

# 835-845 JACKSON STREET CHINESE HOSPITAL REPLACEMENT PROJECT COMMENTS AND RESPONSES



CITY AND COUNTY OF SAN FRANCISCO  
PLANNING DEPARTMENT: CASE NO. 2008.0762E

STATE CLEARINGHOUSE NO. 2011052051

DRAFT EIR PUBLICATION DATE: APRIL 16, 2012

DRAFT EIR PUBLIC HEARING DATE: MAY 17, 2012

DRAFT EIR PUBLIC COMMENT PERIOD: APRIL 17, 2012 - MAY 31, 2012

FINAL EIR CERTIFICATION HEARING: JULY 12, 2012





## SAN FRANCISCO PLANNING DEPARTMENT

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June 28, 2012

**To: Members of the Planning Commission and Interested Parties**  
**From: Bill Wycko, Environmental Review Officer**  
**Re: Attached Comments and Responses on Draft Environmental Impact Report**  
**Case No. 2008.0762E: 835-845 Jackson Street – Chinese Hospital**  
**Replacement Project**

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The Comments and Responses document, responding to comments made on the Draft Environmental Impact Report (Draft EIR) for the above referenced project, is presented for your information. This document has been provided in PDF format on the Planning Department website (<http://tinyurl.com/sfceqadocs>), on a CD in PDF format, or as a hard copy. This document, along with the Draft EIR, will be considered by the Planning Commission in a calendared public meeting on July 12, 2012, at which time the Planning Commission will determine whether to certify the EIR as complete and adequate. Please note that the public review period ended on May 31, 2012.

We are sending this to you so that you will have time to review the documents prior to the scheduled Planning Commission meeting on July 12, 2012. The Planning Commission does not conduct a hearing to receive comments on the Comments and Responses document, and no such hearing is required by the California Environmental Quality Act. Interested parties may, however, write to the Commission members or to the President of the Commission at 1650 Mission Street, Suite 400, San Francisco, CA, 94103, and express an opinion about the Comments and Responses document, or the Commission's decision to certify the completion of the Final EIR for this project. The certification of the EIR does not indicate a decision by the City to approve or disapprove the proposed project. The approval hearing would occur after the EIR certification.

You should note that if you receive a copy of the Comments and Responses document in addition to the Draft EIR published on April 16, 2012, you will technically have a copy of the Final EIR. Thank you for your interest in this project.

If you have questions about the attached Comments and Responses document, or about this process, please contact the Senior Environmental Planner Joy Navarrete at (415) 575-9040 or [Joy.Navarrete@sfgov.org](mailto:Joy.Navarrete@sfgov.org).



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**835-845 JACKSON STREET  
CHINESE HOSPITAL REPLACEMENT PROJECT  
DRAFT ENVIRONMENTAL IMPACT REPORT**

**COMMENTS AND RESPONSES**

**TABLE OF CONTENTS**

<b>I.</b>	<b>INTRODUCTION.....</b>	<b>C&amp;R.I.1</b>
A.	Purpose of this Comments and Responses Document .....	C&R.I.1
B.	Environmental Review Process.....	C&R.I.1
C.	Document Organization .....	C&R.I.2
<b>II.</b>	<b>LIST OF PERSONS COMMENTING.....</b>	<b>C&amp;R.II.1</b>
<b>III.</b>	<b>COMMENTS AND RESPONSES .....</b>	<b>C&amp;R.III.1</b>
A.	Merits of the Proposed Project, General CEQA and Procedural Issues..	C&R.III.1
	Merits of the Proposed Project	
	Adequacy of the EIR	
	Procedural Issues	
B.	Historic Architectural Resources.....	C&R.III.4
	Proposed Demolition of the 1924 MAB	
	Proposed Replacement Hospital Building	
	Mitigation Measures for Impacts on Historic	
	Architectural Resources	
C.	Transportation .....	C&R.III.17
	Transportation Demand Management	
D.	Air Quality.....	C&R.III.17
	Bay Area Air Quality Management District Review of Draft EIR	
E.	Construction-Related Impacts .....	C&R.III.18
F.	Alternatives .....	C&R.III.24
	Additional Alternatives Suggested by Comments	
	Feasibility of EIR Alternatives	
<b>IV.</b>	<b>DRAFT EIR REVISIONS .....</b>	<b>C&amp;R.IV.1</b>
A.	Changes in Response to Comments .....	C&R.IV.1
B.	Staff-Initiated Changes.....	C&R.IV.1

**LIST OF FIGURES**

(Revised) Figure II.18: Jackson Street-North Elevation	
(Hospital Façade Design Variant) .....	C&R.III.11
(Revised) Figure II.18: Jackson Street-North Elevation	
(Hospital Façade Design Variant) .....	C&R.IV.2

**APPENDICES**

Appendix A: Public Hearing Transcript Comments	
Appendix B: Draft EIR Comment Letters	





## **I. INTRODUCTION**

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### **A. PURPOSE OF THIS COMMENTS AND RESPONSES DOCUMENT**

The purpose of this Comments and Responses document is to present comments on the Draft Environmental Impact Report (Draft EIR) for the proposed Chinese Hospital Replacement Project, to respond in writing to comments on environmental issues, and to revise the Draft EIR as necessary to provide additional clarity. Pursuant to the California Environmental Quality Act (CEQA) Public Resources Code Section 21091(d)(2)(A) and (B), the City has considered the comments received, evaluated the issues raised, and herein provides written responses that address each substantive environmental issue that has been raised by the commentors. Comments were made in written form during the public comment period from April 17, 2012 to May 31, 2012, and as spoken testimony received before the Planning Commission at the public hearing on the Draft EIR held on May 17, 2012. A complete transcript of proceedings from the public hearing on the Draft EIR and all written comments are included in their entirety in the Appendices to this Comments and Responses document.

### **B. ENVIRONMENTAL REVIEW PROCESS**

The San Francisco Planning Department prepared the Draft EIR for the Chinese Hospital Replacement Project in accordance with CEQA and the CEQA Guidelines in Title 14 of the California Code of Regulations. The Draft EIR was published on April 16, 2012. A public comment period was then held from April 17, 2012 to May 31, 2012, to solicit public comment on the adequacy and accuracy of information presented in the Draft EIR. The comments received during the public review period are the subject of this Comments and Responses document, which addresses all substantive written and spoken comments on the Draft EIR.

