a forgotten afterthought. And we want to see it addressed. This project would represent a huge investment of corporate dollars into our neighborhood and that is going to significantly alter our community. First of all, the impacts of the number of jobs that will be brought into the community on housing, the impact, that alone is going to force a community that is marginal and already at risk of displacement into further risk. And so we are really asking the Commission to take a close look at the Van Ness Avenue Area Plan and asking CPMC to really address the Van Ness Avenue Area Plan within this Draft EIR, it is almost not addressed at all. And so, we, as community organizers, and as community members, we have been doing a lot of outreach and a lot of education about this to see what our community feels, and a lot of people are wondering, a lot of people are curious why this has not been addressed, why it has been ignored, and so our community is very closely watching this situation to see what type of enforcement will be brought to already existing law and to see if this developer is going to get away with

PC-58 PH

PC-59 LU

PC-60 PH

PC-61 LU

PC-62 LU

not following the law. So, we continue to watch very closely, we continue to ask CPMC and this Planning Commission to make sure that the Van Ness Avenue Area Plan is enforced and that the 3:1 housing requirement is enforced. Thank you.

PC-62 LU

COMMISSIONER MIGUEL: Thank you.

MR. BUCKLEY: Hello. My name is Jeff Buckley. I am the Director of the Central City SRO Collaborative. We are a member of the Good Neighbor Coalition. So, I wanted to first give you each a copy of the Little Saigon Tenderloin Traffic Study so you can read it, it is going to be instrumental in what I am discussing in a moment. So, we take issue with two parts of the Draft EIR. The first is in terms of the way that the EIR assesses traffic flow and the impact that traffic is going to have within the Tenderloin area. The EIR assumes that those coming to CPMC from Mission Bay, SOMA, or Potrero Hill will take Van Ness to reach the facility, and it projects a big traffic impact at Van Ness and Market. But the reality is that drivers know that the fastest route is either to go up Seventh Street, which becomes Leavenworth north of Market, or up Ninth, which becomes Larkin. Most avoid driving on Market, or they avoid driving on Van Ness whenever possible. So, the EIR's assumption that

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the Tenderloin will be spared from massive increased traffic really is ignorant of reality. The second is that, you know, I find it profoundly disturbing that they would build a facility here, outside of the Tenderloin and really deny medical access to the residents who live there and, in the mean time, create a speedway for those outside the neighborhood to be able to have the quickest access to the facility. And what we are seeing, really, is that when you exclude the Tenderloin residents, there are many of us who are trying to make this a better neighborhood, a more livable neighborhood for the residents who are there, and for the businesses who work there, and there are many excellent businesses, as well, that I think many times are forgotten. And so, what we see here in general is CPMC kind of following almost like a Wal-Mart strategy, building new hospitals to put competitors out of business and they leave CMPC with a near complete monopoly. Because what we are really concerned about is, if they build this facility, that they're going to be, you know, not only taking away from St. Luke's, but they're also going to be taking away from Saint Francis. A lot of residents, you know, when General is on red alert, the residents go to Saint Francis, and that's one of the realities of

PC-64 TR

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PC-67 HC

this Master Plan, is how much it's going to short the Tenderloin Residents. And so, I think what we'd ask is that they fund the recommendations of the Tenderloin Little Saigon transit study, this will not only slow traffic through the neighborhood, it'll also divert traffic away by reducing the time that drivers can save by using Larkin and Leavenworth, rather than Van Ness. And CPMC can also easily grant health care access to nearby residents. And so, the idea and the concept is one in which CPMC has the choice to make a win-win situation here, and we expect them to do that, and we hold you accountable for doing that, too.

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PC-69 HC

COMMISSIONER MIGUEL: Thank you.

MS. CHIN: Can you hear me? Hi. My name is Erin Chin. I am here with the Good Neighbor Coalition. For the last two years, I worked as the Tenderloin Community Convener, which means I worked with local schools and after school programs, youth serving agencies and organizations, to assess and address the needs of youth in our neighborhood. The Tenderloin is home to approximately 4,000 people under the age of 18 in an area that is approximately a half square mile, so that makes it the densest concentration of children and families in the City, actually the densest concentration of children and

PC-70 PH

families west of the Mississippi. Despite this fact, there is only one local elementary school and no middle or high school in the neighborhood. What this means is a large number of our children must travel in and out of the neighborhood daily, usually using mass transit or on foot, so when I was listening to some of the seniors talking about their concerns with traffic in the neighborhood and getting across the street, as somebody who has tried to cross the street with 30 kind of ditzy five-year-olds, it's a huge concern for safety in the neighborhood. The majority of the children in the Tenderloin live in single parent or single grandparent-led households. Of the children who live with both parents, the majority of those households have both parents working two jobs each. Because of all these factors, after school programs and youth services in the neighborhood are vital. Valued institutions like the Boys and Girls Club, the YMCA, and Glide, struggle to meet the need in the neighborhood. We are currently working on a comprehensive health and wellness program tailored to the local youth population, including long term support for local youth and childcare centers that encourage the development of healthy lifestyles and job training, scholarship, and internship

PC-71 TR

PC-72 PH

opportunities for youth in the neighborhood. We believe that, you know, when CPMC says they're going to come into the neighborhood and provide all of these benefits, including jobs, that these jobs should be accessible to your youth in the neighborhood. Thank you very much.

PC-72 PH

COMMISSIONER MIGUEL: Thank you.

MS. HUEY: Hello and good afternoon, Commissioners. My name is Betty Huey. I am a youth leader in the Chinese Progressive Association. I am here today to urge you not to approve the CPMC's Draft EIR because it is inadequate and it does not address the native impacts in our community. The Draft will greatly reduce services at St. Luke's Hospital. Members of the low income community understand the difficulty of obtaining affordable health care. My father, for example, works in a restaurant as a cook and he works under pressure with sharp knives and hot stoves, so when my father gets cuts and burns, he does not go to the hospital because he does not have health insurance. Like most low income families, it is out of their budget to buy health insurance. This summer, our youth program, we collected over 1,000 signed postcards in the southeast neighborhood of San Francisco, demanding to keep services at St. Luke's

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PC-75 HC

Hospital. During our outreach, I have encountered parents who say that their sons and daughters were born in St. Luke's Hospital and have met seniors who have said St. Luke's was their hospital. There are many working class families who rely on St. Luke's Hospital, and this is why we need to maintain the charitable services there. So, please, consider the consequences of CPMC's development for the future of San Francisco. Thank you.

PC-75 HC

COMMISSIONER MIGUEL: Thank you.

MR. TRACY: Good afternoon, Commissioners. My name is James Tracy. I am part of Community Housing Partnership and we are a proud member of the Good Neighbor Coalition. It may actually surprise you, but I actually agree with CPMC on some points, this is a very important project for the future of San Francisco for jobs, for economic development, and for, most importantly, the health care question. Where I may differ is exactly how these issues are going to be resolved. Are they going to be resolved in a way that make win-win situations, that makes St. Luke's viable, that benefit the Tenderloin and Central City communities, and also recognizes people that operate in the Central City community, that Cathedral Hill has a back door, as well? And are we going to see an

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PC-77 PH

engine of grassroots economic development that provide the jobs and the health care? Or are we going to see an engine of displacement? And those questions have not been resolved yet primarily because the EIR, as Dina said, really only sees as far as Polk Street and we, of course, are very concerned about the impacts on Polk Street with lower Polk neighborhoods where we have started the dialogue with them, that we think will be fruitful, but we also want the City family to see beyond Polk Street, to see a neighborhood that needs to benefit from positive economic development, which means local hires for the permanent jobs, which means adequate affordable housing contributions, which have not been adequately addressed as yet in the EIR. So, we can see the same results that happen when the large hotels started moving in on the other end of the neighborhood. There were similar anxieties at that time, that the Hilton and the other hotels would displace communities, but thanks to grassroots participation and community organizing, those developments provided jobs and affordable housing for the surrounding communities, and a degree of stability that the Tenderloin would be even in a worse place without that. And so we call on the City family, it is not just about Sutter/CPMC, it is about all

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PC-79 PH

branches from the Mayor, the Planning Commission, and the Board of Supervisors, to simply step up and make sure that this becomes an engine of empowerment and grassroots economic development, so we can look back and be very proud of the work that we have done together through all these rather long hearings that you have to sit through. Thank you.

PC-79 PH

COMMISSIONER MIGUEL: Thank you.

MS. CLEIS: Hi, my name is Lisa Cleis and I am a community organizer with James Tracy, at Community Housing Partnership. Regarding health care and CPMC, the Environmental Impact Report is also disturbingly silent on the impacts this project will have on health care delivery to the surrounding neighborhoods. We are particularly concerned with the impact on Saint Francis Hospital, who will now have a major competitor moving in next door. It has not yet been determined if Cathedral Hill could cause Saint Francis to close its doors, or reduce or alter its services. Saint Francis is a major provider of health care to low income patients in the Tenderloin. And Saint Francis also loses money every year. The fact that CPMC ignores the impacts this facility may have on surrounding communities is a symptom of their lack of an overall plan for delivering health care to low-

PC-80 HC

PC-81 HC

income people. We want to establish policies to serve low-income communities at Cathedral Hill, regardless of their type of insurance or status as an insured. While CPMC's claims of progress and charity care and its support for a healthy San Francisco is encouraging, other trends in the Hospital's corporate behavior raises concerns for our community. In 2009, the Health Commission stated that CPMC charity care falls short in comparison to other hospitals. Charity care at St. Luke's has significantly dropped since CPMC's acquisition in 2007, and in its own Zip Code, St. Luke served only 160 patients in 2008, compared with 500 in 2006. The need for charity care is the highest in the Tenderloin and a similar record at Cathedral Hill would be appalling. The Good Neighbor Coalition is asking this hospital to make a serious commitment to serving poor people. We want CPMC to have a multi-decade plan and partner with community-based clinics. CPMC should bolster primary care in these clinics, who see a bulk of Medi-Cal patients, then create a clear path of referral into CPMC Hospitals for secondary care. This will guarantee that many government insured and uninsured patients will have access to CPMC Hospitals and this will ensure low income patients are not referred off to San

PC-82 HC

PC-83 HC

Francisco General. Thank you.

COMMISSIONER MIGUEL: Thank you. Anyone else whose name I have called? If not, David Elliot Lewis, Raven Allen –

MS. AVERY: There is a gentleman on the side at the door there.

COMMISSIONER MIGUEL: Okay, come on up. As I call your name, if you will stand on the side, as well? George Mayer and Randy Shaw.

MR. SMITH: My name is Cliffton Smith and I would just like to say that I support the Good Neighbor Coalition and we need jobs and we need health care.

COMMISSIONER MIGUEL: Thank you.

MR. MAYER: Good afternoon. My name is George Mayer. I live at 2660 Great Highway out in Carmen Chu's District, but I spend most of my Sunday mornings attending religious services at the Unitarian Universalist Church on Cathedral Hill. For more than four years, I have chaired a task force at the church, focused on CPMC's construction plans and developments, with a special focus on protecting our historic sanctuary and minimizing negative impacts on congregational and neighborhood life. Our task force has met frequently with CPMC representatives, Geoffrey

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PC-84 HC

PC-85 NO

Nelson, Ralph Marchese, and their associates. We sincerely appreciate their help in addressing many of our concerns and correcting some of our misunderstandings. One of the issues that remains unresolved and is of serious concern to me is the loading dock and the noise that it will generate. The loading dock will be a concrete structure shaped like a bandshell. Noise from inside this bandshell will echo through the neighborhood. The UU sanctuary diagonally across the intersection has huge stain glass windows that will, unfortunately, transfer this noise quite effectively into the church. I had been most concerned about back-up beepers on delivery trucks that will go beep, beep, beep, during our religious services; I learned from the Draft EIR that two other processes will be even worse, a medical waste trash compactor called Aduromed, and a repetitive revving of engines to offload oxygen. Mitigations listed in the EIR for reducing these horrible impacts seem quite inadequate. I also learned from the Draft EIR that Alternative 3A would be environmentally superior. Reducing the size and operational scope of this hospital would help reduce many negative impacts, including loading dock noise, mandating that sealing surfaces inside the loading

PC-85 NO

PC-86 ALT3A

PC-87 NO

dock be covered with reverberation reducing coating would help, requiring coordination with neighborhood churches when scheduling these and other noisy operations would seem appropriate. Restricting deliveries during religious services would be environmentally and ethically responsible. Thank you.

PC-87 NO

COMMISSIONER MIGUEL: Thank you.

MR. ALLEN: Can you hear me?

COMMISSIONER MIGUEL: Yes.

MR. ALLEN: Good afternoon. My name is Raven Allen. I am the lay health advocate of San Francisco Lighthouse Church and, in the name of the Church and Jesus Christ, peace and greetings to you. Pretty much everything that needs to be said has been said. What disturbs me about CMPC is that there has not been what I would call a BPSI, a biological bio-psychosocial Impact Report, that there has not been an impact reporting regarding how it would not only affect psychologically the residents of this area, but physically. Because there has been a cut in services, a drastic cut in services within San Francisco, the church has been forced to step up in return to becoming a social service providers, however, we have not had a great deal of assistance in doing that. And, for many families within this area, the church

PC-88 OTH

PC-89 HC

has been their means of psychosocial support, even physical support in terms of giving food and clothing. CPMC has not been completely honest because it has not, for one thing, contacted and dealt with in an open dialogue with those churches that are going to be immediately in this construction area, which is going to be at Ground Zero. My church, San Francisco Lighthouse Church and two others are actually at Ground Zero in that project. That project not only disrupts our service, it disrupts our ability to deliver services to those that are the marginalized working class of the City. It also has potential to dislodge families and create greater racial tensions within the city between Hispanics and African-Americans, so that it impacts not only us in the Western Addition, but it also impacts the Polk Gulch area. We have not been contacted and dealt with in terms of how to be integrated into this entire process, in terms of being provided with funding for moving, if necessary, acquiring another building, if necessary, and continuing to provide increased services to those individuals that no longer receives because there are no services left in the City to receive. I believe that until CPMC has actually integrated the churches into its overall plan of

PC-89 HC

PC-90 OTH

PC-91 OTH

services that it is able to ethically deliver services, and therefore it should not have its plan approved because it has not been with respect to the church, and therefore the community serving the church. Thank you.

PC-91 OTH

COMMISSIONER MIGUEL: Thank you. Peggy Linrod, Elaine Jones, Paul Lentz, Retilah Patel. Well, I asked everyone whose name was called to stand on the left.

MR. SHAW: Well, I didn't know how far we'd gone in my journey up from the North Light Court. Thank you, President Miguel. Randy Shaw, Director of a Tenderloin Housing Clinic. You know, I've been coming to Planning Commission meetings for almost 30 years and we have an overwhelming throng here, I mean, you can't see it here, I wish we could all be in a stadium because you would see this – we have a huge group down in the North Light Court, and I can assure you, at least 80 percent, if not 90-95 percent of the people here are opposing the project as it is currently constituted. And if you've noticed, what happened in other cities where CPMC always said, "See, the people support us, see all these people," we've got them beaten by about 90:10, percentage wise here, and I think it's because there are so many moving

PC-92 OTH

parts in this project. And I want to just focus really on ones that are of particular interest to me because I've worked so hard over the last 30 years to improve the uptown Tenderloin. We have had a lot of issues we work with, I've been before you many many times to try to improve it, I know you have been very sympathetic. But now we face a situation where they are going to route several thousand cars through the Tenderloin and have no mitigations and, in fact, the EIR doesn't even mention it. If you heard Mr. Buckley's testimony before mine, the EIR has – the people who wrote that never drive, apparently, because how would anybody coming from Mission Bay, Potrero Hill, the South of Market, and get off the Bay Bridge, somehow make a left turn on Market Street at 7th and 9th, and decide to go up Van Ness? That is exactly the opposite direction. What anyone who drives there, you guys know, you know, Dr. Antonini, you drive up 7th, and you make a left on Geary, or you drive up 9th and make a left on Geary, and then you go back down O'Farrell, that is logical. You won't find that in the EIR, no, there are no impacts at all, and that needs to be rewritten, and that's why we think CPMC needs to step up and actually mitigate these significant impacts. Fortunately, we have this Little

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Saigon transit plan that has already been done to address the already existing excess traffic with the one-way streets, which need to be two-way streets, with the wider sidewalks, really to improve the neighborhood, and we need CPMC to fund that study –- not fund the study -- implement the study, which can be done for a very small amount of money in light of a $2 billion project, and it really allows CPMC to say, "Oh, no, we're not wrecking your community by building this, we're improving it." And I have copies of the study, there's a lot of interest – when the study was complete in 2007, the plan was implemented, but we've had a little bit of financial problems in the last few years, as you know. The other issue on the health access, which I will let other experts address, is that you can't tell people in the uptown Tenderloin that they can't access a hospital within walking distance, but have to get on our wonderful Muni system and spend four hours getting to S.F. General, back and forth. You can't tell them that. And CPMC needs to address that, and then we can move forward. And the last thing I'll say is, people keep saying to me, "Randy, CPMC loves to talk, they want to negotiate and sit down." I've never heard of them. I've never heard of anyone from CPMC contacting us. Thank you.

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COMMISSIONER MIGUEL: Thank you.

MS. LINROD [phon]: Good afternoon. My name is Peggy Linrod [phon]. I am also – I am at Ground Zero at this project where it would impact traffic. I live right on the corner of Geary and Larkin. I've seen all the time when there was emergencies, and they had accidents where cars actually ran over residents right there on Geary and Larkin, it took exactly 20 to 30 minutes for any NTM's any ambulance to get to them, and that is very important that they take that into consideration, even though the hospital might be right down the street, it might be a problem getting to it. I also want to say that I've been here for a year in San Francisco, and even I know, and I pretty much haven't drove in it, that it's the compact that they are going to take Geary and Larkin every time, and during the commute hour, it's very congested, and when you go from a one-way street on Larkin and you turn on Geary to go towards Van Ness, usually when you're ready to cross the street, the cars – people in the cars are going to use that as their corner, as a right-hand turn, they will not stop. So, I think it would cause a problem and it would take in consideration, I guess, the studies of this neighborhood traffic safety report that was done

PC-99 TR

PC-100 TR

because it also implement maybe having more crosswalks with actually numbers going across because some of it in those areas do not, they just turn green, or just turn red, and some of the streets that they are not projecting, but they will go on, and the second thing, create more of a barrier to the space on the sidewalk so that the residents will have more space because we do have a lot of residents that are handicapped, that have wheelchairs, so all that can be in consideration, and I don't think that anyone will necessarily site a hospital coming in, but I heard the no speaking worrying about her jobs, it is people in this community, like I said, like I'm also working with Central City with Jeff Buckley and would love trying to create jobs for this area, and it would turn them, even though they think they have the lowest voice, we are having a Tenderloin convention in 2010, so we would like California Pacific to, you know, if they want to donate funds to us and our committee, and our convention that we're having, we will be happy for them to accept their donations, so they are going to be part of our residents and our community service. Thank you.

COMMISSIONER MIGUEL: Thank you.

MR. LENTZ: Good afternoon, my name is Paul

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Lentz and I'm a resident in the Tenderloin and also work as a Tenant Organizer at the Central City SRO Collaborative. A lot of good points have been made today concerning people's concerns and outright opposition to the CPMC. So, I'm not going to repeat what has been said, but I will make two points, 1) my question, are we going to allow business to come into the Tenderloin, but not allow us to do business with them? Because, you know, a lot of us are on Medi-Cal, Medi-Care, low income, without any insurance, and I just don't understand how an entity can come in and only serve people basically who live outside the neighborhood. I just don't understand the fairness in that. And the second thing is that, you know, if this thing is allowed to happen, there's going to be a lot of jobs. The question is, where are these jobs going to go to? Are they going to have this entity operate in our neighborhood, but not hire any of us? Again, I don't see the fairness of that. Thank you.

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PC-103 HC

PC-104 PH

COMMISSIONER MIGUEL: Thank you.

MS. JONES: Good afternoon, President Miguel and members of the Planning Commission. My name is Yolanda Jones. I am a community partner. I represent YCATC, which is Yolanda's Construction Administration, and I am a local resident, born and raised in Bayview

PC-105 OTH

Hunters Point. The document fully discloses the project's impacts and adequately meets the California Environmental Quality Act. I believe the project and the project alternatives were thoroughly analyzed in the DEIR. Herrera Bolt has an LB Program in place and they have brought my firm on, YCATC, located in Bayview Hunters Point, as a certified HRC Local Business. I will be a part of the workforce and development team. My employees presently now are all from San Francisco, and this is a great opportunity for my firm to not only grow, but become a full paying citizen in society from a community that has normally been overlooked. I ask that you please – and request that the Planning Commission move forward with the process and the DEIR is a thorough and comprehensive document, and I pledge to hire community locals because I am a born and raised and high school graduate from this city and I believe in this City. Thank you.

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PC-107 OTH

COMMISSIONER MIGUEL: Thank you.