The Draft EIR, together with this Comments and Responses document, will be presented to the Planning Commission at a public hearing noticed in accordance with San Francisco Administrative Code Section 31.14(d)(3). If deemed adequate with respect to accuracy, objectiveness, and completeness, the EIR will be certified as a Final Environmental Impact Report. The Final EIR will consist of the Draft EIR, the comments received during the public review period, responses to the comments, and any revisions to the Draft EIR that result from public agency and public comments and from staff-initiated text changes. The City decision-makers will consider the certified Final EIR, along with other information and the public process, to determine whether to approve, modify, or disapprove the proposed project, and to specify any applicable environmental conditions as part of project approvals in a Mitigation Monitoring and Reporting Program.

If the City decides to approve the proposed project with significant effects that are identified in the Final EIR, but which are not avoided or reduced to a less-than-significant level, the City must indicate that any such unavoidable significant effects are acceptable due to overriding considerations as described in CEQA Guidelines Section 15093. This is known as a Statement of Overriding Considerations. In preparing this Statement, the City must balance the benefits of a proposed project against its unavoidable environmental risks. If the benefits of a project outweigh the unavoidable adverse environmental effects, the adverse environmental effects may be considered acceptable (CEQA Guidelines Section 15093). If an agency makes a Statement of Overriding Considerations, the statement must be included in the record of project approval.

## **C. DOCUMENT ORGANIZATION**

Following this Introduction Chapter, Chapter II presents the List of Persons Commenting. The List of Persons Commenting presents names of persons who spoke at the public hearing in the order of the speakers, followed by the names of persons who submitted written comments on behalf of public agencies, commissions, organizations, and individuals. (Written comments are collectively referred to as “letters” in this Comments and Responses document, but may include other written media such as e-mails and facsimile transmittals.)

Chapter III, Comments and Responses, presents the substantive comments on environmental issues, excerpted verbatim from the public hearing transcript and the comment letters. Comments are organized by topic area and similar comments are grouped together under topic headings and subheadings. However, to allow the reader to view the comments within their original spoken or written context, the complete transcript of the public hearing comments and the comment letters on the Draft EIR are included in the Appendices to this Comments and Responses document.

Complete spoken comments from the Planning Commission public hearing are presented in Appendix A: Public Hearing Transcript Comments. Transcript comments are identified by the designation “TR” and are bracketed and numbered sequentially, based on the order of speakers at the hearing and the order of each speaker’s separate comments. Likewise, copies of the complete comment letters are presented in Appendix B: Draft EIR Comment Letters. Letter comments are identified by the designation “A” (for Public Agencies and Commissions), or “B” (for Organizations and Individuals) and are bracketed and numbered sequentially, based on the date of the letter, and the order of each separate comment within the letter. Letters with the same date are presented alphabetically according to the last name of the commentor.

Following each comment or group of comments on a topic are the City’s responses. Comment groupings may be addressed by a single response. A response may contain a specific targeted response to a specific comment, or comments, where noted. The responses generally provide clarification of the Draft EIR text. The responses may also include revisions or additions to the

Draft EIR text. Such changes are shown as indented and single-spaced text, with new or revised text underlined and deleted material shown as ~~struckthrough~~ text.

Chapter IV, Draft EIR Revisions, presents text changes to the Draft EIR that reflect text changes made in response to comments and staff-initiated text changes identified by San Francisco Planning Department staff to update, correct, or clarify the Draft EIR text. These changes have not resulted in significant new information with respect to the proposed project, including any new significant environmental impacts or new mitigation measures. Therefore, recirculation of the Draft EIR pursuant to CEQA Guidelines Section 15088.5 is not required.



## II. LIST OF PERSONS COMMENTING

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The Planning Commission held a public hearing about the Draft EIR on May 17, 2012, and individuals and Planning Commissioners made oral comments at that hearing. A list of persons who spoke at the public hearing is presented below, in the order of the speakers (designated by “TR,” for transcript). During the public comment period from April 17, 2012 to May 31, 2012, the City also received written comments on the *Chinese Hospital Replacement Project Draft EIR* from public agencies, commissions, organizations, and individuals. A list of persons who submitted written comments is presented below.

### PUBLIC HEARING COMMENTS

The following persons made oral comments about the Draft EIR at the public hearing on May 17, 2012:

Designation	Commentor
TR.1	Howard Wong, AIA, A Better Chinatown Tomorrow
TR.2	Commissioner Cindy Wu, San Francisco Planning Commission
TR.3	Commissioner Michael Antonini, San Francisco Planning Commission
TR4	Commissioner Ron Miguel, San Francisco Planning Commission

### WRITTEN COMMENTS

The following persons submitted written comments about the Draft EIR during the public comment period of April 17, 2012 to May 31, 2012:

Designation	Commentor	Date of Written Comments
A. Public Agencies and Commissions		
A.1	Alison Kirk, Bay Area Air Quality Management District	May 2, 2012
A.2	Charles Chase, President, San Francisco Historic Preservation Commission	May 10, 2012
B. Organizations and Individuals		
B.1	Howard Wong, AIA	May 13, 2012
B.2	Wilma Pang and Howard Wong, Co-Chairs, A Better Chinatown Tomorrow	May 14, 2012
B.3	Gemma Daggatt	May 16, 2012
B.4	Reverend Norman Fong, Executive Director, Chinatown Community Development Center	May 25, 2012

## II. List of Persons Commenting

<b>Designation</b>	<b>Commentor</b>	<b>Date of Written Comments</b>
B.5	Dennis Hong, DJH Design Group	May 30, 2012
B.6	Brian R. Turner, Senior Field Officer/Attorney, National Trust for Historic Preservation	May 30, 2012
B.7	Mike Buhler, Executive Director, San Francisco Architectural Heritage	May 31, 2012
B.8	Wilma Pang and Howard Wong, Co-Chairs, A Better Chinatown Tomorrow	May 31, 2012

### III. COMMENTS AND RESPONSES

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Comments on the Draft EIR are excerpted and grouped by topic under their respective topic headings. Each comment, or comment grouping, is followed by a response to the comment or comment grouping.

The complete transcript of the public hearing comments on the Draft EIR is presented in Appendix A to this Comments and Responses document. Copies of the written comment letters are presented in Appendix B.