MR. PATEL: Good afternoon, Commissioners. My name is Retilah [phon] Patel. I am a landlord in San Francisco. I have several buildings in the District that are going to be impacted by CPMC's new site. I am in support of the site because I think the

PC-108 OTH

development is a positive, but at the same time, I think I understand that there are going to be impacts that this EIR is not addressing, specifically traffic, and for me, as a business owner in the corridor with residential hotels and apartments, particularly Little Saigon, which there is a traffic report, a study that has been done, the traffic right now, the way it is set up is it's going to go down Geary and O'Farrell, and I'm a San Franciscan, born and raised, first generation, I travel in the City, I live in the inner Sunset for 20 years now, moved out to inner Richmond the last five, and I'll tell you, I try not to take O'Farrell and not try to take Geary. The only reason I do is I take my kids to school right there on O'Farrell and Franklin. But, to say that people from out of town that are going to be coming in to take the service of CPMC will just go up O'Farrell and Van Ness is not the truth; the truth is, they are going to go up Larkin with a straight shoot of three lanes, and that's the heart of Little Saigon, and there is a going to be Eddy, Ellis, as our exits and entrances to that corridor. People will also go up towards, I think, Bush and those other streets, and come wrap back around because people won't realize, with the new bus lanes that have been added in the recent years on

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PC-109 TR

both of those streets, Geary and O'Farrell, they have become very congested and, even through the 4:00 to 6:00 p.m. no parking time, there are a lot of businesses that utilize that lane for drop offs, deliveries, and I think that is a very important fact that San Francisco is a transit city first, but people do drive. I drive every day. And I know everybody doesn't – it is not maybe the right day to drive, but I drive every single day in the City, and I park in the City, I live in the City, and I enjoy our City. And I think that we have to be just a little bit more alert. If CPMC is doing such a great project, it is a large project scale, I don't think the Cathedral Hill is built well, anyways, and so this project is going to be a nice asset to the City for myself and for my generations to come, my two boys are going to see the next phase of this, but I think that they need to bring back and support this study in Little Saigon, specifically, for traffic needs and to make it a neighborhood, and remember that the Tenderloin is a neighborhood, and is one of the up and coming neighborhoods just like every neighborhood in San Francisco, and I would urge that anything passed would have to do with supporting and funding Little Saigon's traffic study, and I think you guys hold the power to

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PC-111 TR

do that, and I would appreciate that. Thank you.

COMMISSIONER MIGUEL: Thank you.

MR. PATEL: Good afternoon, Commissioners. My name is Sam Patel, I am a resident, an owner of a resident hotel in the Tenderloin on Ellis Street. I am also the President of a the Independent Hotel Owners and Operators Association. Several members of the Association own residential hotels in the area that, in the Tenderloin area. The residents of these hotels are going to be impacted by the traffic created by this project and I urge you to ask CPMC to fund the traffic calming and pedestrian safety improvements that are needed. Thank you.

COMMISSIONER MIGUEL: Thank you. Neil Patel, Margarita Mena, Yolanda Jones, Joe Brown.

MS. MENA: Buenos Tardes. [Spanish]

TRANSLATOR: Good afternoon, my name is Margarita and I live in the Tenderloin. I am a mother. I know that you guys are here because you are talking about building a hospital, but I just want to share some of my concerns. A lot of us live in the area and we walk in that area that you are talking about, and I am really concerned about the danger that is going to happen for our children because we walk in that area. My biggest concern, of course, is the fact

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PC-113 TR

that because we walk in the area, you know, it is already dangerous to begin with. What are we going to do about the traffic situation? I am also concerned because it has not been clear to me whether this hospital is going to take care of the families in the neighborhood, which are mostly unhealthy kids. So what I just wanted to say, obviously this project affects a lot of people and that worries me. Also, housing. I am worried about if we are going to need to look for further housing, and so I don't know if this has been dealt with.

MS. MENA: Gracias.

COMMISSIONER MIGUEL: Thank you.

TRANSLATOR: Hello, my name is Maria and I also live in the Tenderloin. I am the mother of two children and I am also here to talk about the hospital. I am really concerned about the fact that this hospital might not help low income families, and particularly the families that I know will be affected how have Medi-Cal or Healthy Kids. And also, I want to talk about the traffic. So we kind of feel like this hospital is going to happen anyways, but I've got to tell you I'm really concerned about it and I really feel like the one thing I want to talk about is also the jobs. We have a lot of people in the

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PC-118 PH

neighborhood, and are the people in the neighborhood going to get the jobs? And are they really going to get the medical services? And is everyone going to have access to medical services from the Tenderloin from this hospital?

MS. ?: Gracias.

COMMISSIONER MIGUEL: Thank you.

MS. MANNING: Hello, I am Sandra Manning. This is Joe Brown. We are residents of the Pier Hotel that is in the Tenderloin, 540 Jones Street. The EIR ignores the project's traffic impacts in uptown Tenderloin. CPMC plans to turn the Tenderloin streets into speedways, bringing thousands of cars rushing through the community each day to reach the new hospital. So, while CPMC worsens the quality of life for residents like me, it also plans to deny health care services to me and other low income people who live near the planned facility. Does this make sense? Is this in the best interest of me and the neighborhood, residents of the city? I don't think so. So, is CPMC saying that low income Tenderloin residents like me will be denied access only blocks from my home? That is not right. Ten thousand new jobs will be created. Will I be considered for one? Not if the CPMC has its way. CPMC can address these

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issues by funding the recommendations of the Tenderloin Little Saigon transit study. This will not only slow traffic through the neighborhood, but only divert traffic away by reducing the time that drivers can save by using Larkin and Leavenworth Street, rather than Van Ness. CPMC can also grant health services to nearby residents. Neighborhood residents get priority hiring. CPMC has a choice to pursue a win-win approach and, finally, CPMC can be a good neighbor if it chooses to be. There is no need for corporate greed. Thank you.

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COMMISSIONER MIGUEL: Thank you. Lorenzo Listana, Denise Rowe, Mike Williams, Nella Manuel.

MR. LISTANA: Good afternoon, Commissioners. My name is Lorenzo Listana and I have lived in the Tenderloin for five years now, and I am also a member of the Tenderloin Filipino American Community Association. As a resident of the Tenderloin, I am proud of my community and I want to see it improve for the residents, however, I am very concerned about the proposed Cathedral Hill hospital because of its great impact on our neighborhood. I am particularly concerned about its effects on housing and the traffic situation in the Tenderloin. My family resides in affordable housing for low income. The need for more

PC-126 OTH

PC-127 PH

housing would be more defined as the number of employees in the hospital increases. I am apprehensive that the CPMC will not provide affordable housing for its employees, it will create more housing problems because of increased demand. So far, there is no clear plan for affordable housing in the CPMC project, as mandated by the Van Ness Special District. Creating housing would also help alleviate the traffic problem that this project may cause in the Tenderloin, as employees from that use their cars to go to their work if they live in the neighborhood. Our community has a right to be heard as we are the ones to be affected. I believe that community partnership is necessary to address these issues. We urge the CPMC to initiate dialogue with community-based organizations before it is a community partnership for a common goal, for bringing equitable development in the Tenderloin. Thank you very much.

PC-127 PH

PC-128 PH

COMMISSIONER MIGUEL: Thank you.

MS. MANUEL: Good afternoon, Commissioners. My name is Nella Manuel and I have been a resident of the Tenderloin for almost 20 years. I am very concerned with the CPMC project. They have no design to give the community what it wants. We need more affordable housing. The Tenderloin neighborhood is a

PC-129 OTH

PC-130 PH

place where housing is very hard to find. I know many Filipinos who are living more than seven people to one studio unit because they cannot find any affordable housing. I myself, I am afraid of displacement and I am currently homeless, sneaking to a certain building. CPMC plans to bring thousands of new employees into my neighborhood. Where will they find housing? They will look to the surrounding neighborhoods where people like me are already struggling to find affordable housing. This will cause displacement of the low income residents already living in the Tenderloin. And I am afraid that my current state of homelessness will only get worse. To prevent this, we must demand that CPMC follows the Van Ness Area Plan requirements to build affordable housing. By following this plan, it will ensure that my community will have adequate affordable housing and not be displaced. Additionally, traffic impacts in the Tenderloin will be huge because of the CPMC. Many CPMC employees will be commuting to work at this hospital, causing more traffic and more pollution in my community. To solve this, CPMC must build more affordable housing so that people can live near where they work. This is why the Van Ness Area Plan is important. Do not approve this project,

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PC-132 PH

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PC-135 PH

Commissioners, until CPMC agrees to give the community what it wants. Thank you.

COMMISSIONER MIGUEL: Thank you.

MR. WILLIAMS: Good afternoon, Commissioners. I would like to thank you for your time. My name is Mike Williams. I have been a resident of the Tenderloin Neighborhood since 2001 and, as a resident, of course, I'm very familiar with the neighborhood and pretty much everything that goes on in it, and I'm very active in the neighborhood, also. CPMC, there is no question that there is going to be – that this hospital is going to be built, okay, the questions that I have regarding it is, or some of the things I'd like to see is, 1) that they actually recognize that there are people living in Central City, that being the Tenderloin where I live. There will be an impact, definitely, on traffic, there already is an impact on traffic, believe it or not, because I live at the corner of Eddy and Taylor, and there are constant crashes there, pedestrians are run over, cars are constantly slamming into each other, in other words, a lot of car wrecks and so forth. A lot of people currently that come into the City use that whole area where I live as a – it's like a speed zone, okay? And people just fly through there. I feel that

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PC-137 TR

this hospital basically is going to increase that problem, okay, so the notion somehow that it's not going to be impacted, our neighborhood, is a false one. Number two is, I would like to see folks in our neighborhood hired as part of this new project and, of course, I would like to see CPMC follow the City Special Land Use procedures with regard to building affordable housing. Why do I say that? Because they're taking away housing. They're taking away housing, they're taking away jobs that are already, that have existed there, and I would like to see that replaced. I think they have a responsibility in coming to this neighborhood, and also to take insurance from, you know, like Medi-Cal, Medi-Care, whatever, that people have, we have a lot of seniors here, we have an aging population, as you all well know, and I think that they should all be considered in this plan as they go forward. Thank you.

COMMISSIONER MIGUEL: Thank you.

MS. ROWE: Good day, Commissioners. My name is Denise Rowe and I have lived in the Tenderloin for the past 22 years. As a long time resident, I'm proud of my community and I want to see it improve for the residents that live here now. So far, I've been very concerned by CPMC. The Tenderloin is a diverse

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PC-141 PH

community with a growing Filipino population. The recent exposure of CPMC's discrimination against hiring Filipino nurses is appalling. Discrimination is wrong. I do not want to see a project built in my community that will discriminate against hiring from the diverse community that surrounds it. I'm proud of the diversity of the Tenderloin and I am unsure that CPMC's new hospital will respect that. All people deserve to be hired at CPMC. Discrimination in hiring is wrong and discrimination in providing health care is wrong, too. When I hear about the proposed luxury care hospital at Cathedral Hill, I get worried. None of it sounds accessible to me. I am a long time Medi-Cal, a recent Medi-Care patient. What guarantees do I have that Cathedral Hill doctors will see me? So far, none. What CPMC should do is increase primary care access in our community-based clinics and make long term commitments to partner with community-based clinics in providing secondary care in their hospital. This would help ensure many Medi-Cal and Medi-Care patients like myself that are able to use CPMC facilities. So far, CPMC has not agreed to any of this. Our communities have the right to compete for jobs, as well as health care at CPMC. Thank you.

PC-141 PH

PC-142 PH

PC-143 HC

PC-144 HC

COMMISSIONER MIGUEL: Thank you.

MR. GALICIA: Good afternoon, your Honor, ladies and gentlemen. Well, I am proud to introduce myself. My name is Gaudioso Galicia who resides in Tenderloin area for almost 20 years. And ever since I live there, ask any people from any government officials because I know, I understand the situation, we must also help the government, not only us helping the government to help us, we must be giving back, but it so happened that one day, or rather, three days ago, okay, I was invited by our neighbor that I must join this group or this organization, and I ask him quickly, he said, “Oh, it is good organization that will prepare us for building big huge hospital and housing,” and, “Oh, yeah? Is that so?” So, I said, okay, I will join the group, so that is why I am here in front of you ladies and gentlemen. Maybe before I ask any people from any government official but because very soon this very year, my big family is coming soon, and then you cannot – you know, it is the government who force me to live here in America and then that is why, you know, I am sorry to mention the situation in the Philippines is quite difficult, you know, it is really bad, really, and that is why I prepared my family to join me, that’s why I only want to ask to your government to consider our plea to give

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us that opportunity so that I can house my family, big family, and then not totally free, it should be affordable, and understand let my family live in house, or else, otherwise, we will get evicted and when my big family will come, we will be out on the street, so that is big problem, so that is why, if you will be considerate enough to give us the time to approve our plea. Thank you so much.

PC-145 OTH

COMMISSIONER MIGUEL: Thank you.

MS. PANTIG: Hi, good day, Commissioners. I'm Lidia Pantig and I have lived in the Tenderloin for six years. I am here today to express my concern about the CPMC Hospital. We need jobs for the residents of Tenderloin. We are mostly low income families and many of us have been unable to find jobs. The proposed CPMC project will be an opportunity for many Tenderloin residents to find good jobs. We want to make sure that CPMC guarantees that they will be hired from Tenderloin residents. They must give priority to people coming from the community following the program of San Francisco. We also deserve to work at CPMC. I demand CPMC to initiate dialogue with community-based organizations in order to come up with a common agreement on this issue. We want CPMC to assure us by signing a complete agreement. Thank you.

PC-146 PH

PC-147 OTH

COMMISSIONER MIGUEL: Thank you. Catalina Dean, Robert Barham, Pilar Ek, any of you here, if you would come up. Any of the names that I have called that are down in the North Light Court, if they would please come up? Michael Theriault, Hiroshi Fukuda, Rose Hillson, Patricia Hogan.

MR. THERIAULT: Commissioners, Michael Theriault, San Francisco Building and Construction Trades Council. The Environmental Impact Report for the California Pacific Medical Center Project certainly appears to be the standard environmental impact report, they hit all the usual stuff, they do it as well as any environmental impact report could be asked to do. I am confident that there are paths available for California Pacific Medical Center to address the legitimate concerns being raised by the neighbors, and so on. And I have seen them in action and know they will continue to work to do so. I will caution that, however, having been before you many times before, I've seen that questions about environmental impact reports can multiply out infinitem and that we should consider actually a little bit of a limit to that, that is imposed by the type of project we're looking at. This is a project that is well along in design. It is a hospital

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project which is far more complex than other projects that we commonly build in San Francisco. It is not sized up or down as readily as a condominium project, for example. It involves demanding structural considerations and interlocking dense mechanical and electrical systems. These are not easily changed. In addition, the project has already been approved by the State Office of Health Services, and that approval would – the process would have to start all over again if the project were substantially changed. So, any major change that you propose in the project is going to set it back possibly years. There are, of course, state deadlines in that regard, but there is a deadline that is far more important in that regard, and that is the one that none of us control, that could come any day, so I ask you to bear that in mind when you consider the possible multiplication of concerns about an environmental impact report. I will also bring a personal note to this and that is, when my youngest son was born at what was then Pacific Presbyterian Hospital, and what is now California Pacific Medical Center, with an umbilical cord wrapped around his neck and with a heartbeat that came and went, it was a tremendous comfort to have a full range of services available in that hospital for him, and

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HC

that is what this institution at Cathedral Hill would do. So, I ask you to bear those things in mind, also, when you consider this. Thank you.

PC-149 HC

COMMISSIONER MIGUEL: Thank you.

MS. HILLSON: Good afternoon, Commissioners, President Miguel, Director Rahaim, my name is Rose Hillson. I am a member of the Jordan Park Improvement Association, a long time resident of the Richmond District, and I am not going to go into all the bullet points, I have submitted a document and e-mailed them to you, as well, and to the Secretary, Ms. Linda Avery. I have a few points here. Let's start with the CPMC DEIR analyzes transportation circulation impacts in the immediate vicinity, intersections located at very short distances from the project site, but when the proposed CPMC campus project alters the number of parking spaces, totaling 3,890 spaces in the end, at these newly built buildings, and continues to use the existing parking spaces at various other CPMC-owned sites, and leases parking spaces from neighborhood garages, it has an impact in all the neighborhoods with these facilities. In the Richmond District, we have impacts on the Laurel Hill Village Shopping Center because currently there are not enough parking spaces at CPMC garages and nearby lots. This

PC-150 TR

spills over into the Jordan Park area, as well as the Laurel Heights neighborhoods. Then, you have CPMC using the 16th and Geary garage by the Rite Aid and Ross Stores. When CPMC takes the parking spaces in that garage, as they have been for years, nobody can shop along Geary and this hurts the Geary merchants. And the residents around that area are actually circling as far out as 21st Avenue, as far south as Fulton, and as far North as Lake. Why are the neighborhood residents in the Richmond having to suffer parking and congestion issues for a hospital that cannot meet its parking demand? The idea of taking away residential parking zones by SFMTA will hit even harder on the Richmond residents with CPMC people parking all day in so-called "free zones." Other issues involve CEQA violations, City General Plan violations, Better Streets Plans soon to be adopted violation, and one thing I really would like to talk about, since we're not having too much time but 48 seconds, is there's a rare species of Manzanita at the Davies campus and, according to CEQA, Appendix G, Section 17, Paragraph A, this will threaten to eliminate a plant, reduce the number of a rare or endangered plant or animal, and it is considered rare according to *Hort Science Consultant Report*, and I

PC-150 TR

PC-151 LU

PC-152 BI

submit to you my full report. Thank you very much.

COMMISSIONER MIGUEL: Thank you.

MR. BARHAM: Good afternoon. My name is Robert Barham and I stay at the McAllister Hotel, just two blocks away. I understand that the need for progress as far as trying to create jobs and everything, but we also have to think about the health and the safety of the people that live within the community. And if we increase the traffic, you're going to aggravate the asthma and the heart condition of people that already have these existing illnesses. As far as being productive, if they were hired from the same community in which they are building in, and then they're commuting to a hospital benefit, but what is the sense of earning money within the community if you can't go to the hospital in which you have built? You know, so I'm just saying, take close consideration on everything that they're offering the City in the community before deciding to get and permit in order to go on with the building. Thank you very much.

COMMISSIONER MIGUEL: Thank you.

MS. DEAN: Good day, my name is Catalina Dean. And I would like to I guess just recap because everything that everybody has said has already been said, so the first gentleman that spoke, he thanked

PC-152 BI

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PC-155 OTH

this Board for being here. I know some of you members because I have worked with some of you, and I guess what I'm trying to say is that I can only tell you what my experience is. I live here in the Tenderloin and my last experience was very horrible. I took a real giant scream over somebody who, when I was trying to cross the street when it said "Walk," he almost ran me over, and the thing that saddened me the most is he was an older gentleman like I was, and he grabbed his head like this. I felt his sorrow of almost running me over, and I felt my heart pounding, thinking I was going to be under that car. And this is even before any hospitals or before anything here, you know? And so this is a town of sanctuary and this is the reason why I'm here, and so, you know, welcome the hospital, sure we need them, you know? But, like the first statement, "I thank this Board for being here and existing here," and what I depend on them, because they are a lot smarter than I am and know this job better than I could ever even guess it, you know, is to be accountable, and to be clearer about everything, that everything is very clear and accountable with the hospital and with the feelings of the community, and with people like Bobby who is concerned about the children, the families, you know, the fresh air, all

PC-155 OTH

PC-156 TR

PC-157 OTH

of these things, it's what we depend on you to do that, you know? And I'm sorry to say this, and I don't mean this as a threat because I totally respect you, but, you know, somebody has got to be accountable for it and I depend on you to do it, and I thank you for this time.

PC-157 OTH

COMMISSIONER MIGUEL: Thank you.

MR. SHIKUDA [phon]: Good afternoon, Commissioners. My name is Hiroshi Fukuda [phon] and I am the Board President of Konko [phon] Church in San Francisco Japantown, it is on Bush and Laguna. We are concerned because the DEIR for CPMC doesn't address Japantown, or doesn't recognize Japantown as a cultural resource, and we are only three blocks away. Japantown serves as a cultural resource for many Japanese Americans who live throughout the Bay Area.

PC-158 CP

Public transit is not a good option for many of them, and if they cannot come visit and support Japantown merchants, they will be threatened. This, in effect, will have almost the same kind of impact as the plan to build 400 condos on the Japan Center. That would close, demolish the garage for several years – two to five years. This will be somewhat similar unless CPMC has adequate and satisfactory mitigations on the parking issue. One of the mitigations was to reserve

PC-159 TR

PC-160 TR

400 spaces in the Japan Center, well, they already have 400 spaces in the Japan Center, that is for staff presently. So, I don't quite understand how they could have another 400 unless they have plans to redirect the workers there, the staff, to another site. That hasn't been explained, and it needs to be. The DEIR does not address the cumulative impacts on several other projects, namely the 1481 Post Street project, which is proposed for 38 stories, and that would have a significant impact, and that, if it is approved, will be in the same timeframe as the CPMC project. Alternative parking mitigations need to be explored more fully, the need to explore the downtown garages, the Port of San Francisco, Candlestick Park, Cow Palace, possibly the Presidio, etc. But this is a very important issue for us because it could mean the economics of our ability of Japantown merchants, and they need to also consider seriously to phase the project so that the medical office building could be developed and the parking space used there, initially, and that way decrease the impact. And also, another factor is that CPMC should force their contractors to obey – abide by the San Francisco Transit First Policy. They need to make them follow the policy. Please have CPMC mitigate those factors. Thank you.

PC-160 TR

PC-161 TR

PC-162 TR

PC-163 PH

PC-164 TR

COMMISSIONER MIGUEL: Thank you. We are going to take a 10-minute break.

(Off the record.)

(Back on the record.)

MS. AVERY: The Planning Commission is back in session. Commissioners, you are still in the midst of public comment.

COMMISSIONER MIGUEL: Correct. The lady with the baby would like to come up if you wish to speak?