#### A. MERITS OF THE PROPOSED PROJECT, GENERAL CEQA AND PROCEDURAL ISSUES

##### MERITS OF THE PROPOSED PROJECT

###### Comments

On the variants, when you get in -- I think it's on II.41, the off-street parking variant -- I would fully agree with. I think it's a good use of the space. I think it can work. And I think it should definitely be included in the final consideration there. (*Commissioner Ron Miguel*) [TR.4.2]

Thanks in advance for ensuring that proper process is given to recognizing and preserving history, while allowing only culturally-responsive development to be built! (*Gemma Daggatt*) [B.3.1]

The Mission of the Chinatown Community Development Center is to build community and enhance the quality of life for San Francisco residents. We are a place-based community development organization serving primarily the Chinatown neighborhood, and also serve other areas. We play the roles of neighborhood advocates, community organizers, planners, developers, and managers of affordable housing.

Chinese Hospital is a community supported non-profit health care provider, founded more than 100 years ago in response to the outcry of the Chinese community who were denied access to medical care. In San Francisco, 30% of the population is Asian, the majority of which are Chinese.

They provide medical services to the indigent population with limited English proficiency (42% of Chinese population are monolingual), adults over the age of 65, and San Francisco residents with low income. Chinese Hospital provides the highest percentage of care to Medicare and Medi-Cal eligible San Francisco residents (93% share of total hospital patient days in Yr2011) compared to any hospital in the City, with the exception of San Francisco General Hospital.

For nearly 10 years, Chinese Hospital has been working with us on the plans to build a new hospital to better meet the medical needs of the community and address the seismic requirements established in SB 1953, the Alfred E. Alquist Hospital Seismic Safety Act of 1983. The new hospital will be a replacement facility to the current 1979 hospital. It will consist of seven (7)

stories with a basement level and will remain a 54 bed acute care hospital. The new facility will add a 22 bed Skilled Nursing Facility and space to accommodate private patient rooms, larger surgical suites and enhanced patient care services.

The new hospital will preserve Chinese Hospital's legacy to serve the health care needs of the community in a culturally competent manner. (*Reverend Norman Fong, Executive Director, Chinatown Community Development Center*) [B.4.1]

First of all, I totally endorse this long overdue Project. The City and the community deserves and needs it. Along with many other projects this too needs to be a top priority.

My name is Dennis Hong. I was born, raised and feed in San Francisco. I lived here for over 60 years. Thirty plus years in the Chinatown / North Beach area. I know Jackson and Stockton Street all too well. This was a comfort area for me. (*Dennis Hong*) [B.5.1]

#### **Response**

Comments concern the merits of the proposed project, expressing support for or opposition to the proposed project or aspects thereof. These comments do not raise any specific environmental issues about the adequacy or accuracy of the EIR's coverage of environmental impacts that require a response in this Comments and Responses document under CEQA Guidelines Section 15088. Comments on the merits of the proposed project may be considered by the decision-makers as part of their decision to approve, modify, or disapprove the proposed project. This consideration is carried out independent of the environmental review process.

#### **ADEQUACY OF THE EIR**

##### **Comments**

But I think this EIR, as such, has been very thoroughly put together. (*Commissioner Ron Miguel*) [TR.4.4]

But as far as the report itself, it seems to be quite thorough. (*Commissioner Michael J. Antonini*) [TR.3.3]

We find the EIR to be complete and accurate and strongly support Chinese Hospital's new replacement project. (*Reverend Norman Fong, Executive Director, Chinatown Community Development Center*) [B.4.2]

I have had a chance to review this Draft Environmental Impact Report (DEIR) for the Chinese Hospital Replacement Project, case #2008.0762E / dated 4/16/2012. This EIR shows there has been a lot of work and effort done for this project. It is very well detailed and I believe it has covered just about all the bases. Some of my comments have been already covered on pages IV.D.65-IV.D.66. (*Dennis Hong*) [B.5.2]

In conclusion, I urge the San Francisco Planning Commission to approve this DEIR and thank you for your consideration of my comments and support. (*Dennis Hong*) [B.5.4]



Although Heritage recognizes the need for improved health care facilities in Chinatown, the proposed project would have a devastating impact on the neighborhood's character and historic fabric. Given the magnitude of the potential loss, the DEIR should be augmented to ensure meaningful consideration of alternatives and mitigation measures that would substantially lessen the environmental effects of the proposed project. (*Mike Buhler, Executive Director, San Francisco Architectural Heritage*) [B.7.1]

#### **Response**

These comments are general introductory or concluding statements about the proposed project's environmental impacts and the adequacy of the EIR. Such general comments are addressed by the responses to more specific comments that follow.

### **PROCEDURAL ISSUES**

#### **Comments**

##### **UNFORTUNATE RUSH TO DEMOLITION**

Demolition scaffolding is being erected, as of May 13, even while the DEIR public process is just starting. The DEIR Public Comment Period goes to May 31, 2012. Because the Old Chinese Hospital is such an icon of Chinese-American heritage, everyone needs to fairly study all alternatives. Ideally, a new modern hospital and preservation of the historic hospital is achievable. We need a fair process---to seek the best course of design and planning. The City needs to assure fair public processes and legal compliance. (*Howard Wong*) [B.1.1]

#### **Response**

This comment does not raise any specific environmental issues about the adequacy or accuracy of the EIR's coverage of environmental impacts that require a response in this Comments and Responses document under CEQA Guidelines Section 15088. However, a response is provided to clarify the status and purpose of the scaffold. The scaffold referred to in the comment was recently erected to inspect and survey the east side windows of the 1979 Chinese Hospital building and possibly to remove one window to evaluate the construction details and current physical condition of that window. Information from the survey will be used to determine if maintenance work is necessary on these windows. If any maintenance is required and pursued, this work would be undertaken independent of the proposed project. In addition, the survey information will be relevant to the in-fill of the windows on the east wall, which is associated with the proposed project. The project sponsor indicates that it is possible that the same scaffolding could remain in place during construction of the proposed project, if it is approved, depending on the timing of the window inspection/repair work in relation to the timing of the proposed project construction. No work associated with the proposed project (including in-fill of the windows on the east wall of the 1979 Chinese Hospital building) will begin unless and until the requirements of CEQA are satisfied for the proposed project.

See Section F, Alternatives, on pp. C&R.III.24-C&R.III.33, for a discussion about the alternatives to the proposed project.

## **B. HISTORIC ARCHITECTURAL RESOURCES**

### **PROPOSED DEMOLITION OF THE 1924 MAB**

#### **Comments**

Good afternoon. Howard Wong with ABCT, A Better Chinatown Tomorrow, which is an organization which for eight years has sponsored cultural, music, and art events in Chinatown. This project is one of the projects that I think that we all as a community need to look at very carefully. I think all the professional staff, the Planning Department, Commissioners, Historic Preservation Commission, preservation community, neighborhood groups, the people of Chinatown really need to look at this project in its holistic impact on Chinatown way into the future. We can ill afford to continue to lose building by building, facade by facade, sign by sign, historic element by historic element, restaurant by restaurant, and all the things that make up Chinatown.

Chinatown has survived very -- and by happenstance, actually -- the 1800s, anti-Chinese riots; pre-1906, the very ambitious plan to move Chinatown to the southern part of the city; post-1906 earthquake and fire, a very aggressive plan by the business community to move Chinatown to Bayview; and, of course, the continuing encroachment of large development, densification, gentrification -- the very reasons why many Chinatowns in the United States have disappeared, like Washington, D.C.'s recent subway construction. Within an amazingly short number of years that Chinatown has eroded drastically.

We see Chinatown, perhaps many people, as old; but many of us see Chinatown as a living treasure, a history of Chinese in America. From Chinese Hospital from 1925 and particularly after the World War II baby-boom, much of Chinese in America emanated from that one energy source. It was an incredible cultural ripple effect from Chinese Hospital. We need to really look at this project, engage everybody -- all the professional people that we have at our disposal -- and look at this project in a holistic way.

The Planning Department and Planning staff, over the decades, have saved many of our great buildings through their sheer will against very strong opposition. The CitiCorp Building on Sansome, for instance. The banking hall was saved. I understand that the developers were so upset at the Planning Department they left the Planning Department's name off of the plaque. And there are many instances like that throughout the Financial District and throughout the city. Let's do our best to save the old Chinese Hospital. (*Howard Wong, A Better Chinatown Tomorrow*) [TR.1.1]

So I'm curious -- so I read the letter from the Historic Preservation Commission. And I think that there are a lot of considerations around the historic nature of the building that should be -- or needs to be demolished or is being proposed to be demolished. I want to highlight the sort of importance of keeping use and people in the neighborhood also and not just -- just buildings. And so the importance of having these medical services in the neighborhood really is outstanding. And as there are more and more satellite Chinatowns in the city and the region, I think the health

services are really what draws a lot of people back to this Chinatown. (*Commissioner Cindy Wu*) [TR.2.1]

The HPC understands the seismic requirements and the need for a new hospital in Chinatown. However, the HPC notes that the demolition of the existing 1924 Medical Administration Building (MAB), the original Chinese Hospital Building at 835 Jackson Street, is a significant loss with profound impacts. The proposed project will result in the loss of an individual resource; substantial impacts to an eligible historic district both from the loss of the MAB ... [and combined with concurrent area projects will have cumulative impacts on historic resources]. (*Charles Chase, President, San Francisco Historic Preservation Commission*) [A.2.1]

**OLD CHINESE HOSPITAL: THE BIRTH PLACE OF CHINESE IN AMERICA  
WE NEED A CIVIC, COMMUNITY AND PROFESSIONAL EFFORT---  
TO SAVE AN ICON OF CHINESE-AMERICA'S HERITAGE**

Everyone's help will be needed---particularly from city officials, professionals and planners. Everyone's creative ideas will help build a modern hospital and preserve the Old Chinese Hospital---a key part of Chinatown's and Chinese America's heritage. The Chinese Hospital Project is exactly why we have CEQA and public processes to meld programmatic needs and historical/ cultural resources---for the benefit of future generations.

Instinctively, planners, preservationists, city staff, politicians, San Franciscans and Chinese-Americans feel emotional heart-tugs to the Old Chinese Hospital at 835 Jackson Street in San Francisco---a symbolic and literal birthplace of Chinese in America. Through these portals since 1925, thousands of Chinese-Americans sparked a storied cultural stream that enriched American life, culture, history, professions, creativity, diversity' ... A Who's Who of people born at Chinese Hospital would mirror the Chinese-American legacy---an energy flow of vast cultural ripples. (*Wilma Pang and Howard Wong, Co-Chairs, A Better Chinatown Tomorrow*) [B.2.1]

**OLD CHINESE HOSPITAL:**

An individual historical resource and within the National Register of Historic Resources and California Register of Historical Resources--eligible Chinatown historic district.

**LIVING THREAD TO CHINESE-AMERICAN HISTORY**

The Old Chinese Hospital is a living thread to Chinatown's and San Francisco's history, tying together generations---a foundational piece of Chinatown's soul and heritage. We can ill afford to lose such significant buildings, which are authentic memories of a remarkable history. Continued loss of storied buildings, restaurants, storefronts, temples, signage and cultural elements would be fatal to Chinatown.

**DISAPPEARING CHINATOWNS**

Threatened by relocation prior to 1906 and more forcefully after the 1906 Earthquake, Chinatown's resiliency now faces equally powerful economic encroachments. With continued densification and large infrastructure projects, Chinatown's existence is not assured---particularly if immigration wanes. Many Chinatowns in the United States have already eroded or disappeared---often in extremely short timeframes, like in Washington DC. If not for discriminatory exclusions from mainstream society, Chinese-Americans would have evolved into an influential and powerful California subculture. The few remaining Chinese-American historical sites have tremendous importance to an under-represented population that has made disproportionally large contributions. San Francisco's Chinatown is unique as the cultural

birthplace of Chinese in America. (*Wilma Pang and Howard Wong, Co-Chairs, A Better Chinatown Tomorrow*) [B.2.3]

We agree with the Planning Department's conclusion that the demolition of this resource which has enormous significance to the City of San Francisco will result in significant adverse impacts on a resource that is eligible for listing on the California Register of Historical Resources. (*Brian R. Turner, Senior Field Officer/Attorney, National Trust for Historic Preservation*) [B.6.1]