MS. MAGDALENA MARCIAS [phon]: [Spanish]

TRANSLATOR: Hi, my name is Magdalena and I have eight years living in the Tenderloin. I am a mother with three children, of which my children go to Redding Elementary over there by Pine and Post. And as you know, we walk a lot through the neighborhood, and we are walking in the area where you are planning to build the hospital. And that's one of our concerns, is that it's going to generate a lot more traffic, which is going to be much more dangerous for pedestrians, particularly families walking in that area. I just want to share with you, I've had a lot of bad experiences with cars in the Tenderloin, and various times I feel like cars often don't respect pedestrians or respect stop lights, or respect the

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TR

velocity in the neighborhood. And, actually, just yesterday I was actually walking, picking up my children from school, and the driver did not want to respect my green light and the right for me to walk at the crosswalk, so I just want to share with you that I'm just really concerned about the traffic issue.

PC-165 TR

COMMISSIONER MIGUEL: Thank you. Jose Morales, Patricia Ruiz, Natalie Logan.

MR. MORALES: Good afternoon, Commissioners. My name is Jose Morales and I have been here in San Francisco for a long time. I am 81-years-old, and I came around 1965, and I lived in the neighborhood near the hospital for 43 years until they evicted me illegally. But I am still fighting for justice, everybody in the neighborhood knows, and I would like you to know that I have followed St. Luke Hospital's history and I think my feeling is that, ever since this corporation took over, California Medical Center took over the hospital, for me, it has been a disaster because they are only concerned with making a lot of money and in a town like ours, San Francisco, we need a lot of help because there are a lot of evictions, as you know, evictions for nothing, that's what makes it even harder and more painful to live in San Francisco. So you are the pros, the people that really can do

PC-166 PH

something for us by intervening, doing something that these people, they become awfully rich, and you probably have been reading in the paper over the Mayor that is making $800,000 a year and it is a filthy – I live on $400.00 a year and you see me, well, I am still functioning, and why do people have to make so much money? And I have one of my friends that one time he had an injury, a car hit him on the knee, or it was coming out, another car came and, anyway, messed up his knee. And I went to visit him at St. Luke's Hospital and I was horrified that his bill was $30,000 a day, pardon me, $30,000 a month, something like that. Why do they have to charge so much money? It's not good for the people. What about our Social Security? They are taking away our money for the future generations that – why continuing also to save Social Security for future generations. So please save St. Luke's Hospital, they – that hospital should be built first, and the other hospital will have to be reduced to that level or less. St. Luke's Hospital first. Thank you very much.

PC-166 PH

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MS. Ruiz: Good afternoon. Thank you, President Ron Miguel and members of the Planning Commission for hearing my comments.

MS. AVERY: I need you to speak right into

that microphone.

MS. RUIZ: My name is Patricia Ruiz and I am a resident of San Francisco. I have lived in the Mission District area for 11 years. And I am a mother of two young boys. I work for a financial company in San Mateo for nine and a half years, and I really wanted to find a job in San Francisco, so I wouldn't be away from my family for long each day. I went to Mission Hiring Hall for help in finding a job in San Francisco. I interviewed with Herrero Bolt for a receptionist office assistant position and I have now been working with this project since April of this year. I had asked the Planning Commission project forward with their review and approval for the EIR because I have seen the project team work long hours putting together this document. I believe all issues have been thoroughly analyzed. For me, personally, I approve of this CPMC project, means that I have growth opportunities in a career that I can help support my family and stay in San Francisco. This project will give me steady job for many years. Thank you.

PC-168 PH

PC-169 OTH

PC-170 PH

COMMISSIONER MIGUEL: Thank you.

MS. LOGAN: Thank you, President Ron Miguel and members of the Planning Commission for hearing my comments. My name is Natalie Logan and I am a

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resident of San Francisco. I resided in the South of Market District for 10 years, and am a low income mother of two young boys. I began working on this project in August 2008 as a temporary employee, supporting the Director of CPMC's Enterprise Development Department, as well as the Program Manager for Sutter Health's Facilities Planning and Development Department. I have recently become an employee through First Source as a full-time employee for Herrero Bolt, the General Contractor of the proposed Van Ness and Geary project. I ask that the Planning Commission proceed forward with their review of the Draft Environmental Impact Report because I believe this project's alternatives have been thoroughly analyzed. I have sat through countless internal meetings on this project and believe that my colleagues have put their hearts into this. Many of them have stayed in the office working nights and weekends to assure that all aspects of the EIR were covered and addressed. I have reviewed the document and it discloses the project's impacts and it adequately meets the California Environmental Quality Act. I ask that you please accept the Draft EIR and allow us to move forward with this building of the five-campus project. If this project moves forward,

PC-171 PH

PC-172 OTH

PC-173 PH

it will provide me with a stable career path and gainful benefits for years to come. It will also open up job opportunities for the residents of the San Francisco community, as well as providing us with the assurance and the comfort of knowing that, in the event of an emergency, we as residents and visitors of San Francisco can be adequately covered by the state-of-the-art medical facility. Thank you.

PC-173 PH

PC-174 HC

COMMISSIONER MIGUEL: Chris Retajczyk and Paul Dziadij [phon]. And Reiko Furuya and Taffy Dollard. If I called your name, if you would come up, please?

MS. FURUYA: My name is Reiko Furuya, San Francisco resident. I am a Registered Nurse in Intensive Care Unit at St. Luke's Hospital. There are lots of CPMC and St. Luke's nurses here, and I ask them to stand up so you can see. The number of patients in ICU fluctuates because of the nature of service, just like any other Critical Care Unit. But when CPMC says they have 15 ICU licensed beds in our ICU, in reality, we do not have sufficient nurses to operate 15 ICU beds. Once my patient's family say to me, "Last time, when my mother was ill, you guys were full, so she had to be sent to Seton," and he told me how difficult was for a family with limited

PC-175 HC

transportation to be with their elderly mother, who spoke only Spanish during her hospitalization away from home. Around the time he mentioned our fully occupied and many of us worked 16 hours double-shift, nobody could afford the time to open another unit with five beds. CPUC plan is also going to take away our sub acute and SNF beds. As an ICU nurse, I have sent patients to sub acute and witnessed their slow, but successful recovery. Some even walked out from hospital after a few months of intense rehabilitation. As a nurse, as a human, I have painfully wondered where CPMC will place those patients, where those people will live. No matter what socioeconomic background people have, once they become ill or injured, they need care. Because there is population in South of Market, St. Luke's becomes essential to so many more lives in the future. We need more beds, more services, more supplies, and more sustainable care, sustainable support to continue our services in the community. Please help us. So many vulnerable people depend on us. Thank you.

PC-175 HC

PC-176 HC

COMMISSIONER MIGUEL: Thank you very much. For those people who stood are not going to speak, if you and anyone who has spoken would please leave so others could sit down?

MS. AVERY: And all of you who are surrounding the door, you have created a fire hazard, so, instead of just moving in a few inches, could you come to the other side of the room or find a seat that is open.

COMMISSIONER MIGUEL: Please.

MR. DZIADIJ: Good afternoon, President Miguel and all members of our Planning Commission. My name is Paul Dziadij and I am a resident of San Francisco, and a client of the CPMC PEP Jobs Program. I support CPMC's proposed Long Range Development Program Plan as represented in this Draft Environmental Impact Report. And I believe that the Planning Department did a thorough and comprehensive job analyzing the proposed project and its alternatives. I am here today as a citizen and recipient of CPMC's free services through PEP Jobs at CPMC and, although CPMC is just a hospital, they provide me with services to find a job, as I do have Epilepsy, as a person with a disability. It's difficult for me to find a job in today's current environment and economy, and people like myself with Epilepsy and a disability often have to overcome more obstacles than regular folks in the economy, so I find that difficult as a person. And PEP Jobs has been

PC-177 OTH

PC-178 OTH

PC-179 PH

there for me and they've been supportive of guiding me through the economy and how I can use my disability for benefit. I've been a client of PEP Jobs for about a year now and received support and guidance from them. They've helped me with referrals, navigation, and websites to use, and how to survive through today's difficult economic times. I believe anyone can get a job, and I believe that anyone can reach their desired destination, although it may require detours, I believe that destination could be met, and PEP Jobs has helped me through this process to reach my destination, and they have helped me realize my detours. I urge you to go forth with this project because I want you to realize that CPMC is not just a hospital, that they have services to offer like PEP Jobs, for people like myself, and I want others to benefit from these services, as I have. Thank you very much.

PC-179 PH

PC-180 OTH

COMMISSIONER MIGUEL: Thank you.

MS. DOLLARD: Good afternoon. My name is Taffy Dollard and I have been a Registered Nurse for 30 years, the last 12 working in Labor and Delivery at the CPMC California campus. As we are hearing today from many people, there are points to be made regarding the multitude of problems with the current

PC-181 HC

plan to rebuild CPMC on Van Ness Avenue. I would like to address specifically the issue of safe access to the facility for all patients, particularly those who would be displaced from St. Luke's. At the California Street campus of CPMC, we primarily serve patients with private medical insurance. At the prior four hospitals where I worked, many of my patients had lower incomes and did not have private medical insurance. Many did not have cars and depended on public transportation. Of course, in all cases, I never failed to provide safe and compassionate care to all my patients, regardless of economic status. CPMC's proposed plan, as it now stands, with downsizing rather than expanding St. Luke's, will eliminate timely and safe access to medical care to much of our community, many of whom, including pregnant women in labor, will be forced to travel across town by crowded bus to the proposed medical center. Please do not allow this to happen. All citizens deserve safe access to medical care. Thank you.

PC-181 HC

PC-182 HC

PC-183 HC

PC-184 HC

COMMISSIONER MIGUEL: Thank you. Marie Regairdo, Peggy Lenoir, Bertie Campbell, Robert Barham. If I called your name, please come up. Thank you.

MR. RODRIGUEZ: Hello and thank you, President Ron Miguel and the Commission. My name is Rigo Rodriguez and I work for the General Contractor, Herrera Bolt, as an intern, doing mostly administration things. And I want to say there is a vast experience from United States, from around the world, in construction and medical issues, and this is what these two companies have, a vast experience. This project didn't start out of the blue, there was a lot of planning, there was a lot of consideration of the laws, all the community, as well, it was expected to have situations, so even this is planned, even this situation right now is what is planned. I have been part of the team that the gentleman just a little while ago mentioned, the mechanical, the electrical, and the structural, I belong to the Mechanical, Electrical and Plumbing, and every week we have a meeting of what the things we have to do, and every single week and every single day, these issues are addressed – the community, the pollution, the traffic impact, and all that. It is a work in progress for us, and this is the reason why we are here, but it's been planned thoroughly, every square inch of that hospital is being planned. The Environmental Report is a document that addresses every single one of those

PC-185 OTH

PC-186 OTH

issues and one fact for me is that I am working there because my interaction with Mission Hiring Hall, which is a community agency, and City College of San Francisco, in turn deals with Mission Hiring Hall, which in turn they deal with CCSF students. I take all these affairs as a transparent way of credible and medical parties involved, as a transparent way of engaging with the community. Therefore, I would like to see this Environmental Report accepted. Thank you very much.

PC-186 OTH

COMMISSIONER MIGUEL: Thank you.

MS. RAGAIRDO: Hello. I represent – I am a Registered Nurse from St. Luke's Hospital and I represent not only the nurses, but now the patients.

COMMISSIONER MIGUEL: Your name?

MS. RAGAIRDO: I'm sorry? My name is Maria Ragairdo. I work at St. Luke's Hospital. I have been there for 30 years, I feel like I am crawling out of the night shift again, I worked the night shift coming here to represent. We hardly ever get the limelight, so bear with me because I don't speak in groups that often. Just recently, I had a patient named Mrs. Rodriguez and I have to go home crying that morning because she was one of the patients that came to me during the night, assisting her to the commode and

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telling me, “Maria, I want to thank you.” And I said, “Why?” She said, “Because I saw you a year or so ago.” I said, “Where?” She said, “On TV, and I want to thank you because, as you know, I only speak Spanish and my English is very limited, and you spoke many times and I saw you and I just want to thank you, I have never thanked you before, and you know, I’ve been a regular in and out of the hospital so many times, and I cannot go physically to represent myself at the City Hall with the Supervisors, so please do it for me.” So, on behalf of her, I am here also, and also because I work at St. Luke’s. If you go back and see the tapes, you know that we have been here so many times, and I know, I see different faces, I don’t know any of you, if you were not here the last time, it was Alioto and the others, you can clearly see that, I mean, even today, you know, Local 250, I sat there and I almost fainted. If you see those tapes, they were here standing by us, you know, together, fighting for not downsizing St. Luke’s. I mean, all we want is a win-win situation, you know? Maybe make St. Luke’s – with 86 beds, I mean, we pressure them to say 86 beds, they were not even saying that six or seven months ago. They put this ribbon committee, you know, at St. Luke’s to make it more fair, but that’s all we want is

PC-187 HC

PC-188 HC

fairness in this deal. I mean, fight for St. Luke's because that side of the city only has San Francisco General and, as we stand here and speak, we only get the real bad patients, we only get the low income, you know, we get the patients that CPMC can't handle, or Davies, they send them to us because either they were too loud, or too stinky, or too whatever, but all the negativity, they come to us, and we are still not with a contract, so I congratulate Local 250 for settling their contract, but we are still fighting for ours, and it's been many years. I don't know why they don't settle with us, working the night shift, I just wonder. Now that Local 250 is here, it made me mad knowing that they settled with them and not with us, I mean, they treat us like a second hand citizen. So, I mean, I'm a minority anyway, so I know how that feels. But anyway, keep your hearts open again, we beg you, not only the nurses, but the patients at St. Luke's, to make it a fair deal for everybody. Thank you.

PC-188 HC

PC-189 PH

COMMISSIONER MIGUEL: Thank you.

MS. KONG: Good afternoon. My name is Florence Kong. Good afternoon, President Miguel and Planning Commissioners. I am the President of Kwan Wo Ironworks [ph.] and the President of the Asian American Contractors Association. I believe this

PC-190 OTH

project and alternatives are thoroughly analyzed in the EIR Report. San Francisco needs this CPMC project. We need the construction jobs and we need to put small businesses to work. These hospital projects will create jobs for San Francisco and it will indirectly lower the crime rate, when everybody has their jobs. My company has been brought in part by the Contractor for Cathedral Hill Hospital. I look forward to construction so that my employees, all San Francisco residents, will have work to support their families and give back to the San Francisco economy. I know that the contractor has an LBE program in place with ambitious goals to hire more small San Francisco contractors and San Francisco businesses. Many jobs will be created for San Francisco residents. Please, accept this DEIR. We need these hospitals for San Francisco. Thank you.

PC-190 OTH

PC-191 PH

PC-192 PH

COMMISSIONER MIGUEL: Thank you. Nella Manual, Linda Pentag [phon], Maria Servillion [phon]. If you are down in the Light Court, please come up. Cassidy Bloyd [phon], Donald Thompson [phon], Mark Schroer, Chris Poland.

MR. POLAND: President Miguel, members of the Planning Commission, I am Chris Poland. I am a structural engineer, earthquake engineer, with over 40

PC-193 GE

years of experience. I am the Chairman and CEO of Degenkolb Engineers, one of San Francisco's oldest and largest structural engineering firms. I am an expert in earthquake engineering. I chair two Congressionally mandated committees that advise earthquake programs at the national level, one is a research program, the National Earthquake Hazard Reduction Program, and the other is related to the Veteran Affairs facilities nationwide. I also chair the San Francisco Planning Urban Research Association's Resilient City Initiative, and we are working hard and looking at what San Francisco needs to have done to be able to recover from the next great earthquake. I would also like to say that I was a member of the Hospital Building Safety Board, which advises the State Hospital Program from 1991 to 1999, right during the time that the SB 1953 requirements were being developed. The DEIR process is intended to identify harmful aspects of projects and to minimize them, and I would like to suggest to you that major earthquakes that can strike the Bay Area represents the greatest harm to the Bay Area, and this project is one of the projects that will minimize the impacts of earthquakes to the Bay Area. The USGS is predicting an earthquake occurrence for decades that has

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GE

suggested in the last couple of years that there is a 99 percent chance that means it is inevitable that we will have a major earthquake in California in the next 30 years. The Bay Area is one of the two most likely places that will occur. And we know that a repeat of the San Francisco 1906 Earthquake will cause 3,400 casualties, up to that many, it will also cause 60,000 injured in the region, and we know that the majority of our hospital beds will not be usable. This is a lesson that California learned in 1971 and that was 40 years ago, with the San Fernando Earthquake, they passed legislation, California passed legislation, and we have been building better buildings ever since. In 1994, SB 1953 came along and is aiming to bring us to fix the hospitals that have not been corrected. These projects have been working toward a goal for a long time and they will make their goal by 2015, and that is great; if they are approved, that is 45 years since we found that there was a problem, if these projects are set back to be redesigned, my experience as a structural engineer over 40 years working on hospital projects, it takes eight, 10, 15, 20 years to get these projects done, it is very complex, it is hard to do, you can't downsize them easily, if they go back to redesign, we can expect another 10-15 years of delay,

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PC-194 OTH

that is 60 years since we found out that there was a problem. This is getting to be too long. I urge you to keep this process moving forward toward approval so San Francisco will be better prepared to recover from our next major earthquake. Thank you.

PC-194 OTH

COMMISSIONER MIGUEL: Thank you.

REVEREND TOWNSEND: Reverend Arnold Townsend. Very quickly, I'm representing San Francisco NAACP. You received a letter from our President, I am a Vice President of that organization. I wanted to encourage you to approve this Draft EIR. We certainly believe that it is adequate, that it adequately addresses California Environmental Codes. And I want to remind folks that, you know, this is talking about the adequacy of the EIR, it is not talking about whether you agree with the development or not. Agreement will come later, we hope. There is a lot of work to be done. We plan to do a lot of work and discussion with the hospital. The hospital is needed, but in that need, there are a whole lot of other needs that can and should be addressed. We have been in some discussions with the hospital, for example, about creating now the kind of training programs that young people in our communities, especially our dispossessed communities, can come out

PC-195 OTH

PC-196 PH

of those training programs and work at these hospitals when they are open, or any hospital for that matter. I find it fascinatingly sad that, when all these nurses were asked to stand, there was not an African-American nurse in the group, it has not always been that way, that used to a be a profession that we pursued and were very involved in, but because of what is happening in our communities and in education now, it's not that way. This is an opportunity to do some brilliant things around hiring for people in our community. This hospital, this hospital system, and the other hospitals, have an opportunity to take this and use some of the community benefit funds to do some training and some preparation of people. Affordable housing is wonderful, we need it, but even affordable housing ain't free, you've got to be able to pay for it, and if you don't have a job that can pay for affordable housing, you can't live in this town anyway. Sure, we can do a lot of good things, but this project and this hospital desperately needs to be built, and not only because, you know, there is going to be an earthquake, but if there is going to be an earthquake, hospitals are going to be needed. Of course, if it occurs in 30 years or more, I'm certain it won't be my problem; I'd like to live to be 100,

PC-196 PH

PC-197 PH

PC-198 PH

PC-199 OTH

but I'm pretty sure the 1960's killed all chances of that. Some of you will get that on the way home. But – a lot of chemicals. But the reality is, quite frankly, that this is important to this City. Yes, it will change that corner, it will change the neighborhood, I think it will change it for a good thing. Finally, let me say this, the hospital will create some noise, you give up things when you live in the City, but you get some other things. Hospitals are noisy, but they're close to you. You know, street cars are noisy, but you can get back and forth relatively simply. You know, sirens make a lot of noise, but you don't have to wait two hours for the fire truck or the ambulance to get there. When you live around California and Van Ness, or Geary and Van Ness, that is not a cul-de-sac in Napa, it is in the City with all of the good and the bad that comes with living in the City, so I think we need to accept that, see how this hospital can improve not only the Tenderloin community, this hospital, actually, I started meeting with the people building this hospital about five years ago because it was in the former redevelopment project area. Thank you so much for your attention.

MR. AUNE: I think I was there with you,

PC-199 OTH

PC-200 NO

PC-201 OTH

Reverend back in the '60s.

REVERAND TOWNSEND: Yeah, I'll pray for you.

MR. AUNE: Well, good late afternoon, members of the Planning Commission. My name is Benjamin Aune. I am the President and CEO of Operation Access, it is a San Francisco-based nonprofit that arranges donated surgical and specialty care for low income uninsured people in the Bay Area. We do this work in partnership with 80 community clinics that identify and refer patients. We work with 31 hospitals, and we have over 900 medical volunteers – surgeons, nurses, anesthesiologists, and so on. And I am here to say that we are fortunate to have CPMC as one of our partners. They have participated with Operation Access since 2001. During the past five years, they have provided donated surgeries to around 500 low income, uninsured people from the Bay Area, and the charity care dollar amount is equivalent to about $3 million. We have 22 surgeons who volunteer their time and skills to serve this vulnerable population, and the care is provided at no cost to the patient. We recently conducted a patient survey and, of the 31 hospitals that see our patients, the top patient outcomes were at CPMC. Actually 100 percent reported an improved ability to

PC-202 HC

work because of the care they received, and 100 percent reported improved quality of life. So, we know that these patients are getting outstanding quality medical care, even though it is free to them, it is all being donated by CPMC and the other hospitals. There have been many perspectives and concerns addressed here this afternoon, certainly, and despite some of the comments made by some of the speakers, I have seen the great community benefit that is provided to the community through CPMC, and on a regular basis. And I can assure you that CPMC is committed to providing charity care. Furthermore, I believe CPMC plays a critical role in the area's overall economy and health infrastructure. I believe its long range plan and this proposed project will upgrade our City's health facilities, can help ensure access to the best possible medical care into the future. So, please accept the Draft EIR and move it along. Thank you very much.

COMMISSIONER MIGUEL: Thank you.

MR. SCHROER: Good afternoon, President Miguel and members of the Planning Commission. My name is Mark Schroer and I have lived half a block from CPMC Davies Campus on Scott Street for 21 years. I personally support CPMC's proposed Long Term

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PC-203 OTH

PC-204 OTH

Development Plan, as evidenced in the Draft Environmental Impact Report, and I believe that the Planning Department did a thorough and comprehensive job analyzing the proposed project and its alternatives. In addition to being a neighbor to the Davies campus, I am the past President and a current Board member of Friends of Duboce Park. And for the past four years, CPMC has been a great neighbor and a very good partner to Friends of Duboce Park. They have consistently worked with and collaborated with Friends of Duboce Park on a number of projects. They were the lead donor for the Scott Street Labyrinth that was dedicated in 2007, and they've committed a sizeable donation to the latest capital project in Duboce Park, the youth play area next to the playground. And we hope to break ground on that project early next year. Duboce Park, like other parks in other neighborhoods, is very important to the entire Duboce triangle, and their contributions to park projects benefit the entire community by improving the quality of life in our neighborhood. The proposed project as outlined in the DEIR will increase usage of Duboce Park and other parks and recreational facilities near the Davies and St. Luke's campuses through development and projected activation

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by both patients and employees. Both at Davies, as well as for other campuses, CPMC's proposed projects include street beautification efforts that include tree plantings and landscaping enhancements. Some improvements have already been made on the east side of Davies, where they did some traffic calming. I request that the project proceed forward. They are great neighbors and we want this project to go on. Thank you.

PC-205 RE

COMMISSIONER MIGUEL: Thank you.

MS. SERVILLION[phon]: My name is Maria Ascension Servillion [phon]. I am a Registered Nurse. I work at St. Luke's Hospital. I have been there for 35 years. I work in the ICU. I am not opposing CPMC rebuilding St. Luke's, I am opposing their plan of cutting back on some of the services, like closing sub acute and closing skilled nursing facility, and also like downsizing ICU, it would become less numbers of beds. I have worked there all these years, it is a very good place to work, we all work together. We take care of patients who are mostly medically indigent patients, and retired Vets, and to make them better, and we work very well together. So, it's my wish that it would just be the same size as it is right now, instead of cutting it back to less

PC-206 HC

services, so some of the services won't be there with the plan for the new hospital. I thank you.

PC-206 HC

COMMISSIONER MIGUEL: Thank you.

MR. McCORMIC: Good afternoon, Commissioners. My name is Kevin McCormic. I am the Media Relations Manager at CPMC. And I would like to read the letter from Chris Retajczyk, who was called earlier, but unfortunately had to leave. It took me a couple of minutes to get here because I had to type it up because, being a doctor, I couldn't actually read his handwriting. "Dear President Miguel and Members of the Planning Commission: Thank you for the opportunity to speak this afternoon. This is Chris Retajczyk, I am a proud 17-year resident of San Francisco, a practicing neonatal intensive care physician and the former Director of Neonatal and Prenatal Transport for California Pacific Medical Center. I trained at UCSF in the Pediatric Intensive Care Unit and I am a current member of the St. Luke's Medical Staff in Pediatrics. I feel my background gives me a unique perspective on Pediatric systems and health care delivery and critical care in San Francisco. I want the development of the UCSF Children's Hospital and San Francisco General, as well as the CPMC Hospitals at Van Ness and Geary and at St.

PC-207 HC

Luke's. Timing is everything in Pediatric emergencies. Delays of just minutes can literally mean the difference between life and death. Not having a labor and delivery facility that is readily accessible and can provide critical care can cost lives. Having all our high risk deliveries concentrated in one location at Van Ness and Geary means that all the expert staff needed to handle any emergency are on hand, not just for the infant, but also for the mother. Some people have talked about an alternative to the existing plan, but that would concentrate all children's services on the South of Market and put the City at great risk in the event of a disaster, earthquake, fire, biological attack. All of these would stress the normal system. By having all of these facilities in close proximity, it would limit access routes for emergency services, concentrate neonatal services in one section of the City, and put the pediatric population at risk. Having a central location for these well served by major bus and public transportation routes allows for better access for all patients, including children. Thank you, Commissioners."

PC-207 HC

COMMISSIONER MIGUEL: Thank you. Yolanda Jones, Joan Miller, David Meckel, Tyler Krehlilz. If

I've called your name, come on up.

MR. MECKEL: Good afternoon, President Miguel and Commissioners. My name is David Meckel. I am the Director of Research and Planning at the California College of the Arts, where I founded San Francisco's first professional architecture program 25 years ago. My expertise is in City Planning, Urban Design, and Architecture. I have reviewed the contents and findings of the Draft EIR. I find that this report more than adequately addresses the potential impact of the CPMC projects. The CPMC planning work is smart, sustainable, and urbanistically [sic] sophisticated. It puts hospital beds and services where transit and people are located, and does so in a way that enhances streetscapes, route stops and solar access. The Long Range Development Plan places facility enhancements scaled appropriate to the surrounding urban context in the Pacific Heights, Duboce Triangle, and Mission District neighborhoods, while concentrating the highest density of beds and services at the Van Ness location where the highest density of people and urban fabric will accommodate them. That location also uses an innovative mid-block drive through and drop-off to remove traffic and killing from the surrounding

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PC-209 PD

PC-210 PD

streets, which to my knowledge is the first time an urban hospital in California has fully integrated this functionality into the building footprint. In summary, I find that, in the Draft EIR, the project and project alternatives are thoroughly analyzed, the project impacts are disclosed, and the CEQA requirements are adequately met. I respectfully request that the Planning Commission support the Draft EIR so that our City and citizens can be served as soon as possible by these seismically safe and urbanistically [sic] appropriate CPMC facilities. Thank you.

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PC-211 OTH

COMMISSIONER MIGUEL: Thank you. If I have called your name, please come up. Guillermo Rodriguez, Joe Fong, Richard Margary, Ed Shaferalta.

MR. RODRIGUEZ: Good afternoon, Commissioners, Guillermo Rodriguez, Director of Cityville in the Mayor's Office of Economic and Workforce Development. I would like to take a few minutes to comment on CPMC's Long Range Development Plan, Draft EIR, and how this project relates to the Workforce Development component. In addition to this Commission's review of the EIR, you will also weigh in other aspects of the LRDP that will also have impact. The EIR analysis does not directly focus on workforce

PC-212 PH

specifically, but as this Commission knows, is that you continue to evaluate the merits of this program, and should this program move forward, one of the conditions as part of any project that is approved by this Commission, the First Source Hiring Agreement regulations would apply to this project, and for at least the last six months, our office, OEWD, has been in direct conversation with CPMC and its lead trade partners around the development and construction of the proposed buildings. And in that discussion, we would just like to share a couple of the key areas of agreement as part of that first source agreement. I am pleased to report that our discussions have not only been positive in creating a best in class first source agreement to match the building approach that CPMC is undertaking, but has resulted already in the hiring of San Franciscans to begin to work in this predevelopment phase. So, again, on the part of CPMC, they have already started hiring San Franciscans in anticipation of a First Source Agreement in showing their good faith efforts. The First Source Agreement that our office is negotiating with CPMC, which we will bring back to this Commission, consists of three components. It will cover construction, that includes training, building a strong and well qualified

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PC-214 PH

pipeline of economically disadvantaged San Francisco residents through a State certified apprentice programs, prioritizing those neighborhoods most impacted by the construction program. We will also be looking at permanent jobs for the completed facilities, and a voluntary commitment to you small and local businesses in the construction program. The details of the agreement are still being negotiated. I look forward to coming back to this Commission with the full details and share that with you. Thank you.

PC-214
PH

COMMISSIONER MIGUEL: Thank you.

MR. MARGARY: President Miguel and Commissioners, good afternoon. Thanks for listening to all the comment today, including my remarks. I am Richard Margary, representing today the Buena Vista Neighborhood Association. We have about 400 current members and serve about 4,500 households around Buena Vista Park. CPMC's Davies Medical Center Campus is our close neighbor and is a very highly regarded and valued resource for our neighborhood, as well as for the whole City. BVNA worked closely over the last several years, going back the better part of 10 years, I believe. We worked closely with them as part of a neighborhood group working with CPMC, especially to plan the elements for the Davies campus changes, which

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PD

are in the Draft EIR. Throughout the process, CPMC was most responsive to our concerns and was a good neighbor in all respects. Many of the elements of the Davies campus plan represent neighbors' input and requests. We urge you to move forward with the Draft EIR, it is thorough and comprehensive, it adequately addresses key issues, and provides mitigations for understandable concerns. There are appropriate amendments to the final version that can address comments that you heard today and during the current comment period. We further urge you to move forward for final approval of the citywide CPMC project, as proposed. Shovels need to get in the ground right away on this project. Please, enough stalling and deferrals, would all stakeholders of this project please take the attitude to move forward positively to make this project happen? That can be done if people want it to happen and if they want the benefits for our community. There are seismic dangers that go on daily, as you heard a few minutes ago, that require this. The new facilities fit well into the City's larger plans for the Van Ness and the Geary corridors, and they will provide world class, state-of-the-art medical care that we need in San Francisco for the neighbors and the facilities around St. Luke's, in the

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proposed new Cathedral Hill location, and for our neighbors in the Davies area. Thank you very much.

COMMISSIONER MIGUEL: Thank you.

MR. KIM: Thank you, Commissioner Miguel and members of the Planning Commission. My name is Joe Kim. I have a small Japanese restaurant, 123 Van Ness Avenue next to building. Since in America business has slowed down, the Circuit City has gone bankrupt and the closest theatre was closed down, as well as a hotel has been closed down in that area. Since that, not only me, but also small business owners have in this area business is a very slow, and then we have been suffering because the economics has slowed down and it is very painful. If you ask any of our neighborhood small businesses in this area, you will find out, we are looking forward to this hospital coming very soon. Now, if this hospital is coming to this area, there are two kinds of development, the one is the people who have property because the property will go up and they will build up equity and the vacancy will disappear and the people who get the jobs, directly they will get benefit. Now, we can, just like me, people who don't have property, we will get indirect benefit; for example, people who get the jobs, they will spend money, sometimes they will go

PC-219 HC

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outside and buy dinner, sometimes they go outside to shopping for their kids, school supplies, and shoes, and clothes, money is circling, not only that, the property is built up and sooner or later they have to fix them up, update it, and people who get the maintenance, they need the job, they can spend the money, too, just like all the people, and that will benefit all of us. This will make us all happy and not only us, but also maybe Mayor of San Francisco, then maybe Washington, D.C., big Obamasan maybe like it too. So I vote for this one. Thank you.

PC-220 PH

COMMISSIONER MIGUEL: Thank you. Joel Koppell, Paul Grech, Mark Astavan.

MR. KOPPELL: Good evening, Commissioners. Joel Koppell, San Francisco Electrical Construction Industry. The partnership of our Electrical Contractors Association and our Local 6, trained electrical workforce. We build buildings. We build two-story, single-family homes, we build 60-story residential buildings, we build stadiums, and we build hospitals. There is no more important building you can ever build than a hospital. Building hospitals is the single most important investment we can make in this City. I don't want to reiterate too much of the structural engineer's words, but in the worst case

PC-221 OTH

scenario, in the case of a natural disaster, not only do these hospitals need to still be there, they still need to be functioning 100 percent in order to take care of everyone else. I am speaking to you as a San Francisco resident property owner, my office is at 55 Fillmore, blocks away from the Davies campus and the Neurosciences Building to be at Noe and Duboce, and we are really looking for forward to this project. I am telling you that this is going to be a completely positive impact on the environment of San Francisco, overall. I please urge you to move this through the process of the Planning Commission. I have been following this since the multiple hearings at the Health Commission. I did want a couple of items addressed, specifically, which has happened, CPMC actually reached out to me and personally worked at the California campus and Pacific campus for years at a time as a foreman inside wireman, and day in and day out had noticed that there were some issues with the loading dock in these locations, and I want for my own sake to be comfortable speaking to you tonight to know that those issues will be handled. And one thing the project does have working for it is the amount of one way streets that will encourage easier transition from streets into the property. It is a lot more difficult

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PC-224 TR

the more intersections there are, and the more two-way traffic there is. But CPMC told me about their Transit Demand Management Plan, which made me feel a lot better about things, and the fact that they're going to use multi-level driveways and incorporate loading stations that are designed to get vehicles off the roads. So, Van Ness and Geary, Post and Franklin, one way streets are going to help mitigate any of these issues. So, once again, we urge the approval, we think this document is adequate, and thanks for your time.

PC-224 TR

COMMISSIONER MIGUEL: Thank you.

MR. VITSITCH[phon]: Good afternoon, President Miguel and members of the Planning Commission. My name is Ed Vitsitch [phon]. I am a principal of Cambridge CM, it is a construction management company. And I have managed health care projects, planning, designing construction, for better than 30 years, including several hospitals, some in San Francisco. In that capacity, I have been heavily involved in the development of Environmental Impact Reports for those hospitals. I have followed the Sutter project, and our firm does not do any work for Sutter. I have followed the Sutter project and have had an opportunity to review the Environmental Impact

PC-225 OTH

Report mitigation section and plans as they relate to construction at the various sites, also I have reviewed the Contract Construction Coordination Plan. The project impacts have been fully disclosed, thoroughly analyzed in a very professional manner. The EIR is thorough, all impacts have been addressed in a very thoughtful way, and mitigation measures have been skillfully addressed. While most mitigation measures reflected in the plan are in keeping with best industry practices, some of them go beyond to address the concerns of neighbors of the project, especially at the Cathedral Hill site. Examples are noise and vibration monitoring, the use of equipment that generates the least vibration noise and pollution, staging and sequencing that produces noise and vibration to the extent possible on a project of that size and complexity. All of it has an extensive communication plan and the appointment of a construction coordination manager who can quickly and authoritatively deal with issues as they arise. I have worked with the contractor, Herrera Bros. before, also with the designers, SmithGroup, and found them to be innovative, professional, and responsive. The challenge of this project was planned in a highly professional way and the team is committed to

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accomplish it with the minimum feasible impact. I urge the Commission to move this project ahead. Thank you very much.

PC-228 OTH

COMMISSIONER MIGUEL: Thank you. Susan Girardo, Brian Webster, Terence Dunnagan, Ramon Hernandez, if you are still downstairs, please come up. Michael Pappas, Manny Lanier. Kamani Hamid [phon], Joe Fong.

MR. HAMID [phon]: Good evening, President Miguel and members of the Planning Commission. My name is Kamani Hamid [phon] and I am a small business owner in the Tenderloin area for the last six years, and I just recently had an opportunity at a Polk and Geary location to open up a business, and I took the opportunity because I knew that CPMC was coming into the area, and knowing the fact that the area was not really for business, that is, like my friend Joe Kim from the Sushi Bar, he was not really positive, but knowing the hospital was coming, I took the opportunity to go ahead and to build the business, and I support the project and I think it will do good for the neighborhood and it will lower the crime rate in the area. As you probably know, that area is not really friendly, so I think it will change for the better and it will be positive. It will be friendly

PC-229 PH

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for customers and tourists in the area, it will have economic advantage for the residents of San Francisco in hiring, and also for us to hire people because we will be hopefully generating business from the traffic we get. I think it is a positive thing and I urge you to support and approve the project. Thank you.

PC-231 PH

COMMISSIONER MIGUEL: Thank you.

MR. HERNANDEZ: Good afternoon, Commissioners. My name is Ramon Hernandez, the District Manager of the Local 261 Labor in San Francisco. I represent over 3,000 members, men and women that live here in the City, and I urge you guys to support this project, it will be a good project for our San Franciscans. I believe all the building trades, we are facing a slowdown in work, we have got 10-30 percent unemployment, that would be a good project for all of us and for San Francisco. I tell you guys, I am speaking in favor of that project, I would appreciate it if you guys would support it. Thank you.

PC-232 OTH

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PC-234 OTH

COMMISSIONER MIGUEL: Thank you.

MR. WEBSTER: Hello, my name is Brian Webster. I am a resident of San Francisco and I would like to thank President Miguel and the members of the Planning Commission. I am the Chief of Staff at the

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Institute of Laboral de La Raza, a community-based organization here in the Mission District of San Francisco. We have been around for almost 30 years now. We provide legal services to the working poor, helping to enforce the California labor laws. Our Board of Directors is made up of members of Labor Unions, including the Laborers International Union of North America and many others. I am a member of Local 510, the Sign and Display Workers Union, and I just wanted to say that I believe that the project and the project alternatives have been pretty well analyzed by the Draft Environmental Impact Report, and that the document discloses the project's impacts and adequately meets the California Environmental Quality Act. I think this is going to be – the project itself is going to be a very good thing for San Francisco, particularly in terms of employment creation, the 1,500 jobs, the Union construction jobs that are going to be created. I think that is going to be great for San Francisco and for the economy right now. We at the Institute are big supporters of green building projects and also environmentally focused operation systems, and we know that CPMC is committed to that. I would also like to echo Mike Therialt [phon] -- some of Mike Theriault's [phon] comments from the Building

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PC-238 OTH

Trades Council. This project is definitely well along in this process, it has been approved by the State Office of Health Services, and I would just urge you to approve the Draft Environmental Impact Report, and I am sure that the City Supervisors and the other City bodies can deal with the other issues. Thank you very much.

PC-238 OTH

COMMISSIONER MIGUEL: Thank you.

[UNIDENTIFIED SPEAKER]: Good afternoon, I wanted to read a statement from Dr. Fung Lam, who was called earlier, but had to leave for a surgery. "Good afternoon, President Miguel and Commissioners. My name is Fung Lam and I have been delivering babies in San Francisco for 25 years. I support the CPMC rebuild project as evidenced in the DEIR. The Planning Department has done a thorough job of evaluating the proposed project and its alternatives. There is nothing as joyous as the birth of a baby, nor as devastating as the death of a mother. While the majority of deliveries occur without event, severe complications can arise quickly, unexpectedly, and can have severe consequences for both the mother and baby. For many years, we have successfully and dramatically reduced the rate of maternal mortality, however, in the last 10 years, from 1996 to 2006, California

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maternity mortality rates have tripled from 5.6 per 100,000 to 16.9 per 100,000. Indeed, our Obstetrics Chair, Dr. Elliott Mayne, could not be with us today because he is in Washington, D.C., heading a task force trying to reverse the national trend of increasing maternal complications. These efforts have clearly identified the need for consolidation of a acute care services for pregnant women, whether it be intensive care services, surgical support, laboratory and blood product access, or availability of interventional radiology, access to and ready response of all of these ancillary services are critical in ensuring the safety and well being of mother and child. Our pregnant patients have increasing high risk factors. They are older, with more underlying medical conditions. There are higher rates of multiple gestations. It is unacceptable and unsafe to transfer these patients across town for emergency or critical care services. Let me be clear that I am in full support of community-based medicine. For many years, we struggled to maintain a separate OB Unit at Chinese Hospital, but it became clear that the Chinese Hospital Unit could not provide all the necessary services. It couldn't keep up with the technology, and it could not maintain the staffing for 24/7, 365-

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day a year care. Our Chinese patients are now cared for at our California Campus Unit where providers like me have the resources, tools, and support to maintain their health and safety, sometimes in life and death situations, and we will continue to do so in the new facility. Thank you.

PC-239 HC

COMMISSIONER MIGUEL: Thank you. Rigo Rodriguez, Natalie Logan, Florence Kong, Lorie Martins.

MS. MARTINS: Good afternoon, and thank you, President Miguel and Planning Commissioners. My name is Lori Martins and I am one of the owners of Koko Cocktails located at 1060 Geary Street, and will be one of the small businesses that will need to relocate due to the hospital project. I am here today to publicly acknowledge and thank California Pacific Medical Center for working with me and my staff to ensure our successful relocation; however, I do need to take this opportunity to speak for the residents who live above my business, as they have not settled. Two of them are 74-years-old, on fixed incomes, and have at this point in their lives no opportunity to earn more income. I would like to see CPMC ensure that they have a place to live for the rest of their lives. I also live five blocks from the proposed

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hospital project and would like to see CPMC partner with community organizations, such as the Good Neighbor Coalition, to ensure that they are active members of our community, and don't just plop down and not be involved. Again, I would like to thank CPMC for their help in moving my business, and hope their project moves forward. Thank you.

PC-242 OTH

PC-243 OTH

COMMISSIONER MIGUEL: Thank you. A couple duplicates here -- Lance Toma, Patricia Ruiz, Benjamin Aune, Dr. Ted Lee.

MR. LEE: Good afternoon, President Miguel and members of the Commission. My name is Dr. Ted Lee. I am a primary care physician and also the Associate Medical Director at the Northeast Medical Services. We are also known as NEMS, N-E-M-S. We are the largest federally qualified health center in San Francisco targeting the medically underserved Asian population, for almost 38 years. I believe that every resident of San Francisco should have access to the best medical care. NEMS has collaborated with CPMC over the years to provide specialty care services to our underserved population, including the delivery of more than 400 babies, NEMS newborns, at CPMC each year. The proposed centralized location for its new campus at Van Ness and Geary will be in closer

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proximity to the patients that we serve, particularly those in Chinatown. This means fewer bus trips for those taking public transit, and more accessible healthcare. This means less distance for our families to go to deliver their babies. The proposed Van Ness and Geary campus also locates a full service Pediatrics and Emergency Department and also in-patient hospital next to the highest density of infants and children in the City, as healthcare just begins for our NEMS babies upon their delivery. Additionally, CPMC and NEMS have developed a referral process for in-patient care to actually all of NEMS 1,100 healthy San Francisco patients, this is roughly 25 percent of the overall healthy San Francisco Program population. CPMC recently also announced that it is further expanding its commitment and participation to the Health San Francisco Program. So, I want to thank you for your time and I request that you accept CPMC's DEIR without delay. Thank you.