Completed in 1924, the Chinese Hospital Medical Administration Building (MAB) is highly significant—both culturally and architecturally—and clearly qualifies as an historical resource under the California Environmental Quality Act (CEQA). In 1923, when other San Francisco healthcare providers denied access to the local Chinese community, fifteen community organizations created the Chinese Hospital Association to raise funds for construction of the facility at 835 Jackson Street. Designed by Alfred Coffey, the four-story reinforced concrete structure integrated conspicuous Chinese motifs “copied from the famed hospital of the Rockefeller Foundation in Peking.” When the building opened in 1925, it was the first and only Chinese hospital in the United States. [Footnote 1: “First Chinese Hospital Ready to Open.” San Francisco Chronicle, 10 March, 1925.] It has a B rating on the Heritage Survey, meaning it has individual importance and is potentially eligible for listing in the National Register of Historic Places (NRHP). The building has not undergone any major structural alterations and retains a high degree of historical integrity today. Accordingly, the DEIR concludes that the proposed project would result in significant project-level and cumulative impacts on an individual historic resource (the 1924 MAB) and the surrounding NRHP/California Register-eligible Chinatown historic district. (*Mike Buhler, Executive Director, San Francisco Architectural Heritage*) [B.7.2]

#### OLD CHINESE HOSPITAL: THE BIRTH PLACE OF CHINESE IN AMERICA WE NEED A CIVIC, COMMUNITY AND PROFESSIONAL EFFORT--- TO SAVE AN ICON OF CHINESE-AMERICA'S HERITAGE

Chinatown's people, culture and heritage are intertwined with its historic buildings. The Old Chinese Hospital is one of the community's most significant historic resources. Everyone's help will be needed to preserve the Old Chinese Hospital ---a team effort by residents, associations, city officials, professionals and planners. Everyone's creative ideas will help build a modern hospital and preserve the Old Chinese Hospital---an icon of Chinese America's heritage and an undisputed historic resource. The Chinese Hospital Project is exactly why we have CEQA and public processes to meld programmatic needs and historical/ cultural resources---for the benefit of future generations.

Instinctively, planners, preservationists, city staff, politicians, San Franciscans and Chinese-Americans feel emotional heart-tugs to the Old Chinese Hospital at 835 Jackson Street in San Francisco---a symbolic and literal birthplace of Chinese in America. Through these portals since 1925, thousands of Chinese-Americans sparked a storied cultural stream that enriched American life, culture, history, professions, creativity, diversity.....A Who's Who of people born at Chinese Hospital would mirror the Chinese-American legacy---*an energy flow of vast cultural ripples*.

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#### Response

Comments note that the proposed project would demolish the 1924 MAB, an individual historical resource which is also a contributor to a potential Chinatown historic district.

As part of the assessment and disclosure of environmental impacts of the proposed project required by CEQA, EIR Section IV.C, Historic Architectural Resources, on DEIR pp. IV.C.14-IV.C.15, as well as the background studies on which that section is based,<sup>1</sup> evaluates the historic and architectural significance of the 1924 Medical Administration Building (1924 MAB) (DEIR pp. IV.C.13-IV.C.16) within the larger historic context of Chinese immigration to the United States and of San Francisco's Chinatown (DEIR pp. IV.C.4-IV.C.5). Although the 1924 MAB is not included in any local, State, or Federal register of historical resources, the EIR concludes that the 1924 MAB is individually eligible for inclusion in the National Register of Historic Places (NRHP) and the California Register of Historical Resources (CRHR) under NRHP/CRHR Criterion A/1 (Events) and Criterion C/3 (Design/Construction) on DEIR p. IV.C.16. As such, the building is considered an historical resource for the purposes of CEQA. The EIR further concludes, on DEIR pp. IV.C.20-IV.C.22, that the proposed demolition of the 1924 MAB would have a significant impact on an individual historical resource under CEQA.

The 1924 MAB is not within any historic district included in any local, State, or Federal register of historical resources. However, for the purposes of evaluation of project impacts under CEQA, the EIR on DEIR pp. IV.C.16-IV.C.17 studies the boundaries of the existing NRHP-eligible district in the vicinity of the project site and concludes that the individually significant 1924 MAB on the project site and the building immediately to the east, 821 Jackson Street (for contiguity), are both eligible for inclusion in a NRHP/CRHR-eligible Chinatown historic district (consisting of the existing NRHP-eligible Chinatown historic district, together with a westward

<sup>1</sup> Knapp Architects, *Historic Resource Evaluation: Chinese Hospital*, November, 2011. See also San Francisco Planning Department, *Historic Resource Evaluation Response: Chinese Hospital*, February 27, 2012. These documents are available for review at the San Francisco Planning Department, 1650 Mission Street, Suite 400, as part of Case File No. 2008.0762E.

extension to include the 1924 MAB and 821 Jackson Street, as identified in the EIR). The EIR further concludes, on DEIR pp. IV.C.22-IV.C.24, that the proposed demolition of the 1924 MAB would have a significant project-level impact on the NRHP/CRHR-eligible Chinatown historic district, and would also result in a cumulatively considerable contribution to significant adverse impacts on the NRHP/CRHR-eligible Chinatown historic district as discussed on DEIR pp. IV.C.24-IV.C.26. The EIR includes two mitigation measures (Mitigation Measure M-CR-1a: Documentation, and Mitigation Measure M-CR-1b: Interpretation, on DEIR pp. IV.C.21-IV.C.22, and further discussed below on pp. C&R.III.13-C&R.III.16) that would lessen the project's significant adverse impacts on historical resources but would not reduce these to a less-than-significant level.

Comments about the importance of the 1924 MAB as an historical resource will be considered and weighed by the decision-makers as part of their decision to approve, modify, or disapprove the proposed project. This consideration is carried out independently of the environmental review process. CEQA Guidelines Section 15093 states that the decision-maker must balance the economic, legal, social, technological or other benefits of the proposed project against the unavoidable environmental risks in determining whether to approve, modify or disapprove a project. If the decision-maker approves a project which would result in significant environmental impacts, it must state its reasons to support its action in a statement of overriding considerations.

## **PROPOSED REPLACEMENT HOSPITAL BUILDING**

### **Comments**

Well, I, too, read the letter from the HPC and am in agreement with a lot of what is stated in there. And, of course, the design concerns that they have with the replacement structure in no way has any impact on the adequacy, accuracy, or completeness of the EIR, which is, of course, all those things. But I think they do make some points that we have to look at as we go forward. (*Commissioner Michael J. Antonini*) [TR.3.1]

And then when we get down to the HPC's comments, there is the hospital facade design variant on II.45. And hopefully that is sufficient to allow for additional design considerations in the future, even though it's a little bit specific. But, to me, the actual design of the building is something that, as long as it's covered sufficiently in the EIR, can be discussed later on when we get to the actual project. (*Commissioner Ron Miguel*) [TR.4.3]

[The proposed project will result in] ... substantial impacts to an eligible historic district ... from the replacement building and combined with concurrent area projects will have cumulative impacts on historic resources. (*Charles Chase, President, San Francisco Historic Preservation Commission*) [A.2.2]

## Response

Comments express concern about the design of the proposed Replacement Hospital building.