PC-245 HC

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PC-247 OTH

COMMISSIONER MIGUEL: Thank you. Anyone else whose name I have called?

MR. TOMA: Good afternoon, President Miguel and members of the Planning Commission. My name is Lance Toma. I am the Executive Director of Asian and Pacific Islander Wellness Center. We are a health

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services education research and policy organization. Our mission is to educate, support, empower, and advocate for Asian and Pacific Islander Communities, particularly API's living with and at risk for HIV and AIDS. We have two offices in the Tenderloin, one that focuses on Asian and Pacific Islander health and one that focuses on transgender health. I am here to voice support for CPMC's proposed Long Range Development Plan, as evidenced in the Draft Environmental Impact Report, and after I did review this report, I do believe that the Planning Department did a comprehensive job of analyzing the project and its alternatives. The proposed location for this new campus at Van Ness and Geary is within two blocks of my agency, where many of my clients and patients reside. The Tenderloin is a neighborhood, as you know, composed of many Asians and Pacific Islanders, as well as transgender community. This proposed Cathedral Hill location will allow for increased access for many of our clients and patients, as well as providing more accessible healthcare options. API Wellness Center is currently expanding our services by becoming a free primary care community clinic, and we have been working with CPMC, who has been supporting our efforts. CPMC has, in particular, provided us

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with support to conduct a neighborhood needs assessment in the Tenderloin, to better understand the healthcare needs for the API community in the Tenderloin. It is important that we understand these needs of those in our communities who have not historically accessed the healthcare system, so that we can work together to correct this. The proposed Van Ness and Geary location provides a platform for CPMC to expand its existing programs. I also see that their long term engagement with us and others in the Tenderloin will ensure that CPMC is attentive to community needs, and that the many community-based assets in the Tenderloin are in partnership with CPMC's long term plans. I respectfully ask that you, the planning Commission proceed forward with this process. Thank you very much for your time.

PC-250 HC

PC-251 OTH

COMMISSIONER MIGUEL: Thank you. Siu Cheung, Carolina Moratillo, Felicidad Afenir, Gaudioso Galicia, Kevin Brown, Joseph Snooke, Flavio Casoy, Paul Wermer, Jane Martin.

MR. SNOOKE: Good afternoon, Commissioners. Joseph Snooke, Bernal Heights Neighborhood Center and Coalition for Health Planning in San Francisco. It's breaking down very simply that CPMC has four campuses which are basically hospitals with other associated

PC-252 HC

services. What CPMC plans to do is phase out the California campus, concentrate out-patient services at their Pacific campus, and concentrate in-patient services at the new facility at Van Ness and Geary on Cathedral Hill. The description of St. Luke's, however, in the project plan focuses on a new medical building and a new hospital building that is significantly smaller than the existing hospital. What we see in the DEIR is that there is no vision for St. Luke's, there is no anchor. Functionally, it reads as though it is simply an access point for specialty services provided at Cathedral Hill or Pacific campuses that are in-patient and out-patient facilities. I just want to remind you that St. Luke's operates as a fully service hospital, primarily providing charity care for well over 100 years, until Sutter Health took over, and Sutter Health and CPMC are basically the same corporate entity. This takeover has happened a few years ago. And instead of using its financial strengths to build on the tradition of charity care, St. Luke's and Sutter and CPMC have been systematically dismantling the charity care that has existed at St. Luke's. So, what we are asking is that the EIR study the alternative, or an alternative to what is presented as Alternative 3A.

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The reason is that there was a demand of the community that St. Luke's stay open and what we're seeing is that there are signs that there's going to be a continued dismantling of the charity care and of the commitment to the Southeast neighborhoods and the care that is necessary in those neighborhoods by CPMC. What Alternative 3A does is it shifts services and beds from other campuses to, instead of everything going to the in-patient facility on Cathedral Hill, that some of those beds be shifted to St. Luke's. What we don't like is that it is just women's and children's services. Those women and children's services, as the previous speaker was leading to, those services need to be dispersed, a lot of those services need to be dispersed throughout the neighborhoods of San Francisco, and what we want to see is not just a dispersing of services that are equitable and accessible in different communities throughout the City, but also there be some anchor that is more than just an emergency department and women and children's services at St. Luke's, there needs to be something – there needs to be a vision around St. Luke's, because we don't trust that it's going to remain open. We had to create a blue ribbon panel in order to keep it open, and before the blue

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ribbon panel, Sutter Health said that it was going to keep St. Luke's open, and then, after the blue ribbon panel, they admitted that they had intended to close it. We don't trust that there is any vision for St. Luke's, and we want to make sure that it is a viable hospital for the future. Thank you.

PC-254 HC

COMMISSIONER MIGUEL: Thank you.

MS. MARTIN: Hi. My name is Jane Martin and I am with the California Nurses Association, and I am also on the Board of San Francisco Pride at Work, which is a member of the Coalition for Healthcare Planning. There is a huge problem with this Draft Environmental Impact Report, and that is that it fails to analyze the healthcare implications of the plan.

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We support the environmentally superior alternative of a bigger St. Luke's that Joseph was talking about, with a clinical anchor, and a smaller Cathedral Hill. And that alternative is environmentally superior in terms of traffic and the analysis that has been done, and it is also better for healthcare. The EIR is incomplete because it does not analyze the burden on City services, for the services that CPMC will no longer provide. CPMC has closed over 70 percent of psychiatric services, despite a growing need for these same services and, instead, their psych patients are

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shifted to other providers. CPMC also plans to close the vast majority of their SNF beds, long term care for the elderly and disabled, and to downsize St. Luke's. All of these would result in huge impacts on the City's public healthcare system, and that needs to be analyzed. The EIR also does not analyze Sutter's regionalization. Sutter's Business Plan, if approved, would entail ridding itself of 1,300 hospital beds in the Bay Area in a way that anticipates the transfer of patients between cities. CPMC's plan is a part of the same Business Plan, and Sutter's operations all over the Bay Area, and it should be analyzed in terms of the cumulative effects of those plans. We encourage and will continue to encourage CPMC to come to the table and engage in a real substantive dialogue around healthcare impacts, the size of St. Luke's, jobs, affordable housing. We hope that that happens, but we really need an Environmental Impact Review that looks at the healthcare impacts, and it shouldn't be approved the way it is right now. Thank you.

[Applause]

COMMISSIONER MIGUEL: Thank you. Please, that only takes up time.

MR. WERMER: Good afternoon, Commissioners. My name is Paul Wermer and I am here tonight wearing

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hats of both Pacific Heights Residents Association and the CPMC Neighbors Coalition, which is a group that has worked with the Pacific site facility since 2002, on planning the new activities, as well as local operational issues. I will start by saying something new, which is that we do appreciate the outreach CPMC has just begun to our neighborhood, on plans for that site, so with luck, when the project level EIR for that activity comes forward, we won't have so much to bicker about. There is a lot of stuff here that's already been covered by other people, but I want to frame it a little bit differently. There's been a lot of discussion about traffic, and the DEIR traffic and circulation analysis is, in fact, significantly inadequate. It deals with the conventional CEQA application of looking at commute traffic at peak hours. However, CEQA does not say Thou Shalt Not Consider Other Impacts; in fact, if you read the enabling legislation, it talks about quality of life as the driver, and how the environment is important for a healthy quality of life; by the way, I'm not a lawyer, but I do try to read some of the source material to understand why something may be so. So, the problem is it looks only in many cases at the peak PM traffic, that is not when the worst impacts

PC-260 OTH

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occur in many neighborhoods. In my area, the schools are letting out at about 3:00 p.m., there are peak traffic deliveries at that time, listening to the concern in the tenderloin with traffic in schools, increasing traffic outside of the peak PM period is going to have a direct impact on the residential environment. That is not considered in this document. The data used for the Pacific site was comparing daily averages, but you're comparing daily averages of visitors on a 24 hour operation to something that is moving to a daytime operation. Very difficult to make sense out of that, it doesn't leave us uncomfortable, and it is a data gap. The assessment of the bicycle and pedestrian impacts is inadequate. It looks at how pedestrians fit on the sidewalk, it doesn't look at the vehicle interaction with the pedestrians – it is a big deal. And I want to tough on the 3A plus. The services that are alluded to earlier, both before and after care, are significant. I have dealt with this in my family, and I have dealt with the discontinuity of care when people are turfed out of a hospital because they no longer need the in-hospital beds, but are instead sent to some third-party skilled nursing facility. The continuity of care, the continuity of documentation, and the communication between the

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PC-263 ALT3A

medical staffs is a disaster and causes great problems. That is another impact. Thank you.

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COMMISSIONER MIGUEL: All right, Debbie Perkins Kalama, Eileen Prendiville, Robert Atkinson, Jane Sillon.

MS. PRENDIVILLE: Good evening. Can you hear me? My name is Eileen Prendiville, and I am a Registered Nurse, and I work in the Newborn Intensive Care Unit at the California Campus of CPMC. I have been here with some of my co-workers from my unit and from the Pediatric ICU, and many of them had to leave either to go to work or to pick up kids. We take care of the most fragile infants and children during their often long and protracted hospitalization, and between us, and there are 10 of us, we have over a combined service of 244 years at the California Pacific Medical Center. We have seen a great deal of change in healthcare over the last few years. I can safely say that we became nurses because we care about each other and we want to make a difference in people's lives in their time of need. We care passionately about our patients and our community, especially when it comes to health care. One of our concerns is the size of this proposed hospital, where all tertiary care would be consolidated in one building. A huge hospital on

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busy Van Ness Avenue could be disastrous after a massive earthquake. While the building most likely would be standing, wounded patients and staff, as well, would have extreme difficulty in getting their in a timely manner, as traffic would be gridlocked. It is not good planning to have all of these services at one facility, and I disagree with my co-worker neonatologist, Chris Retajczyk, but it wouldn't be the first time that nurses and doctors disagree. Now is the time, Commissioners, before it is too late, to make sure that the healthcare needs of San Franciscans are met effectively, as hospitals prepare to comply with the State's Hospital Seismic law. We urge you to make sure that CPMC scales down the size of Cathedral Hill and increases the services and the size of St. Luke's in order to make it a viable hospital that will provide equal access to care for all of our patients and their families. Thank you.

PC-265 HC

PC-266 HC

COMMISSIONER MIGUEL: Thank you. Michael Lyon, Tony Gazetta, Yanica Brooks.

MS. [UNIDENTIFIED SPEAKER]: Hi, good afternoon, Commissioners. Thank you for listening to all the testimony you've heard thus far, I'm sure you have another hour or two of it. My name is Barbara and I've been working in the Tenderloin for the last

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five years with Latino families. And so what I wanted to just share is you heard some testimony from some of our families, a lot of our families had to leave, like the nurse before me said, 3:00 is pick-up hour, and people must get there. But I wanted to share one thought that one of the moms who wasn't able to speak, who wanted me to communicate to you. Her name is Bianca and she lives at Geary and Larkin, and what she said to me is, as of last week, that was the first time she'd heard about the hospital. And for me, I really have to ask the Commissioners, what has been the process of CPMC reaching out to the community, particularly in a multi-lingual fashion? Because a lot of the families – and I actually did a survey of our families – only one person had heard about the hospital. And we're talking about Geary and O'Farrell. I also submitted one packet with the surveys and I submitted a report from Urban Solutions indicating that the Geary and O'Farrell corridor has the highest density of Latino families of all the Tenderloin, and so, for me, it is a very serious concern with Latino families, that a lot of these families weren't noticed about the hospital, and are going to be deeply impacted by this project. I'm not going to repeat a lot more. I want to actually kind

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of go over what some of the survey says since I don't feel like CPMC has really outreached to our community, I thought, well, we had a meeting on Friday, let's find out what our families think about the hospital and what they think about this plan, and so I did a survey just to the 27 folks that were there, or 26 folks that were there, and this is just the outcome because I don't know if this helps, but I just want to share it, of the 26 there, 20 live in the Tenderloin, four live along the Franklin corridor, which is on the other side, folks forget a lot of folks live along Franklin Street. Eighty percent of the respondents that I talked to had either Medi-Cal or Healthy Kids. So, for me, it's really disconcerting to see the build of a hospital where 88 percent of our families might not have access to it. Another thing to really share is that a lot of our families go to General Hospital, they also go to community clinics. When I asked what kind of hospital they'd like to see in the neighborhood, most of them said, obviously, a hospital that serves the needs of the children, emergency rooms, and dental services was a huge thing. But the other thing that really came across, which really talked to the EIR, is the traffic and the contamination issue. I know that before you have been

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a million and one pedestrian reports, in the Tenderloin, it is one of the most dangerous pedestrian areas to walk through, it is also the highest density of children, and so, for us, it is very disconcerting to see that we're going to have another 10-20,000 more cars coming through the neighborhood where we already have one of the highest pedestrian deaths, and you know, I had a family years ago where the child was killed, two-years-old, and so it's something that affects us when we work in the community, we see our families get hit by cars, and I've got to tell you, the traffic thing is a very serious issue, as is the pollution, the construction. Again, the map that is one of the packages shows that a lot of our families live on the block at Larkin and Geary, how is that construction going to handle it? And I don't believe there's been a open and meaningful community process, so we definitely ask you to listen to what the Tenderloin has to say. I think a lot of folks that came before you haven't been outreached to in a very meaningful way, and that's something that's going to really effectively shift between this hospital with the community, and I've got to be honest, the folks that I did see come forward, a lot of them seem to be connected to CPMC in some financial way or another,

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and so that really bothers me. I mean, I think there are a lot of families and we really need to address their needs. Thank you for your time.

PC-270 OTH

COMMISSIONER MIGUEL: Thank you.

MS. SANDOVAL: Good afternoon. My name is Jane Sandoval. I am a staff nurse at St. Luke's. I've been a staff nurse for 25 years. I currently work in the Emergency Department and I've been there for 15 years. Three years ago, CPMC announced their stealth plans to close St. Luke's and this was to, in their words, provide a spectrum of services consistent with community need. Fast forward to 2010, three years later, I'm still speaking. We save the hospital, so to speak, but I'm going to call it a stay of execution because the current plan is doomed to fail. Past the storm of protest from the community and nurses, and this is the very same community that was thought to have needed the closure of St. Luke's because that was the need of the community and their Master Plan. Although CPMC has promised to keep St. Luke's open, there are many concerns regarding the rebuild. First of all, is their track record. I think that many people have already testified to their track record and their follow-through, or lack thereof. There has continued to be service cuts, it

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has already been mentioned, the lack of psychiatric beds, the skilled nursing facility beds are in jeopardy, and most recently, the dialysis services are slotted for closure. Bottom line – things that don't generate money are not inclusive of the spectrum of services. The current rebuild of the emergency department for the rebuild of St. Luke's calls for increased square footage, but not necessarily emergency department beds. The plan for a psychiatric holding area is flawed. Psychiatric patients need placement, not an Emergency Department holding area. Often, patients stay up to 72 hours in the Emergency Department until their hold is exhausted, or placement is found, and often placement is not found. The Emergency Department continues to be full, often overflow from San Francisco General, and just a fall-out from the economic slowdown, people are coming to the Emergency Rooms because it's the only place where they can receive care. Also, a concern is the lack of labor peace at the hospital, it is an ongoing issue for the last three years, as well. We, the members of the California Nurses Associations, unlike our counterparts who spoke earlier, cannot and will not agree to a contract that limits our patient advocacy. Parity is not only with the community of the

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underserved, but also with the staff nurses of St. Luke's; it is a common goal, or asked of CPMC, as well as transparency. The ultimate patient advocacy we as nurses can do for our patients is to support an adequate sized, full service St. Luke's, not a downsized version, which is not consistent with the community need. I believe the community need has been well addressed at today's hearing, as well as the hearings of the last three years. Thank you.

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PC-275 HC

COMMISSIONER MIGUEL: Thank you.

MR. GAZETTA: Good late afternoon. I am Tony Gazetta from the Plumbers Union Local 38 in San Francisco. I, too, am a City resident, work down on Market Street. We've heard the concerns of a lot of the residents that are going to be impacted by the Cathedral Hill and all of what CPMC is going to do. The residents near Cathedral Hill want more services of St. Luke's, residents near St. Luke's want nothing to do with the new hospital, they want the one they have. Residents of the Tenderloin have worries of unsafe conditions due to increased traffic. I represent members of Local 38, the Plumbers and Pipefitters Union, which is part of the building trades in San Francisco. We understand some of these concerns. Mine, as well as that of many of my

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brothers and sisters from the building trades is jobs, construction jobs which pay a wage, which allow the workers to support their families. Forty percent of the membership of the Building and Construction trades in San Francisco, many of whom are City residents, are unemployed or under-employed. Employed workers spend money and fuel the local economy, these unemployed workers literally cannot afford more delays. I urge you to approve this EIR and get San Francisco working again. Thank you.

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COMMISSIONER MIGUEL: Thank you.

MS. BROOKS: Good evening. My name is Yanica Brooks. I'm a Registered Nurse at the bedside at CPMC's California campus hospital-based skilled nursing floor, aka Post-Acute Services, for over 15 years. We serve Medi-Cal, Medi-Care, uninsured, poorly insured, mostly elderly and disabled persons suffering from chronic and/or acute conditions requiring multiple IVs, complex dressings, and intensive nursing and medical care from a few days to up to six weeks or longer. I am concerned that CPMC's Draft EIR plans for the elderly and disabled only include the 38 beds at the Davies campus SNF, and has included the California and St. Luke's campus SNFs. Instead, CPMC has verbally committed to provide 62

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HC

community or campus-based beds. There is a difference in community and campus-based SNFs and I have provided the Commissioners with an outline of those differences. What you don't see in that outline is that CPMC has tried in the past with pilot programs to place our patients in freestanding SNFs, only to see increased re-hospitalizations and even, unfortunately, death, and no one wants that. CPMC has stated that the two SNFs are not in the EIR Draft because they are working to develop a transitional care model for homecare based care after hospital discharge, to bridge the gap between hospital discharge and home. While good, this still speaks only to those people going home. What about the growing elderly population and the chronic SNF bed shortage in San Francisco that is estimated to be 30 percent over the next decade? What will happen is vulnerable people are sent home too early, or have to go outside of San Francisco for care. It is well known in our facility that CPMC wants to close our unit and has wanted to for some time. From a business perspective, we serve a patient population that is an income loser, rather than a bottom gainer. We actually would be closed now, as documented in CPMC's prior plans, and we have only remained open because community outreach that CPMC

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Sutter would cut these services has caused CPMC to pause in their plans. I stand before you as a Registered Nurse with concerns over citywide healthcare for the elderly and disabled, these people should not be thrown under the bus in lieu of a new state-of-the-art hospital. I urge the Commissioners to hold CMPC to continue with their studies over successful recovery at home, but to not eliminate any skilled nursing beds in their final environmental report. Thank you.

PC-277 HC

COMMISSIONER MIGUEL: Thank you.

MR. [UNIDENTIFIED SPEAKER]: Good afternoon. I am a Local 377 Ironworkers Business representative representing over 2,500 Ironworkers in the greater Bay Area with a great many of them being San Francisco residents. I am here today on behalf of these members who support CPMC's project. As you know, the construction industry has been hit especially hard in this recession, and presently we have at least one-third of our members under-employed or unemployed. This project would put a great many of them back to work, as well as bring a state-of-the-art hospital facility downtown. As Planning Commissioners, I know you have a great many weighty issues to deal with in approving the Draft EIR, but I hope you will consider

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the position impact you have on the employment in this community at a time when good paying jobs are particularly needed. I urge you to move the project forward, as expeditiously as possible, and help us put our members, as well as many other construction workers, back to work. Thank you.

PC-279 PH

COMMISSIONER MIGUEL: Thank you. Rosa Marquez, Linda Chapman, Patricia from New Community Employment Program, Linda Carter, and Bruce Hicks.

MS. CHAPMAN: Linda Chapman, 1316 Larkin Street. I'm here today representing the Van Ness Plan, which I hope you will become familiar with if you aren't already. I realize it may sound old and musty, but for more than 20 years, it's been the guideline that has directed what's been developed on Van Ness, and what CPMC has proposed violates every objective of the Van Ness Plan. Now, I also believe that a win-win solution is probably, probably even though no hospital is supposed to be built, no office buildings, nothing but housing with retail beneath, you know, minimal retail. I believe that this is not a bad location for a hospital to replace an office building and a hotel, provided that, in other respects, it follows the Van Ness Plan. If it's going to completely violate the Van Ness Plan with the

PC-280 PH

height limit, with not producing housing, etc., which is required of every developer at a ratio of 3:1, and of course will not all be located within the Van Ness area, but could be located on many sites in the Polk Gulch, Tenderloin, and even South of Market, if they pay for that. Otherwise, there is the No Project alternative, which means they can still build their hospital, but they can build it on the campuses where it is instead of bringing it here. Now, this is a very well reasoned document. The reason for the 130-feet had to do with the land form, it graduates up from the water up to 130-feet, that allowed for development of housing, but it did not overwhelm the historic commercial buildings that are there, architecturally significant. It also would avoid producing a great deal of traffic on a street that is already at an impasse of traffic, that would occur with either a great deal of high-rise development or office development, or this development. It was determined that this was the most important boulevard in San Francisco besides Market Street, that it deserved this kind of consistent treatment, and that, in addition, it was the perfect place for housing. It was near downtown, it was on transit, and there were a lot of infill spaces for that. So, that is what we

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should have for the most part. If they are going to build this here, we must consider the fact that Van Ness is prone to be completely tied up with traffic. How are these people, who is it so important to get them all immediately to care, it took me two hours this winter to get from Pine Street to 22nd and Mission. How fast will people from the Mission be able to get over to the hospital? And that was only because it rained in the morning, you know? The bus driver said, "Get off and walk to market," and everybody did because, you know, the traffic was just completely tied up. Also, on other occasions, it is Highway 101, that is a consideration, too, as well as being the local transit agency is a major street, and for the Golden Gate transit. Now, I've ridden in on Highway 101 when it is all blocked up and people go over to Polk Street and drive down and block up Polk Street, the whole area around there could be blocked up, so we don't need to have a lot of extra parking there, which will only bring in more cars. Even the alternative 3A or B, which is the downsized alternative, increases the parking on that location by one-third, and I think we should not increase the parking at all. There was a time when, you know, you had to have a minimum amount of parking, but even with

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PC-286 ALT3A

residences now, we're no longer doing one per one parking in all locations, we're considering the transit oriented policies, which I just noticed in the paper the other day, MTA is saying people should generally be using their cars in order to go grocery shopping or delivering their children to school, or, of course, if you were very sick and needed to go to the hospital, so when I say 3A, essentially I'm thinking that is pretty much 3A is in the document, green for our neighborhood, lots of housing in the areas that need it, and also maybe they need to consider distributing some of these services like the maternity services around to various hospital, rather than putting it all on one site. I will conclude by saying that, yes, they've been doing community outreach and they've done some with lower Polk neighbors, but the other night they came to lower Polk neighbors, they heard many concerns about impacts on traffic, on retail, and on noise, and then they told everybody not to come here, they convinced everyone not to come because they would have to sit in the overflow room, and they would be better off watching it on a television at home. Now, is that community outreach as you understand it? Or they e-mail me only to come and support it, but they don't e-mail us when

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they're doing a presentation.