As a separate impact from that of demolition of the 1924 MAB, the EIR analyzes the impact of the proposed Replacement Hospital building on the NRHP/CRHR-eligible Chinatown historic district on DEIR pp. IV.C.22-IV.C.23. The EIR concludes that the proposed new Replacement Hospital building would contrast with, and thereby detract from, the consistent scale and façade treatment (fenestration, materials, and architectural details) that characterize the district and would have a substantial adverse effect on that district.

The EIR further concludes, on DEIR p. IV.C.23, that no feasible mitigation measures are available that would avoid or substantially lessen this impact.

No mitigation measure is available that would avoid or substantially lessen the impact of the proposed Replacement Hospital building. Such a mitigation measure would require fundamental changes to the massing and design of the new hospital building to constitute a different project than the one proposed.

The EIR does, however, include two mitigation measures (Mitigation Measure M-CR-1a: Documentation, and Mitigation Measure M-CR-1b: Interpretation, on DEIR pp. IV.C.21-IV.C.22) that would lessen the project's significant adverse impacts on historical resources. These mitigation measures are further discussed below on pp. C&R.III.13-C&R.III.16.

As discussed in the EIR on DEIR p. IV.C.19, a Hospital Façade Design Variant is under consideration and is analyzed in the EIR. The variant calls for exterior design refinements to the proposed Replacement Hospital to improve the visual relationship of the proposed Replacement Hospital building with its surroundings. These design refinements do not call for any changes in the proposed hospital use program, height or bulk. The impact of the proposed project under the Hospital Façade Design Variant on the NRHP/CRHR-eligible Chinatown historic district is discussed in the EIR on DEIR pp. IV.C.23-IV.C.24.

### Hospital Façade Design Variant

The Hospital Façade Design Variant would incorporate architectural features of contributing buildings within the NRHP/CRHR-eligible Chinatown historic district (regularly-spaced vertically-oriented fenestration, a horizontal cornice-like feature at the front parapet, and a horizontal band course above the ground and first floors). These features could improve the proposed hospital building's visual compatibility with nearby contributing buildings of the NRHP/CRHR-eligible Chinatown historic district and could create a more inviting pedestrian environment along Jackson Street in front of the replacement hospital building.

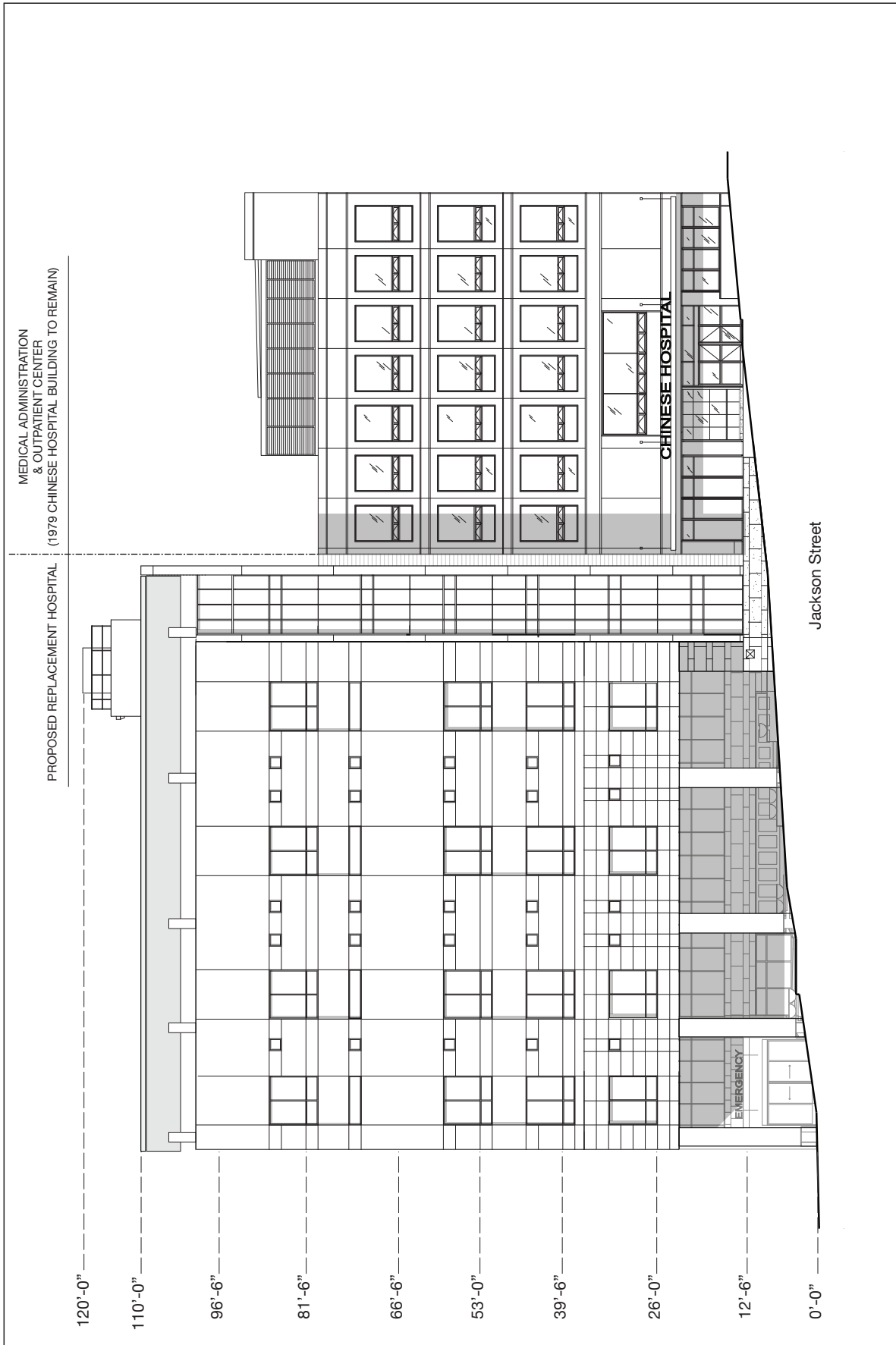
However, these façade design refinements would not reduce the overall scale and bulk of the proposed Replacement Hospital. Development on the main project site under this variant would, like the proposed project, sharply contrast with the fine-grained scale of the NRHP/CRHR-eligible Chinatown historic district.