COMMISSIONER MIGUEL: Thank you. Carol Brownson, Allen Wolfsey [phon], Jose Villanuevos [phon].

MR. HICKS: My name is Bruce Hicks and I work at St. Luke's Hospital, but I am not a Nurse, and I noticed from listening to this that it's pretty clear that the Nurses don't support the project, at least they certainly don't support the downsizing of St. Luke's. Now, as CPMC seems to be desperate to provide evidence that some workers somewhere support this project, so we've been asked for our supervisors many times over the years to sign these little cards, or make some statement that we support the project and, of course, everybody wants to support their supervisor, they want to make their supervisors happy, but they still haven't gotten that many signatures. So, they found the SEIU, which is the top down run Union, run from Washington, D.C., to support them in this effort to try to provide evidence that there are some workers somewhere that support this project, but SEIU hasn't managed to come up with the presentations like the Nurses just did, they just have a few of the top leaders saying we support this, but not a whole line of people. So I want to tell you what happened

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to me. I was told there was a party across the hall and that they'd be serving punch and there would be a raffle, a drawing, and there would be cake and ice-cream and everything, so I took a break and went over, and they asked us to sign up for the raffle, so I signed up for the raffle. Well, guess what? I didn't look closely, there were a whole bunch of people signing up for this party, the fine print said when you signed up for this, that you are signing that you support this project. So, in other words, they are using all kinds of sneaky methods to try to pretend like they have workers supporting the project, but people who work at St. Luke's don't support it because they can see they're being downsized out of existence.

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COMMISSIONER MIGUEL: Thank you.

MS. CARTER: Hello. My name is Linda Carter. I've been a resident of San Francisco for 44 years and a proud RN at Saint Luke's for 40 of those. I am coming to you today, though, as a San Francisco resident. I am really really concerned about several issues, one of those is, well, the fact that this plan makes it top heavy with most of the medical services being North of Market, nothing further southeast of the City. In the case of a disaster, we would be cut off, basically, and if we are a very small hospital of

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80 beds, there's no way that we could handle whatever San Francisco General can't handle in the case of a big earthquake. That bothers me, but the other thing is the lack of concern for these elderly patients who are not in our SNF and also in our sub acute. Sub acute patients are patients who have long time illness, often dependent on ventilators, and they can't be placed anywhere else, there are very few centers that take them in the Bay Area, one in Kentfield, one over in San Leandro, and we are the other one. I really really am distressed that they're not talking about replacing these. For the SNF beds that are closing, they are opening another 38 new beds at Davies, but there's nothing to say where they're going to put the rest of the patients, and patients often are leaving the hospital much more ill these days, they are going home sometimes with IVs that need to be given, or IV antibiotics that need to be given. Most patients' families don't feel comfortable giving these medications at home. So, they really need a transitional place, a skilled nursing facility that is hospital-based, so that if they do get in trouble, they're right there. We often get patients from both the SNF and the sub acute and I'm just concerned that, at the size that they're proposing for St. Luke's, we

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will not survive. And perhaps for another – maybe another five years, but then we would look at them closing us anyway. Thank you.

COMMISSIONER MIGUEL: Thank you. Emily Lee, Betty Huey, Rachel Ubara.

MS. LEE: Good afternoon, Commissioners. My name is Emily Lee. I'm a community organizer at the Chinese Progressive Association. We work with low income Chinese immigrant folks in San Francisco, many of whom do not have access to affordable healthcare. Our community supports the superior alternative of having a bigger St. Luke's hospital in southeast San Francisco, with a smaller Cathedral Hill Hospital. We believe that the Draft EIR is incomplete and failing to adequately analyze the healthcare implications of rejecting this alternative and having a larger St. Luke's. Additionally, the Draft EIR does not adequately refer to some elements of the General Plan, specifically it doesn't address the commerce industry element, Objective 7, Policy 7.3, which states that the City seeks to promote the provision of adequate health and educational services to all geographic districts and cultural groups in the City. The General Plan acknowledges that the clustering of major health facilities in relatively few areas creates

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problems such as limiting the access of residents in other parts of the City to the healthcare and employment opportunities that these major institutions offer. So, the City should actively encourage the decentralization of major institutional facilities to other areas of San Francisco, particularly those presently without adequate services. And as many folks have already mentioned, that's the southeast sector of San Francisco, which has the largest number of immigrants, people who speak a language other than English, children, seniors, families. And, you know, right now there are only two hospitals there, St. Luke's and S.F. General. So we feel that the Draft EIR doesn't analyze how reducing the healthcare services at St. Luke's will actually result in the clustering of health services in the northern sector of San Francisco and limiting access for residents in the southeast. And if CPMC is allowed to continue on the path that they propose with their Long Range Development Plan, we are on our way to a healthcare crisis in San Francisco. If St. Luke's is downsized and more low income and uninsured patients are pushed out, that burden undoubtedly is going to fall on S.F. General where patients already experience long wait times, and with our record budget deficit, and cuts in

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safety, how can San Francisco afford to pay for the additional patients that profitable corporations like CPMC are turning away? So we clearly can't afford that and we, as a community, need CPMC to pay their fair share to ensure that all residents of San Francisco can access healthcare. Thank you.

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COMMISSIONER MIGUEL: Thank you.

MS. IBARRA: Good afternoon, President Miguel and Commissioners. My name is Rachel. I am here with Bernal Heights Neighborhood Center. We are a member of the Coalition for Health Planning in San Francisco. I also a resident of Bernal and I go to St. Luke's for my medical services. Echoing some of the statements from some of our seniors who spoke earlier, and other speakers, there is a profound need for accessible healthcare services in the southeast part of the City. People need to be able to access a full range of quality medical services in the community, including the increasing medical needs of seniors as they age, such as skilled nursing facilities, health, education, and nutrition education, preventative approaches, trauma care, support for parenting teens and complex birthing, psychiatric services and treatment, including in-patient services. CPMC must also commit to hiring

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from the communities in which their facilities are and will be operating, not to mention seize from implementing discriminatory practices, something that is currently at the forefront for many of the Filipino nurses and workers at St. Luke's Hospital. In essence, if CPMC expects to reap the benefits of operating as a nonprofit corporation and touts itself as a community-minded entity, then their plans should reflect that, and the current Draft EIR unfortunately does not adequately do so.

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COMMISSIONER MIGUEL: Thank you. Alan Wofsey, Kevin Kitchingham, Terrence Valen, Diane Smith.

MR. WOFSEY: Good evening, President Miguel and members. My name is Alan Wofsey and I am the CEO of Emeric Goodman Associates. We own the building that is going to be the most impacted by this project on Cathedral Hill, the Emeric Goodman Building, it is probably the oldest wood frame building in downtown San Francisco. It survived the Earthquake and fire because it was on the west side of Van Ness. We renovated it after eight years of development and construction in 1985, and it has been serving residences and businesses for the last 25 years. Your staff presented you, which I saw for the first time

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today, an August 27th four-page Executive Summary which I did not hear anybody reference today, and in the Executive Summary, it mentions the significant unmitigated environmental impacts, and those are the items which should have been addressed in the EIR, is how those impacts, which from an economic sense are called "external costs." External costs mean, the simplest example is pollution, where you'd have a polluting facility putting dust and pollution in people's houses, and that's an external cost, instead of, in the old days before they had filters in cleaning facilities, it would go to the other people, it became an internal cost of the person causing the damage once they were required to reduce the pollution. And the Cathedral Hill Project is sort of analogous to that, that there are external costs being imposed on other people. As an example, the DEIR states that there is going to be construction for approximately 54 months. And I didn't hear anybody else raise this today, but the construction period for five days a week was from 7:00 a.m. to midnight. I didn't hear anybody reference that – 7:00 a.m. to midnight, I mean, 17 hours a day for 54 months, which is five and a half years. During part of the project, there's going to be 370 trucks coming during that 17-

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hour period, which means one truck every three minutes, for 17 hours a day. I have prepared – how many copies should I give you – I prepared an analysis of some of those uncompensated, unmitigated impacts, and I'd like you to possibly read these and sort of try to address how CPMC can reimburse, or compensate the people who can't live in their apartments because of noise 17 hours a day for five and a half years.

COMMISSIONER MIGUEL: Thank you.

MR. KITCHINGHAM: Good evening, Commissioners, President Miguel, my name is Kevin Kitchingham with the Bernal Heights Neighborhood Center, who is a member of the Coalition for Health Planning, San Francisco. We represent more than 30 organizations and have grown out of community members literally coming to our doorstep, concerned about the Long Range Development Plan for CPMC and its disproportionate impacts to the community. Clearly, there are many issues at stake here in the EIR document before you, as a result of a lot of work by the Planning Department. But, alas, it is not adequate in addressing myriad impacts that will be caused by the proposed development. There are numerous criticisms of the study itself, the glaring deficiencies in the report, and you will receive most

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of those comments in writing. This is really about fairness, whether or not San Francisco is a just and equitable community and city for all. Here we have an extremely profitable corporation that has decided access to a spectrum of health services to the poorest San Franciscans is not as important as profit. Here, we have a developer that has decided that, though they can afford to pay 100 percent of their obligation for the impacts that their projects will cause, profit is more important. Though CPMC bought their property on the Van Ness Corridor years after the Special Use District was in effect, they decided that, rather than honoring the laws and the planning code of the City requiring that the provide housing at a rate of 3:1 on the corridor, profit is what matters most. Instead of making sure that one of the few hospitals that serves the Southeast sector of the City remains sustainable with a mix of services, the work is a viable destination for healthcare in neighborhoods with the highest concentration of the City's youth and elderly, profit is what is most important. Instead of engaging in honest, open discussion about alternative 3A which is a good start – it is a good start – they reject it because profit is what's most important. Bernal Heights Neighborhood Center and the Coalition for

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Health Planning San Francisco demand that equity in healthcare access be mandated through an enforceable commitment, where 100 percent of the developer's obligations under the existing code, particularly that in the Van Ness Special Use District, be met, that St. Luke's be rebuilt to its current licensed 227-bed capacity, at a minimum, so that it can be around for another 100 years to continue to serve San Francisco's working class neighborhoods. Keep in mind that CPMC made $150 million last year, it's time for them to get serious about their obligations under the law and engage with the community, rather than trying to maximize profit off the backs of the poor. Thank you.

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PC-309 HC

COMMISSIONER MIGUEL: Thank you.

MS. SHAFF: Good evening, Planning Commissioners. I am Tina Shaff standing in for Terence Valen of Filipino Community Center. I am a part of Babae of San Francisco, I am the Co-Chair of that organization, advocating for the rights and welfare for Filipinas, especially Filipinos who are underserved and advocating for their basic rights, including access to jobs. We stand in solidarity with the Filipino Community Center, a Good Neighborhood Coalition, and NAFCON, National Alliance For Filipino Concerns. Now a growing coalition of more than 40

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organizations and individuals, including the Filipino Community Church, Labor, and student leaders, and other community supporters, these groups represent thousands of Filipinos concentrated in SOMA, Tenderloin, and Excelsior Neighborhoods of San Francisco, and also the larger San Francisco Bay Area Filipino working communities that are employed or may have been potentially employed by CPMC. We stand firmly with those who are expressing in the community and in this room today their alarm and outrage over a very serious socioeconomic and health impact of the CPMC's development project and the planning downsize of St. Luke's Hospital. The issue we are raising today is specifically related to the permanent jobs that will be created by CPMC's plans for healthcare in San Francisco, and in particular the permanent jobs of Registered Nurses. You all may be as alarmed as we are to find out that there is evidence of an alleged practice of racial discrimination, and discrimination based on national origin against hiring Filipino and foreign graduate nurses at St. Luke's Hospital. Through signed declarations by three nurse managers and supervisors, we have learned that Diana Karner, the Sutter West Vice President of Nursing, allegedly told these supervisors and managers, [quote], "You are

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not to hire any Filipino Nurses. The Filipinos are always related and know each other, and that's not good. You're not to hire them." [End quote]. [Quote] "It is hard to understand them and be understood by them." [End quote]. [Quote] "Do not hire foreign graduate nurses." [End quote]. These are very qualified nurses who are being discriminated against. When we found out about this in the Filipino Community, we interviewed Nurses and one of the supervisors to verify that this was said, and we also reviewed data provided to us by the California Nurses Association, indicating a severe drop in the rate of hiring of Filipino Nurses since the beginning of 2008. And when these discriminatory statements were made, any of us who have been to hospital facilities in San Francisco and around the U.S. know two things, 1) that Filipinos are over-represented in the healthcare industry at rates upward of 10, 30, 60 percent in some areas –

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COMMISSIONER MIGUEL: Thank you.

MS. SHAFF: Thank you. Can I just say my demands?

COMMISSIONER MIGUEL: You can submit the written comments. Thank you.

MS. SHAFF: Thank you.

MS. SMITH: Hi, my name is Diane Smith. I am with Project Management Advisors and we were retained by Daniel Burnham Court at One Daniel Burnham Court. You heard from their General Manager, Helene Dellanini. And they chose PMA because we have numerous projects around the country and especially in San Francisco. We managed the development of One Rincon Hill, the Argenta on Polk, and One Embarcadero across from the Ballpark, and they wanted to take a pragmatic approach to understanding their concerns relative to being surrounded by CPMC's Cathedral Hill Campus. So, for instance, their concerns are all under the purview of CEQA, in terms of vibration and noise and dust, and as Helene noted, we've reviewed the EIR and we are planning on submitting our formal comments, and I won't go over them here. We submitted our concerns also directly to CPMC and we are currently in discussions and we are very hopeful that we will come to an agreement on how to mitigate them. But, particularly to our experience in construction, we are providing through our formal comments some more specific mitigations that can reduce the impacts of noise and vibration that may not have been identified, or that were not identified in the EIR, and these are practical and rational and they come from working in

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the construction industry and development managers and real estate. So we hope that those considerations are adopted. Thank you.

PC-312 NO

COMMISSIONER MIGUEL: Thank you.

MS. TAYLOR: My name is Fran Taylor. I've lived within walking distance of St. Luke's for over 30 years. My mother died there. And I want to see that hospital continued to survive, and I am worried that this plan will just reduce St. Luke's to a shell that will eventually wither away. And one of the arguments that CPMC is giving for cutting services and beds at St. Luke's is that the Census has never filled the number of beds that are there now. But the confusion in the neighborhood about what's available at St. Luke's has been pervasive over the last several years because services are getting cut. And I was at a meeting once there that ended at 8:00 p.m. and I couldn't figure out how to get out of the hospital because the doors were locked. Now, what kind of hospital locks its doors at 8:00 and you have to sort of look for a worker to guide you out through the ER, and so on? So, the strategy seems to be like that of a grocery store chain that buys an outlet in a poor neighborhood that it really doesn't want, you know, it doesn't really want this supermarket, so it takes the

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stock off the shelves, and people stop shopping there because they never know, you know, will they be out of milk today? Or they won't have bread today? And after the shoppers stop coming, then the chain can say, "There's no demand." Now, this is what's happening, and I just want to point out that a few of the arguments in favor of the EIR actually speak to keeping St. Luke's at a viable size. The people, the doctors who spoke about the need for speed, to get those pediatric emergency patients to a hospital quickly, every minute counts – tough luck for the Engelside, too bad for Excelsior. The same thing for the clinics in the Tenderloin and Chinatown who were happy that this hospital would be close to them, I am happy for them that they'll have a hospital close to them; but what about us? What about the people in the whole southern part of the City who are going to have a boutique hospital for maybe a few years? And as far as the jobs issue, this is not a jobs vs. neighborhood issue; I want jobs, I want those plumbers working, I want all those people who spoke about their jobs through the job training programs to keep their jobs, and I think we all want the construction workers to have their jobs. Well, nobody wants this project to die, we just want it to be fair.

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COMMISSIONER MIGUEL: Thank you. Malcolm Young, Nora Green, Rolando Reyo, Stephan Tennis.

MR. GREEN: I think I will pass for Nora Green. My name is actually Nato Green.

COMMISSIONER MIGUEL: Sorry.

MR. GREEN: Nora Green is me when I'm in drag. I'm Nato Green with the California Nurses Association and the Coalition for Health Planning. We believe that the Draft Environmental Impact Report is seriously deficient for deciding essentially on the first page not to look at health care because all of the arguments about why the plan should go one way or another are healthcare arguments, and this body, unfortunately, cannot kick that can down the road to somebody else. And CNA, having looked at it, what we see is that CPMC is asking for a lot of concessions from the City, from a land use and city planning point of view, to build at Cathedral Hill, and the question is are the healthcare benefits so overwhelming and what is the evidence for that? And we believe the evidence is that they're not. One of the key healthcare issues that we wanted to raise is the issue of cost, which is completely out of it. I don't know if you saw the article on August 20th in the Chronicle about Sutter and monopoly pricing, that this is a plan

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that is going to raise healthcare costs for everyone, including the taxpayers of San Francisco and their health plans, the health plans for City employees. So, if there is not a serious analysis of the aspects of hospital design that will drive cost of healthcare for the entire population of the City, and possible mitigations from the cost point of view, the plan will be deficient. Secondly, I just wanted to note that the whole argument about seismic compliance is fraudulent and that CPMC recently has been in the Capitol lobbying for SB 289, which passed, to extend their seismic deadlines. And what they were telling people in the Capitol is we don't want to have to risk, we're not going to be able to comply because there's too much opposition to this plan, so we need an extension. They are completely capable of complying with the existing seismic deadlines if they are willing to resolve their conflicts with their critics and detractors, but rather than doing that, they would rather risk that the buildings fall down on the patients and change the rules on all of us. We don't think that's fair, we don't think that CPMC should get preferential treatment under the seismic deadlines compared to hospitals that have worked out their issues in order to get their buildings approved

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on time, but it gives the lie that there is some issue, that there is a real concern about the hospitals being seismically safe. Thank you for your time.

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COMMISSIONER MIGUEL: Thank you. We're going to take a 10-minute break.

(Off the record.)

(Back on the record.)

MS. AVERY: Okay, the Planning Commission is back in session. Commissioners, we're still in the midst of taking public comment on the Draft EIR for California Pacific Medical Center.

COMMISSIONER MIGUEL: Okay, I'll repeat the last few names. I called Malcolm Young, Orlando Ryel, Stephan Tennis.

MS. AVERY: If the President has called your name already, you can come to the mic.

COMMISSIONER MIGUEL: Absolutely.

MS. AVERY: Come on.

MS. GIRARDO: Thank you. My name has been called. Thank you. My name is Suzanne Girardo. I am the President of the First 5 Children and Families Commission and I understand how much fun you're having right now. I am also here as the Director of the Child Development Center of CPMC, I am a Pediatric

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Psychologist, and our Center has, last year, seen – I think we had over 17,000 visits of children from the Bay Area and the City and County of San Francisco. I think it's important to note that our Center is a developmental center for children and adolescents and that we see every child and family regardless of their ability to pay, so consequently with those 17,000 visits, we have over 350 families on a wait list for developmental care. As well as where we are located is currently on Van Ness, Van Ness and California, we have a clinic at St. Luke's Hospital, and we have another clinic in Bayview, at the Bayview Pediatric Clinic, to serve that community. Our work in the Tenderloin has gone on for approximately 10 years. We have partnered for pediatric services with Demariac Academy, St. Anthony's Foundation, as well as Glide. We are now in Glide's Preschool serving three and four-year-olds. We are currently in discussion and have been for the last year with many of the Tenderloin Community providers, to identify the gaps in pediatric services for children and families, and within this community work group, are coming up with a definitive plan to address those gaps. As you Commissioners are fully aware, the Tenderloin is the largest concentration of children and families in the

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City and County of San Francisco, and as a result of that, this is where CPMC's Child Development Center has really focused within the last 10 years, our efforts to be able to serve that community. In closing, I just want to state that we will continue our commitment to and expand our services to the children, not only of the Tenderloin, but to the other communities in San Francisco. We are currently partnering with the Multi-Disciplinary Assessment Center at San Francisco General to be able to treat those children birth to five that need services. So, in this vein, I encourage your support of the CPMC project, particularly for the children and families. Thank you.