As discussed in the EIR on DEIR p. IV.C.24, design refinements under the Hospital Façade Design Variant, in the absence of a substantial downscaling of the proposed hospital building, would not avoid a significant impact on the NRHP/CRHR-eligible Chinatown historic district, resulting both from the demolition of the existing 1924 MAB and from the height and bulk of the proposed Replacement Hospital Building. In addition to the proposed project's significant, localized, project-level impacts on the NRHP/CRHR-eligible Chinatown historic district, the EIR analyzes cumulative impacts of new construction under the proposed project and concludes, on DEIR pp. IV.C.24-IV.C.26, that both the proposed project and the Hospital Façade Design Variant would result in a cumulatively considerable contribution to significant adverse impacts on that district when considered with other past, present, and reasonably foreseeable future projects.

The project sponsor is continuing to work with Planning Department staff to refine the Hospital Façade Design Variant to arrive at a revised façade design that is more compatible with the surrounding neighborhood context and addresses some of the design concerns raised by members of the public and the Planning Department. Any such design will be subject to review and require approval by the Planning Commission as part of its decision to approve, modify or disapprove the proposed project. (Revised) Figure II.18: Jackson Street-North Elevation (Hospital Façade Design Variant), presented on the following page, updates and revises EIR Figure II.18, on DEIR p. II.46, to show the latest façade design. However, as discussed above and in the EIR, without a substantial downscaling of building height and bulk, the impact of the proposed Replacement Hospital building under the revised Hospital Façade Design Variant on the NRHR/CRHP-eligible Chinatown historic district would remain significant and unavoidable.

Comments regarding the design of the proposed Replacement Hospital building would be considered and weighed by the decision-makers as part of their decision to approve, modify, or disapprove the proposed project. This consideration is carried out independently of the environmental review process, following certification of the Final EIR. CEQA Guidelines Section 15093 states that the decision-maker must balance the economic, legal, social, technological or other benefits of the proposed project against the unavoidable environmental risks in determining whether to approve, modify or disapprove a project. If the decision-maker approves a project which would result in significant environmental impacts, it must state its reasons to support its action in a statement of overriding considerations.





SOURCE: Jacobs Global Buildings

# CHINESE HOSPITAL REPLACEMENT PROJECT

2008.07/62E

(REVISED) FIGURE II.18: JACKSON STREET-NORTH ELEVATION  
(HOSPITAL FAÇADE DESIGN VARIANT)

## MITIGATION MEASURES FOR IMPACTS ON HISTORIC ARCHITECTURAL RESOURCES

### Comments

In recognition of the severity of the impacts from the proposed project, the HPC believes that the historic resource mitigation measures for the project are inadequate and propose the following additional measures:

1. Preparation of an update and boundary evaluation of the National Registers of Historic Places/California Register of Historical Resources-eligible Chinatown Historic District. The update to the 1985 District Nomination Report shall be prepared by a Historian who meets the professional qualifications of the Secretary of the Interior's Standards. The update shall include but not be limited to the definition of the district boundaries, statements of architectural and cultural/social significance, local Chinese history documentation, and character-defining features of the district.
2. Creation of an outreach and educational program for the community and its stakeholders regarding the historic significance of the district as part of the Chinatown Historic District update.
3. Provide all research and documentation to University of Nevada, Las Vegas Professor of History and Chair of Asian Studies, Sue Fawn Chung and others documenting the history of Chinese and Chinese-American sites in the United States to promote awareness and education of sites, such as the Chinese Hospital Building.
4. Tracking of other projects with significant cumulative impacts to the eligible Chinatown Historic District (i.e. the proposed 740 Washington Street) in order to allow for coordinated effort to fund the Chinatown Historic District update and outreach component.
5. Require that the design for the proposed new hospital be presented before the HPC and/or the HPC's Architectural Review Committee (ARC), for review and comment prior to project approval in order to lessen the project's impact on the eligible historic district. (*Charles Chase, President, San Francisco Historic Preservation Commission*) [A.2.4]

The DEIR also fails to include mitigation measures to meaningfully offset the potential loss of the 1924 MAB. The current proposed mitigation measures (M-CR-1a and M-CR-1b) call for documentation and interpretation of the 1924 MAB. However, it is well-established under CEQA that documentation of historic resources cannot adequately mitigate impacts of demolition. [Footnote 2: As recognized by the court in *League for Protection of Oakland's Architectural and Historic Resources v. City of Oakland* (1997) 52 Cal.App.4th 896: "A large historical structure, once demolished, normally cannot be adequately replaced by reports and commemorative markers."]

At minimum, the EIR should include enhanced mitigation measures to assure the continued eligibility of the potential NRHP/CRHR Chinatown historic district. [Footnote 3: The DEIR discusses two pipeline projects (821 Jackson and 740 Washington) that, when considered in conjunction with the proposed project, have the potential to cause significant and unavoidable cumulative impacts to the NRHP/CRHR-eligible Chinatown historic district.] To this end, Heritage echoes the Historic Preservation Commission (HPC) in urging the Department to adopt mitigation measures that would fully document and initiate designation of the Chinatown historic

district under Article 10 of the Planning Code. The augmented mitigation program should include the following essential components:

1. require the project sponsor to fund research to update the nomination for the Chinatown historic district;
2. require the project sponsor, in collaboration with key stakeholders, to conduct outreach in Chinatown to emphasize the importance of the community's architectural and cultural resources; and
3. require that the project sponsor work with the Architectural Review Committee of the HPC to improve the Replacement Hospital design to lessen adverse impacts to the NRHP/CRHR-eligible Chinatown historic district.

The overriding objective of the EIR's mitigation program should be to maintain the eligibility- and ensure future protection of—the Chinatown historic district. (*Mike Buhler, Executive Director, San Francisco Architectural Heritage*) [B.7.4]

**Potential Chinatown Historic District:** Evaluate the Project in relation to Chinatown's eligibility for National Register of Historic Places/ California Register of Historical Resources-- Eligible Chinatown Historic District, as well as the Old Chinese Hospital's individual eligibility for listing and landmark status. (*Wilma Pang and Howard Wong, Co-Chairs, A Better Chinatown Tomorrow*) [B.8.3]

## Response

Comments state that the mitigation measures related to impacts on historical resources included in the EIR are inadequate and suggest additional mitigation measures.