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COMMISSIONER MIGUEL: Thank you.

MS. LANIER: Good evening, President Miguel and Commissioners. My name is Mary Lanier. My name was called a little bit earlier. I am a nurse and currently Vice-President for all post-acute services at California Pacific Medical Center. I appreciate the time to address you again on these important issues. I do believe that the CPMC project has been thoroughly analyzed and I do respectfully urge you to accept it. I am also here, though, today to address CPMC's continuing commitment to skilled nursing beds

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for patients in the future. We are very much committed to continuing our skilled nursing bed service now and for future patient populations. In 2009, we at CPMC saw an average of 87 skilled nursing patients in our facility each day, over our three campuses that have skilled nursing. As a result of discussions that we have had with the Health Commission, the Long Term Health Coordinating Council, the Department of Aging and Adult Services, over the last 18 months, about, we are again – I am reiterating, this is not the first time I've said this – we are fully committed to providing up to 100 skilled nursing beds, which is more than we're currently using, now and in the future. There are plans underway to try and identify exactly where these are, but we don't have it fully utilized yet. In addition, we will not exacerbate the bed shortage for skilled patients in the City, we agree that that is a concern, that everybody else has closed their skilled nursing beds, and so we don't want to exacerbate that problem either, and so we have committed publicly, and I see again tonight, that we are not going to convert existing community-based beds to our need, that would not be a reasonable alternative. I also commit to maintaining our what I think is very helpful and

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productive conversations with the Health Commission, these conversations will go on. We will continue operation of the SNF beds, the 19 SNF beds at St. Luke's, and the beds at California campus, until we can fully identify where those beds should be for the long term. Table 2.2 in the DEIR is going to be updated to reflect that no SNF beds have been relocated, which is consistent with CPMC's commitment not to reduce SNF beds. In addition to traditional SNF care, which I have just talked about, we are committed to continuing our work with all the community agencies and the pilot that we're testing for alternatives to SNF care, other ways to treat patients post-acutely, so that they're not always in a hospital bed, and we think that we have to do more of that in the future. Thank you for your time and attention.

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COMMISSIONER MIGUEL: Thank you.

MR. GRECH: My name is Paul Grech. I've run a business on the corner of Polk and Ellis for 37 years and I'm here to urge you to okay the proposed hospital project at Van Ness and Geary. It will bring thousands of jobs to the area, both medium and high range on the pay scale, and it will also contribute to the City's tax base because of the huge payroll and/or

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gross receipts tax. As far as so-called Bureau of Traffic problem, the one-way streets have worked flawlessly in the 37 years that I've been here. The hospital will have their five-story underground parking system, and that will take care of the parking problem. The Kaiser parking system on Geary and Divisadero works fine whenever I go to the Kaiser on Geary and Divisadero, I never have encountered a problem. And, again, I urge you to approve the proposed hospital project. Thank you.

COMMISSIONER MIGUEL: Thank you.

MS. MILLER: Good evening. My name is Dionne Miller. I am the Chief Administrative Officer at St. Luke's Campus and I will be brief, as it seems I'm the last speaker. A few points I'd like to reiterate, I was here before, but that the plan for St. Luke's is a viable one. I've been closely involved with the architectural design, as well as the Business Planning, and I'd just like to remind folks that, prior to CPMC acquiring St. Luke's, it was also about to close. The plan will allow for growth. If you come and visit today, the decisions that you make will impact our campus, and there is a census of about 40 to 45 – we are building 80 beds, so I can attest to you that there's room for growth. And we have a

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vibrant partnership with SFGH for orthopedic surgery. We are making changes today. And it's evident in that we had a recent joint commission survey which was one of the best in the history of St. Luke's, as well as in the system of Sutter, so I'm very proud of that. Our nurses work very hard. You've heard some of them today and there are others there who are supportive of the plan, who didn't present today. But I invite you to come and visit us and know that St. Luke's is here for the entire community, the underserved as well as the insured, and it is also supposed to be affordable, and how do we do that? By having a hospital that actually functions well. Thank you for your time.

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COMMISSIONER MIGUEL: Thank you. Ben Elliott, Barbara Berwick, Alex Tom.

MS. BERWICK: I was called third, but I'm the only one standing. You have, of course, my little sheet of paper which is something we posted on my website, which means, as a Candidate for District 2 Supervisor, I'm committed to what's on there. Now, St. Luke's, being staffed at its traditional level, is something that the people clearly want, and I hope to serve on the Committee of Budget and Finance and from a perspective of City Budget and Finance, it makes sense that St. Luke's stays open, too. So I'm hoping

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that you all folk here will decide that St. Luke's should be staffed at its current level, or greater, so that if I am elected, I don't have to try to deal with it legislatively. It would just save me so much trouble, I think it is going to make a whole lot more people happier. As a matter of promoting public safety, one of the things that was not mentioned was, in the event of a disaster, it's very possible that rubble could block access to the mega-hospital that is being proposed. In that case, we would want emergency rooms open at other locations, just as a matter of saving lives, it is just that simple. In terms of the housing situation, it turns out that there is a building down on Van Ness, this way, that used to belong to AAA, and I think, for the City to produce a revenue bond to buy that building, rezone it, and put apartments in there, is certainly feasible, but it would be better if CPMC did it since they got that sucker, and it got rezoned for residential rentals, to accommodate that portion of the section that people are talking about with respect to providing housing for the people that work at their hospital stay in. So, that's most of it. As another point of public safety, if the new hospital is not staffed with experienced nurses, you have a whole bunch of newbie's

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running around there trying to figure out what they're going to do, we're going to have patient deaths, we're going to have wrongful death lawsuits. If we didn't address that at this time, whether we're actually fiscally responsible or not, we are morally responsible for that, it seems to me that CPMC needs to make a commitment to work with California Nurses Association to provide the kind of staffing necessary for a hospital of this size so as to ensure the safety of the potential patients. Thank you very much. Oh, whatever decision you make, I'm sure you're going to make a lot of people unhappy, and you have my sympathy and understanding for that, and if elected Supervisor, I can have a long conversation with you guys about why you decided whatever it is you decided, so I can explain it to my constituents. Have a good day and thank you very much.

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COMMISSIONER MIGUEL: Thank you. Jimmy Nyguyen, Gordon Mar, Jose Morales, James – yeah, well, some of them have duplicate cards. Nancy Evans, Marian Halley, Jackie Mucha, Ian Berke, Charley Lavery, Margaret Zegart, Fran Taylor, Barbara Savitz, Rick Hampton, Darren Brown, Barbara Lopez.

MS. SAVITZ: Good evening. I'm Barbara Savitz. I've been a Registered Nurse for over 35

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years. My concerns are many, but I'll speak to the situation of traffic. For the safety of myself, as well as my patients, I'm going to carry gloves with me when I take the buses around the City. As a non-driver, I use buses exclusively and travel Van Ness almost weekly. Traffic congestion is so common that I keep a book with me for the times that I have to wait for the bus to keep moving, so I have something to do. I work Labor and Delivery at CPMC California campus. We have 18 labor beds and usually about three to five visitors for patients in labor, that would be about 54 cars coming to see the patients. After delivery, the patient goes to postpartum for mother and baby care, and there we have approximately 50 beds, so then, if we have three people visiting, three cars visiting, that's 150 cars coming to visit the patients. After this, the cars of nurses, doctors, auxiliary coming to work, what a challenge. History and research has educated us to know that the support of family and patients results in a quicker recovery and better outcome, so we want people to get visitors, we want people to stay with them, yet I am very concerned with patient safety. Transporting a patient to a place far away from their community will cause unnecessary stress. We've already had a patient come to us in

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triage, barely making it there, to deliver in the bathroom, just coming across town to deliver with us, and barely made it because of traffic. That's why I'm keeping gloves with me when I travel the buses, and for the safety for myself and for my patients, I would please ask you to consider this in your discussions. Thank you.

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COMMISSIONER MIGUEL: Thank you. Madeline M., Mary Michellcci, Tina Shaff, Jason Fried.

MS. MICHELLCCI: Hi, my name is Mary Michellcci and I work at St. Luke's for 37 years. And I'm not going to say too much more than what has been said, only currently at St. Luke's what we have is segregated care. We have people that are poor, that are homeless, that are mentally ill, suffer from a variety of socioeconomic problems. We currently don't have any way to build for a viable future. I'm not complaining about taking care of these people because, I'm going to tell you, they need care more than any other population that you can demonstrate. We welcome people from Bayview Hunters Point, we welcome people from the Mission, but they are among the most poor and the most socioeconomically sensitive population that exists in the City. I would also like to add to what Dionne Miller said about the Joint Commission, St.

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Luke's having one of its better surveys, that is true, we did very well a couple of years ago, too, when they came, but I do want to quote what one of the surveyors said was, "St. Luke's is a jewel and does need to be invested in. I believe we need to build for the future. If we continue to contract services, to take services out of St. Luke's instead of building away to take care of patients in our sensitive neighborhood, we are doomed to close in a very short period of time." I also would like to ask the Commission to please recall what the Blue Ribbon process did suggest, that there would be a Center of Excellence for St. Luke's, and I haven't heard any mention of plans for our sub acute patients, which number 40. Any time anybody tells you they have 47, or 57, or 67 patients automatically what is taken away is the sub acute patients and the skilled nursing patients, and I really don't know what's going to happen to the very sensitive group of patients who basically have nowhere to go, and we are their home. Thank you very much.

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COMMISSIONER MIGUEL: Thank you.

MR. FRIED: Hi, my name is Jason Fried, I'm a founding member of the Coalition for Health Planning San Francisco. Most of what we have said today has already been heard, so I'm not going to repeat any of

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that. What I will say, as you know, there are a lot of people wearing a button that says "3A+," that is what the community is looking at having, is 3A. You listened to the community for the most part, it wasn't perfect, 3A is not perfect, which is why you have that plus, but you listened to the community and what we were looking for, for one of the alternatives. 3A+ is – there are a few things that still need to be added. I know that the Coalition and everyone is going to be submitting a lot of, you know, land use attorneys are looking and will be submitting what the plus actually really means and I'll leave it up to them because they can speak in the language that needs to be spoken to as far as the DEIR goes, so I encourage you to take that very seriously, and I want to encourage you to take a radical approach; for San Francisco, we do radical things here. My approach would be, you know, there is all this discussion about delays, delays, you know, if we don't go down this path, it gets delayed. Why don't we take the 3A+ approach and do a full EIR around that, as well, at the same time you're doing what CPMC wants, do the 3A+ approach at the same time, this way, if the CPMC approach doesn't work, if for some reason you decide there are just too many variances and you can't go forward, or the Board of

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Supervisors says you've overstepped your bounds, the variances are too wide, and we're not going to allow this to move forward, we have a back-up plan, something the community wants, and something that will work for CPMC. Yes, will it cost them money? Sure, but they already make $150 million a year and they're looking to try to make $200 or plus million a year, so it's not as if they're hurting for the money, they make enough already in the City and they can continue to be a profitable organization, even though they're a nonprofit. So let's look at doing a full EIR on the 3A+ approach, make sure that we have that because the last thing any of us want to do is actually delay the hospitals being built. We actually want to see this stuff here, we're not trying to stop hospitals altogether, we want to see our brothers and sisters in the building trades being – putting the shovels in the ground and then getting to work. So let's make sure we're taking a smart approach, not doing something that's going to say, "Oh, guess what? The alternative that you wanted isn't going to work, you're now going to get cut back and now we have to spend another three years going through this process all over again." I actually came to the City to start working on the Davies appeal for UHW prior to its Trusteeship, I have

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seen this process go through and it took us, you know, three years to get here. Let's not waste another three years, let's make sure we're doing an approach that has the community's alternative, what the community would look for, and hopefully one of these days CPMC - Sutter Health will wake up and understand that is what the community will give them, this will still be a good viable option for them. And that's what I would recommend. And I just want to add one thing that always frustrates me when I hear someone from CPMC get up here and say, "Oh, we only have a census of 40 beds," or whatever it is. The thing to remember is, they used to have a lot higher census there until they started pulling all the services out of the hospital. You put the Center of Excellences, and I would say not just one, there should be multiple centers of excellence in St. Luke's. You would have – you build the beds, you would have what you need there. So I would encourage you to do a multiple prong approach so we are not delaying a hospital being built because we do need it built here. Thank you.

COMMISSIONER MIGUEL: Thank you. I've called all the names I have on cards. If there are any further public comments –

MR. FLORES: Thank you, President Miguel,

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fellow Commissioners, Manny Flores, Carpenters Local 22. Well, you heard all the issues and concerns tonight -– today, I should say -- and I guess at this point what is important is that the dialogue continue between CPMC and the neighborhoods and the various groups. That's the key to this because it's the people that are the ones that are going to make this hospital go, and it's very important because still there are a lot of issues out there. But with that working together, we can make this doable and possible because it is a great project, obviously, for the City and County of San Francisco, and we would like to see it move forward. But we have got to see that dialogue continue between the various neighborhood and CPMC, very important. And with that, thank you very much and go Giants!

PC-345 OTH

COMMISSIONER MIGUEL: Thank you.

MS. [UNIDENTIFIED SPEAKER]: Commissioners, I am sorry, I was a little nervous getting up here. I also turned in a paper from Michael Lyon, the co-convener of the Gray Panthers, couldn't be here, he gave me a paper, a statement, and that was one of the papers that I turned in for you. Thank you.

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COMMISSIONER MIGUEL: Thank you. Is there further public comment? If not, public comment is

closed. I would like to remind everyone here or listening to us that comments can be submitted until the close of business on October 19th, submitted to the Planning Department, and if you have any material with you today, you can leave it with the Commissioner Secretary. With that, Commissioner Antonini.

COMMISSIONER ANTONINI: Well, thank you, just a few reflections on a long day of very interesting comments and I thank you all for your input. Just a few reflections on some of the things. I can't help but believe that a new hospital at Cathedral Hill will not improve access for people in the area and, you know, it's a hospital for all of San Francisco, of course, but it's very important that those close by have the advantages and, as everyone probably knows, in emergency situations, hospitals are obliged to take anyone in critical condition, or with critical needs, and I think with an area that we've heard has the highest concentration of children and people where that might be a consideration more often than not, I mean, I think that's a very big benefit, and as is the case with any hospital, although you may receive your emergency care there, or some care there, you know, you may end up if hospitalization is necessary at another facility just as I have Kaiser,

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and I have had occasion to have to go to other hospitals with family members in emergency situations, but once, if they did have to end up in the hospital, or further care was needed, of course, they would go to Kaiser for the rest of their care. And so, but I think it is a big advantage to have that hospital there. There is also a lot of concerns that have been voiced about parking, and in reading the DEIR, it appears that the parking is being increased in all the facilities that are part of the hospital, other than the one that is California, which is slated to be closed in the distant future, and I think that's important because we've heard about the amount of traffic involved and, certainly, while we've encouraged people to take public transit, realistically they are going to be a lot of people who will be driving to all of the hospitals and we need to be able to accommodate them. And as I see being a Kaiser member, there are a lot of people who, you know, have limited mobility and have to be able to drive right into the facility, even for out-patient services, and sometimes be assisted. So, that's an important consideration. One thing – oh, I guess that's it!

I think if you look at the overall picture

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here, you have a small increase in the whole CPMC system and the number of licensed beds relative to the present situation, but you do have an increase in out-patient services and square footage, and I think that's really important because we're seeing a situation where people are living longer, being more active to a greater age, and you know, I think a lot of the problems that we have in healthcare today are things that, you know, are not going to require hospitalization, but will require out-patient services, and particularly some of the problems we see with some of the diseases caused by obesity or by diabetes, or by other things, you know substance problems, they're going to be treated on an out-patient basis and hopefully will keep them from having to be in acute hospital care. And I think, when you look at the entire system of hospitals throughout San Francisco, which is what a lot of people have asked that we do, and I think it's very important that you look at the entire thing, and I think we're adding a new hospital, the buying off Women's and Children's Hospital Mission Bay, which wasn't mentioned tonight, but that's an important consideration, and will provide services for people geographically on the east side of the city, but for people, particularly women

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and children throughout the City. So that's important, and we are seeing additions to St. Mary's. So, I think we have to look at the entire picture.

There was a couple of mentions of some other things, the first is within the document they talk about a school of nursing that now exists at St. Luke's not part of the Cal Pacific ownership, it's actually Samuel Merritt School of Nursing, and it might be wise to encourage their continuance, even though, you know, because I know there are many people who want to get into Nursing today, many are forced to go out of San Francisco for their training, so where we can encourage that, I think it is a beneficial thing.

And I said, particularly at St. Luke's in looking at the numbers, it looks like the out-patient square footage is going from 50,000 to 200,000, so in a lot of ways, while the number of beds that will exist in the new hospital are fewer, there will be a four time increase in the out-patient service and the medical office building, and so I think that is a real important thing, and that is the kind of thing that really benefits the neighborhood, in my mind, more than the number of hospital beds you have, assuming you can meet the demand for those who need critical

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care.

And a few other things, I think there was a question about the whole sub acute issue and the skilled nursing, and I was happy that someone from Cal Pacific came up and mentioned that, although the documents referred to, I believe, a number in the 80's of skilled nursing, they were committed to 100, I think was said. So, you know, and I think it has to be worked out that whatever the need is, is the need that we should be able to meet in the system. But it doesn't mean that, if there are situations where one does not need to be hospitalized, and it's always a difficult situation because a patient may need hospitalization for a while and may be able to either go home or to go to a traditional convalescent facility, it has to be worked out, there needs to maybe be some intermediary care someplace to bridge that gap, and also work with other facilities that have those available. And with the sub acute care, we talked about this the other time, I think it was said there are only three hospitals in the Bay Area that are doing it and only one in San Francisco, and that's St. Luke's right now. And I think somehow this responsibility has to be spread between all the hospitals in San Francisco, the four major hospital

PC-353 HC

groups, and everyone should have to do a little bit on this, as well as facilities outside of San Francisco because it is a situation that is probably very costly and I think it should not only be St. Luke's and not only Cal Pacific that has to do this, but it has to be balanced, and I think that is a place where the City could get involved and see what the story on that is.

PC-353 HC

And we know, I think it mentions 15 out of 20 of the buildings are SPC1 or worse, which means they're in pretty bad shape right now, the existing facilities, so it's important to get those upgraded or replaced, if necessary, by 2015. And let's see, I had a couple of other things I wanted to mention, there was some talk about the Van Ness Special Use District, and actually it is mentioned in the documents and it does talk about situations where the Commission has the ability to exempt the hospital from this requirement by either CU or by establishment of what would be a Van Ness Avenue Medical Special Use District, and so that might be something, but I did do the research and I've heard that a number of facilities that are not hospitals have been exempted in the past, or given modifications such as the movie theatres, the AMC Theatres at 1000 Van Ness had a CU that allowed that to be converted in 1994. There is

PC-354 OTH

PC-355 LU

some housing, but not nearly the 3:1 ratio. And perhaps this applied, although I do not know the exact dates at the State Office Building, and there was the recent conversion of the building at Van Ness and California to a Ford auto dealership. So, I mean, the use for a hospital is one of the highest and best that we can have, and certainly, while we need housing, we have to look at this and figure out what's going to work, what's going to make sense, and can it work out to do some of this. So, that's going to be something that we're going to have to consider as we go through the process because there is no guarantee, quite frankly, that the Sutter firm and Cal Pacific will actually have to build a hospital in San Francisco, and we are very lucky to have a major medical center being built in San Francisco, it could be built outside of the City, and you know, we talked about the number of jobs, 1,500 in construction, 3,000 full-time equivalent increase, that is a huge number of jobs that are being provided by this. And so I think we have to make sure, while we make sure that the project sponsor does what is correct and the EIR is complete, and everything is analyzed, that we also be careful that we are weighing it against the benefits. So those are my – the main things I spotted in here.

PC-355 LU

PC-356 PH

Certainly, traffic is a big issue, and I think that was really brought up very well by a number of speakers that made the point that people will cut through the Tenderloin and we have to figure out a way to route the traffic more, even without the new hospital on Cathedral Hill, I think it's an area that we have to look at because there are traffic problems already, and there might be ways that that could be dealt with and it's something the parking and traffic will have to try to deal with. I also heard concerns from Japantown and those sorts of things. And finally, there was a little bit of mention about some kind of development agreement, and hopefully whatever needs to be done to assure that whatever is promised is actually done, then it should be done, in some ways it should be worked out. So those are the things and, you know, we talked about the St. Luke's situation and I want the dialysis thing should be talked about, the skilled nursing, and an intermediary facility. So, I thought it was a very good commentary and I'm looking forward to comments and responses and to hearing more comments as they're submitted in writing in the next, I believe it's seven days, I think, we have until the end of the comment period?

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COMMISSIONER MIGUEL: October 19th.

COMMISSIONER ANTONINI: Oh, so it's still along – okay, I thought the document said sometime in September, but, okay, good, it was extended, okay, very good. Thank you.

COMMISSIONER MIGUEL: Commissioner Sugaya.

COMMISSIONER SUGAYA: Yes, I think Commissioner Antonini raised some interesting questions, which have been going through my mind also when he was talking about meeting whatever the need might be, and discussing things that might have to do with intermediate care that we're not too sure about. And I'm not in the medical profession, so I don't know anything about sub acute care and all that stuff, but mentioning that perhaps something like that, I think, is what the Commissioner was referring to might be spread around to other hospitals. It just points out that this Commission is ill-equipped to analyze the needs of this particular hospital. We have no community San Francisco Health Care Plan, we have no idea how sub acute works in this City, we have no idea how SNF beds work in the City, and now we're being asked to look at these kinds of things in the context of an Environmental Impact Report. And the Environmental Impact Report is an extremely clumsy way to be able to get at these kinds of issues because

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it's basically looking at physical activities and the manifestation of all of the programs and policies in a physical kind of context, at least that's the way I see it. And it's very difficult to get at the programmatic aspects of this through the EIR, and I know the Long Range Institutional Master Plan was presented to us, but even then it has no context either because we have no overall community health care plan. And so trying to fit this in some kind of context is really really difficult, at least for me.

PC-360 HC

I can comment and will be commenting on very specific things, like I believe the historic resource evaluation for the campus being proposed on Van Ness and Geary is totally inadequate, and I'll be telling staff why I think that's true – I mean, not true, but why I think it needs some work. And I think that the issues that were raised with respect to the Cathedral Hill Hospital proposal and transportation through the Tenderloin, I've only read a portion of the transportation analysis, but I did notice there's a heavy emphasis on the use of Van Ness Avenue and, just to repeat what everybody else said, if I'm south of Market and I'm going north, I come up Ninth or Seventh, I would never use Van Ness, and so that analysis, I think, staff probably has all the notes on

PC-361 CP

PC-362 TR

that already, so I don't need to go into that too much. And there are some other areas that I think we should probably get some insight on, and one thing I was wondering – which I'll also put in my notes and comments – is that, whether or not other communities have a healthcare plan, it's probably not required under State Law or anything, so why would anybody do one otherwise, because nobody has any money, but I'm curious to know if other California cities have done such a thing and, if other California cities have done something like a healthcare plan for their community, how has it been used and integrated into any kind of environmental analysis on hospitals? Either long range plans for hospitals, or for specific hospital facilities. So, that's all I have for now, but I'll be submitting comments before the 19th. Thank you. I appreciate everybody coming out. It wasn't that long a hearing! We were prepared for 9:00, I think.

COMMISSIONER MIGUEL: Yes. Commissioner Moore.

COMMISSIONER MOORE: Thank you, everybody who came out. It's very difficult with so many moving pieces to respond to what comments for an EIR really require from us, and I hope that our staff knows how to put it into those questions and into those kind of

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PC-363 HC

PC-364 OTH

answers which need to be derived from many, I think, very valid questions. I think there are many parts about this Draft EIR which are fine and which are right on, however, it is the magnitude of too many moving pieces, which make it almost impossible to create a complete set of answers. I would agree with many observations Commissioner Sugaya just made. I would add that the response or the lack of response existing in the Van Ness Area Plan is of great concern to me, so is, I think, an inability to come to terms with the Geary BRT and the Van Ness BRT planning, including the original intent to convert or transform Van Ness Avenue in a more residentially express type of a grand boulevard of the City. I do believe that a facility the size of CPMC, and that's not an expression against the building per se, is somewhat in contradiction because, in Smart Growth, facilities like CPMC are called "LULUs," which is called a Locally Unacceptable Land Use. And I think many of the comments today speak to that issue. I think I would easily say we had 70-80 percent of people expressing major concerns and there were a relatively small orchestrated number of people who, I think, were well prompted to say what they needed to say. I'm sorry to be so critical about that. I am in principle

PC-364 OTH

PC-365 LU

not against a medical facility, but I do believe it needs to be sized appropriate to where it is, and if it's too big, it needs to be someplace else. I also believe that it is very difficult for this Commission to fully evaluate the healthcare needs and the balanced healthcare needs in the 21st Century changing field of healthcare provision and make sure that we are on target, doing what cities only do every 50 or whatever years. I am very concerned that St. Luke's location is indeed the type of hospital which is economically and, from a healthcare provider's point, a viable facility. If hospitals need to operate by bottom line and profitability which meet the bottom line, we need to make sure that what is provided in that hospital creates a possibility for that to occur, together with the need to provide charity care at the larger rate, given in the location of the City of where it is. I am concerned that traffic analysis does not fully address the secondary ripple effects of alternative routing beyond what is described for Larkin and Leavenworth. I know for a fact that the effects of people needing to go out to the new Van Ness, CPMC facility will also affect all streets coming up from the freeway and from the south part of the City, coming up Taylor, Mason, etc., Taylor,

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Mason, Powell, which even now are alternative routes for people to move across the City because, as far as I'm concerned, the level of service on Van Ness is – I call it – impossible, that is not even within the level of service descriptions anymore. Given that we have short blocks, I believe that if CPMC is not getting that tunnel underneath a state highway, which is a very difficult thing to do, and the EIR does not make a commitment that will occur, given the short blocks that we are creating, other impacts with people on foot moving across a rather difficult street relative to movement of traffic and people needing to cross, I think that particular analysis is not adequately addressed, and I think CPMC needs to either disclose that they are 90 percent on track with getting the tunnel, or not. I think after so many years of having considered the Van Ness Avenue location, you should be closer to disclosing to everybody of what is possible, what is not possible. I do believe that the discovery of the gas line and underground utilities, which I do not think are only on Franklin, but we have equal major utilities below Van Ness, needs to be disclosed because what type of tunnel and at what level, etc. does that occur, and, well, I leave it with that. I think there are a

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number of written comments I will submit. I am not against a hospital by a long shot, but I need to see it in balance with a lot of other things.

PC-372 OTH

COMMISSIONER MIGUEL: Commissioner Olague.

COMMISSIONER OLAGUE: I want to apologize in advance because I have a cold, so I'm not feeling as on top of things as usual, so I'll try to get through this quickly. And I will also be submitting written comments for staff to note. I guess the glaring omission for me was the fact that the Van Ness Special Use District, to me, was not really adhered to in any of the alternatives, really, or in the project itself. And what I guess bothered me was the Van Ness SUD Housing requirements were ignored in the Environmental Impact Report. And I hear a lot of justification for that being that, well, you know, there's this assumption that this Commission will be approving – I guess the SUD will be either approved at the Board, or that we would somehow be accommodating of the Conditional Use, which is one of the options, I guess, as far as the SUD and housing on Van Ness is concerned, but I'm not – because that is not really conclusive, it is hypothetical, I think it is problematic that analysis of that is not provided in the Environmental Impact Report. And so there is no

PC-373 LU

analysis at all of the Housing requirement and how it complies with the SUD. There are no calculations. The affordable housing reductions exceptions for up to, I guess, 50 percent of the overall required 3:1 housing, I believe, is what is mandated by the SUD, so there aren't any calculations or anything of what the requirement of this project would be, should SUD not be adopted, or a Conditional Use not be allowed. So, if it were up to me, which it is not, obviously, I would actually ask that that be provided and the EIR – the Draft EIR re-circulated before moving forward with this, that is what I would prefer to see. I think it's a glaring absence that needs to be included at some point, at least. Also, as Commissioner Moore pointed out, there are no LOS calculations for many of the Tenderloin intersections, even though most streets are configured as one-way streets to hasten traffic through the neighborhood, including to and from Van Ness, so I think there are a lot of the outer arterials that are considered, but some of the more interior ones aren't. I guess there was comment here by many members of the public about the Saigon Tenderloin Study. Also, I don't really believe – I think that there is some conclusions that were not – to me, there's not enough analysis provided and the

PC-373 LU

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consistency, for instance, with the commerce and industry element, to me, is not very developed, it needs to be a little bit more robust. I know one of the speakers today spoke about the cultural groups and how some of those issues were raised in the Commerce and Industry element, and I feel that it is very dismissive of a lot of issues, there is a small paragraph, and then some justification for how the CPMC LRDP is consistent with the Commerce and Industry element, I just don't think it is a sufficient analysis there.

PC-375 HC

The housing element, again, I think there's some – a little bit dismissive quality to the analysis that is provided here. A lot of it relies on 2004 Housing Elements which were obviously bound by, you know, the other one was dismissed to the 2008 – was it 2008 or 2009 – and then a lot of this, I believe, relies on ABAG projection figures and I don't feel comfortable with that because sometimes a projection in terms of the housing that is going to be supplied in the City isn't – what's the word I'm looking for – doesn't necessarily – isn't necessarily met, construction isn't necessarily met, even though the projections are there on what the needs are for the increased employment or employee population, the

PC-376 PH

housing needs that are determined aren't always necessarily met. And so I think that there needs to be a little bit closer look at who is going to be working in this hospital. I heard 3,000 and 1,500, so that's 4,500; potentially, how many of those people will be moving into the City? What types of impacts are going to happen – the pressures that are going to be placed on the adjacent neighborhoods and those types of issues, so I'm not convinced that, you know, for instance, here the housing element – 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, which I think contradicts, again, the Van Ness SUD requirements. So I find that kind of faulty, actually. Let's see, there is – I guess I was a little concerned, I'm going to probably have to do a little bit of my own research on the impacts that this project is – I know that this is not something that necessarily is studied in the Environmental Impact Report, but on the Latino populations in both areas, and we heard a lot of Latino families here today speak from the Tenderloin and certainly St. Luke's, and so those are things I'll certainly have to be researching.

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PC-378 LU

PC-379 OTH

Then, one thing that was disturbing, I guess, for me and maybe this doesn't relate to Draft EIRs was the number of testimonies from members of the Filipino community who raised the quote from the Sutter Health person about the discriminatory practices, and that to me, if anything, could be a Human Rights issue, a Human Rights concern, and maybe that is something that Commission, that body needs to investigate further because, if we are going to be dealing in engaging in this type of level of obvious engagement with this institution, then I want to be certain that there aren't discriminatory hiring practices against any community, certainly not the Filipino-American Community or even if there are people who were trained elsewhere and come here to start a new life, I don't think there should be that level of discrimination against anyone, so that was really troubling.

PC-380 PH

I might also comment that I guess at Land Use committee on Monday, there was a resolution passed, a resolution supporting existing area plan housing requirements, and they do mention here, "Whereas the characteristic of these Area Plans is to incentivize or require production of housing units as a byproduct of any new development in the area, for

PC-381 LU

example, Van Ness Area Plan, codified in the Van Ness Special Use District portion of the Planning Code which requires that housing be built to a ratio of 3:1 over commercial is an example of such a plan." So it seems to me that this is kind of a sentiment that the – and that also the housing job linkage, you know, a lot of that stuff to me wasn't robustly looked at in this document. But, if this is kind of the direction that the Board of Supervisors is taking, to hold these projects accountable as they relate to the Plan housing requirements, then I think that we should be looking or analyzing a project that adheres to that part of the General Plan and the Code. So, I might have more comments today, but then I will also have some in writing.

PC-381 LU

COMMISSIONER MIGUEL: I will have comments in writing as to parking and size and bulk, very specifically as to St. Luke's. I know the concept of a Development Agreement is not part of an EIR, necessarily, although I will – I couldn't consider a project of this complexity without a development agreement with the City. I've lived South of Market for 34 years now. I'm a driver, as is my wife. I must come north of Market probably eight or nine times a week, at least. I would have been out of my mind

PC-382 PD

PC-383 TR

and have never taken Van Ness Avenue. We take Seventh Avenue or Ninth. You never take Van Ness Avenue. It's absolutely ridiculous. And to consider that as part of a traffic plan means someone doesn't look at the traffic patterns of the City. This Commission, as far as I'm concerned, and both Commissioner Sugaya and Commissioner Olague spoke to it, is under a great strain, although San Francisco has put into effect Healthy San Francisco, and from all reports that I've had, it is working, or starting to work, we have failed miserably – City Government of San Francisco has failed miserably to create a comprehensive plan addressing the healthcare distribution in the City, basically a healthcare Master Plan. If we had one, this Commission and the Department would have had a referential guide, and as it is, we're in limbo, you know, we're out in the rowboat in the ocean without any oars, we have nothing to guide us on, other than perhaps instinct, and that is what we're going to have to go on, which is extremely unfortunate and extremely annoying, actually.

As to the Van Ness Special Use District and the Housing requirement, it is my analysis that, if there is a Code, a law in place, regarding an area of the City, and we are having an EIR on a Development

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PC-384 HC

PC-385 LU

that is within that area, then that must be taken into consideration. Whether or not it is waived is an unknown, but the fact that it is a requirement could possibly be waived, but that it is in the Code, has to be taken into consideration. So, the effect of that housing that is required within a Code would affect the EIR, obviously, particularly housing of that amount. And I don't think it's analyzed, truthfully, at all in any detail whatsoever. I'm not saying it has to be built, even required directly there, but that's a lot of housing possibility that is already required by a Code, and to pretty much ignore it does not, to my mind, make a Draft EIR complete and I think that has to be analyzed without question. So, as I say, I will have additional comments as to the SNF beds, sub acute beds. Again, if the City had a Master Plan, we'd know what was at least anticipated to happen on it. So we're just going to have to make the comments as we feel them, that's all we have to go by. The City has let us down a great deal on this one. Commissioner Sugaya.

PC-385 LU

PC-386 HC

COMMISSIONER SUGAYA: Yes, just a follow-up on Commissioner Miguel's comments on the Special Use District. The whole analysis in the Land Use Zoning section really –and this has happened before in other

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EIRs, the analysis says that here is the current zoning, here is the current General Plan, and here is the current specific plans, and all that, and then there's the project, and then it goes on to say, "But, we're going to make all these changes to the General Plan and the Zoning Code and the height districts, and everything else," and therefore there's no impact. The whole analysis seems backwards to me, and I've made this comment before, especially on 555 Washington, the same argument was made, "We're going to break the height limit by 200-feet, and there's no impact because the Planning Commission and the Board of Supervisors is going to approve the plan change and the height district change, and therefore there's no impact." It seems to me the analysis first should address the current zoning situation and General Plan situation, especially Use District situation, and give us some idea. I mean, description-wise, we all know what the problem is, this building is two times higher than the height limit, or one and a half, or whatever it is. But there is no real analysis of that. And if that is the way CEQA works, then something is wrong with the CEQA process. Anyway, and I just have a question for staff, which is a procedural thing, so I think it's okay, it's not about the EIR per se. Can

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you give me some idea, if we wanted to, for example, suspend the comment period and ask that the EIR be re-circulated, at what point do we do that? Can we do that today?

MS. JAIN: Devyani Jain, Planning Department staff. I need to check with the City Attorney's Office about this.

MR. RAHAIM: I don't have the answer to that either, I'm sorry. We can find out.

COMMISSIONER SUGAYA: I'm not saying that we'll do it, I'm just asking a question.

MR. RAHAIM: I think my understand, I mean, is that if there were substantial enough changes to an EIR, the EIR would have to be re-circulated.

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MS. JAIN: No, I think – sorry, Devyani Jain, Planning Department staff. I think the question that Commissioner Sugaya was asking, that if they wish to suspend the period of comment, and come to some sort of understanding of re-circulation, would they have to take the decision right now? I don't think they were asking what was the basis of –

COMMISSIONER SUGAYA: Yeah. I'm just saying, if, for example, I'm not saying that the Commission is going to do this, or even is thinking about it, but the comment by Commissioner Olague

triggered something in my mind, which is, so we have the comment period which ends on October 19th, everything comes in, obviously at that point we have all the comments and from public testimony and written comments, and then staff and the EIR consultants will go ahead and prepare the responses, and then there will be a Comments and Responses document that will circulate back to us, combined with the Draft will be the Final EIR, at which time we – I understand at that point we can say that we feel that both documents are inadequate and here is why, and it needs to be re-circulated, but that's going to be months away.

MR. RAHAIM: If I could add, I mean, the ERO could also make a determination somewhere before the end of that process that, if there was the decision that there was enough new information required, he could make the decision that the EIR would have to be re-circulated. And that would happen after the comment period, but before the final document. By as to whether you could do it right now, I'm sorry, I just don't know.

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COMMISSIONER SUGAYA: Maybe I was asking the wrong question, or positing the wrong situation. But does that come back to us as a staff recommendation, then, through MEA and the Department?

MR. RAHAIM: I believe and, again, we'll check to be certain, I believe it is the call of the ERO.

MS. JAIN: The ERO.

COMMISSIONER SUGAYA: All right, thank you.

COMMISSIONER MIGUEL: Commissioner Antonini.

COMMISSIONER ANTONINI: A couple of other points that I neglected to bring up the first time, and I think are important, we've talked about traffic and I've also brought up the question before that, as we talk about this tunnel under Van Ness, which I think is very important for the project, that we also look at it with the future eye towards any subway that may go below Van Ness Avenue in the future, as well as perhaps one coming along Geary, because we had asked – I think that should be what the City is looking at in the future. But the law of physics is you can't put two objects in the same spaces and, you know, there's only one Van Ness Avenue and it is only so wide, and if you really want to improve traffic and safety, you've got to avail yourself of some other use of subterranean to at least move your transit down there and free up the surface level for other uses, so that would be a great thing, but we are a ways away from that. It certainly doesn't have anything to do with

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this particular project, but I think it's important that we at least take that into consideration when talking about where the tunnel is going to be.

A couple other things came up, the first is that I do agree with Commissioner Olague, she did mention the housing-jobs linkage, and my understanding is that does apply to the medical office buildings, that is what I've been told, I'm not sure of that, it does not apply to the Hospital. So we could get a clarification mentioned in the document and find out exactly what that entails.

Thirdly, in terms of the Van Ness Special Use District, my understanding is that the housing would of course be under what was in effect at the time it was applied or maybe even now, I think it's 85 percent market rate and 15 percent affordable, so that would be what would have to be built by that ratio, or whatever the ratio is, if that was required to be done. And finally, let's see, in terms of whether or not that has to be part of the analysis in the EIR, as you know, not every alternative has to be analyzed, although it is part of the law, those projects that have been built, which are non-residential projects, or partially residential projects, have been exempted in the past, you know, along Van Ness since the

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passage of this. Only those that actually were residential were compliant and they generally were retail or some commercial on the bottom floors, and then residential in the upper floors, and I think that is what the SUD was proposed to analyze, and I don't know that anybody – we don't know the intent of the framers when it was first put into effect, I think, in the '80s, if I'm not mistaken, it might have been the late '70s, that, you know, it was to apply to replacing a hotel with a hospital, if it was applied to these other uses. So that would be kind of an interesting question is what is its applicability. And finally, I think it's really important that we continue to work on this, I think this is potentially a great project for San Francisco, a necessary project, and while we have concerns, we have things we want to see done, we have to make sure that what we do makes it viable for this to happen. And, no, you may not need to analyze the 3:1 housing if it's totally non-viable, then if there's no hospital, there won't be any housing either. So, you know, I think one of the reasons you don't need to analyze something is if the analysis is a non-viable situation, I'm not sure about that, but I'd have to check with the City Attorney on CEQA law because, you know, we have to be

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careful, a lot of industries we've driven out of San Francisco, particularly certain businesses, by some of our policies, we've been pretty lucky with the healthcare facilities in the past, but I think we have to try to be supportive and work with them to make a solution.

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COMMISSIONER MIGUEL: Commissioner Olague.

COMMISSIONER OLAGUE: And, again, I'm not drawing any conclusions, I'm just asking for the analysis that is not there. So, anyway…. What I did want to also – one of the speakers mentioned Saint Francis Hospital, and I guess one of the questions that they had was what would the impact be if CPMC came in, would they become a competitor to Saint Francis Hospital? And, if so, and if Saint Francis ended up in worst case scenario closing, which one hopes wouldn't occur, what physical impact might it have on the area that it is in? And just so that I think is a physical – that's a question that somehow relates to the EIR. Then, the EIR doesn't mention First Source Hiring Program. When analyzing San Francisco's population of available workforce and need to generate employment opportunities for its residents, particularly youth, you know, permanent jobs for people in the immediate area, that is not --

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First Source Hiring isn't mentioned here. And then, finally, I did a little bit of looking into with some – I asked some folks to help me with this, and the Tenderloin, I guess it goes without saying, lacks sufficient primary and secondary healthcare services, heart disease, stroke, and diabetes hospitalizations and avoidable emergency room visits are nearly twice the rate of other San Francisco residents. So, a significant percentage of citywide demand for charity care, I guess, might originate in that particular neighborhood, I'm not sure how accurate that is, but that's what I've heard. So, CPMC's record, as it relates to providing charity care is apparently significantly worse than Catholic Healthcare West and in 2008, CPMC campuses, not counting St. Luke's, reported charity care expenditures of $7,270 per bed, while CHW reported expenditures of $17,000 per bed, so it seems that the comparison to some of the other healthcare providers is quite significant. So, if CPMC does ultimately become a luxury care facility, in light of the fact that we have UCSF on Parnassus and Stanford in Palo Alto, then one needs to question in terms of the best hospital practices that, in the event of a disaster, then, you know, someone else mentioned that, too, I believe, one of the speakers

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today, what kind of plan would there be in the case of a disaster and how would these institutions play into it because it seems in many ways it is unlikely that, given their track record that it is going to be a community serving facility, given some of their track record in other municipalities and counties in this area like Marin and Alameda and others. So, then, finally, people always keep up with this housing thing and the reason I keep on harping on it is because, to me, any institution should be responsible for mitigating the impacts of increased housing demand on the City, and that burden of providing for increased housing demand on the City shouldn't be placed on the shoulders of San Francisco. So, I think that's why it's important to really re-examine the conclusion that there are no significant impacts around housing, which I believe the EIR seems to conclude as it relates to the housing impacts of this project.

COMMISSIONER MIGUEL: I would just like to thank everyone who spoke today and that came today, it is greatly appreciated. Just so the general public understand that the concept of an EIR, in my mind anyway, I don't know if it's written down anywhere this way, is to analyze the maximum impacts and how any impacts can be mitigated; it doesn't mean that the

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project will be built to that max, but will be built somewhere inside it, so the public should not presume that the maximum that is analyzed is necessarily what is going to result with the project. And with that, this hearing to take testimony is over. Thank you very much.

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[Public Hearing Adjourned at 7:56 p.m.]