CEQA Guidelines Section 15126.4(a)(1) states that "An EIR shall describe feasible mitigation measures which could minimize significant adverse impacts..." CEQA Guidelines Section 15126.4(a)(2) states that "Mitigation measures must be fully enforceable through permit conditions, agreements, or other legally binding instruments." CEQA Guidelines Section 15126.4(a)(4) states that,

Mitigation measures must be consistent with all applicable constitutional requirements, including the following:

- (A) There must be an essential nexus (i.e., connection) between the mitigation measure and a legitimate governmental interest. *Nollan v. California Coastal Commission*, 483 U.S. 825 (1987); and
- (B) The mitigation measure must be "roughly proportional" to the impacts of the project. *Dolan v. City of Tigard*, 512 U.S. 347 (1994). Where the mitigation measure is an ad hoc exaction, it must be "roughly proportional" to the impacts of the project. *Ehrlich v. City of Culver City* (1996) 12 Cal.4<sup>th</sup> 854.

Mitigation Measure M-CR-1a: Documentation, and Mitigation Measure M-CR-1b: Interpretation, presented in the EIR on DEIR pp. IV.C.21-IV.C.22, meet the requirements of CEQA. These mitigation measures are adequate under CEQA. They are feasible and enforceable

requirements intended to lessen (although they would not avoid) significant and unavoidable project-level and cumulative impacts on historic architectural resources that are attributable to the proposed project. Mitigation Measure M-CR-1a calls for architectural documentation of the 1924 MAB under Historic American Buildings Survey standards. This measure feasibly addresses project-level and cumulative impacts attributable to the proposed project on the significance of historical resources under NRHP/CRHR Criterion C/3 (Design/ Construction). Mitigation Measure M-CR-1b calls for preparation and display of interpretive materials concerning the history and architectural features of the 1924 MAB in the context of its historic and architectural relationship to the wider Chinatown community. This measure addresses project-level and cumulative impacts attributable to the proposed project on the significance of historical resources under NRHP/CRHR Criterion A/1 (Events). Although implementation of these mitigation measures would result in written and photographic documentation of the 1924 MAB and an on-site permanent display of interpretative materials and would lessen the impact of the proposed project on the significance of the individual and district historical resources, the mitigation measures included in the EIR would not reduce the impacts to a less-than-significant level. A discussion of additional mitigation measures, as suggested by comments on the Draft EIR, follows.

#### Suggested Mitigation Measures - Update and Reevaluation of the Chinatown Historic District

Measures suggested by comments call for the project sponsor to undertake an update and boundary reevaluation of the Chinatown historic district, and other related implementation activities (e.g., public outreach, documentation, coordination, tracking of other projects with significant cumulative impacts, and funding).

The project sponsor indicates that it would not be feasible for the sponsor to undertake or otherwise sponsor a survey of the Chinatown historic district. The Chinese Hospital Association has neither the resources nor expertise to implement, administer, or fund a Chinatown district-wide program of historic district survey and public outreach. Such sponsorship would be inconsistent with the mission of the Chinese Hospital Association as a non-profit community hospital organization.

Moreover, a study of the Chinatown historic district boundary in the vicinity of the project site was already undertaken as part of the analysis of impacts of the proposed project on the historic district resource under CEQA, as discussed on DEIR pp. IV.C.16-IV.C.17. The EIR, and its supporting HRE and HRER background documents, conclude that the 1924 MAB and 821 Jackson Street immediately to the east of the 1924 MAB (for contiguity with the district) are eligible for inclusion within the NRHP-eligible Chinatown historic district, despite their previous exclusion from the boundaries of the district in previous studies. Such a localized study of the

Chinatown historic district boundary, undertaken as part of this EIR, reflects an appropriate level of review under CEQA for analyzing project-level impacts on the historic district resource.

Suggested mitigation measures that call for the project sponsor to undertake a district-wide study of the Chinatown historic district do not meet the requirement that mitigation be “roughly proportional” to the impacts of the proposed project under the *Dolan* and *Ehrlich* constitutional tests. The burden imposed on a single project sponsor by suggested mitigation measures calling for preparation of a comprehensive district-wide study of the Chinatown historic district and related outreach activities would exceed the proposed project’s localized project-level impacts on the NRHP/CRHR-eligible Chinatown historic district identified in the EIR for the purposes of CEQA. The burden on the project sponsor would also exceed the proposed project’s incremental contribution to district-wide cumulative impacts resulting from past, present and probable future projects. Although a comment suggests that the cost of such a program could be shared among various current Chinatown projects, no enforceable “fair share” funding mechanism currently exists by which projects with cumulative impacts on the district resource could be tracked, and development fees could be assessed, collected, aggregated, and administered for purposes of funding the activities called for under suggested mitigation measures.

#### Suggested Mitigation Measures - Distribution of Documentary and Interpretive Materials

A comment requests that documentary and interpretive materials resulting from the implementation of Mitigation Measure M-CR-1a: Documentation, and Mitigation Measure M-CR-1b: Interpretation, be made available to Sue Fawn Chung, Professor of History and Chair of Asian Studies, University of Nevada, and to others interested in Chinese-American history.

In response to this comment, the project sponsor has expressed the willingness to make copies of the documentary and interpretive materials resulting from implementation of Mitigation Measures M-CR-1a and M-CR-1b available to the Chinese Historical Society of America, located at 965 Clay Street in San Francisco, where such material would be available to scholars interested in studying and documenting the history of Chinese Hospital, including Sue Fawn Chung at the University of Nevada. Wider dissemination of such materials would further lessen the impacts of the proposed project on the significance of historical resources under NRHP/CRHR Criterion A/1 (Events) and Criterion C/3 (Design/Construction), although it would not lessen impacts on historical resources to a less-than-significant level. Accordingly, the fifth paragraph of Mitigation Measure M-CR-1a, on DEIR p. IV.C.21, is revised as follows (deleted text is ~~struck through~~ and new text is underlined):

The project sponsor shall transmit such documentation, in both printed and electronic form, to the Chinese Historical Society of America, the History Room of the San Francisco Public Library, and to the Northwest Information Center of the California Historical Information Resource System.

The first paragraph of Mitigation Measure M-CR-1b, on DEIR pp. IV.C.21-IV.C.22, is revised as follows:

The project sponsor shall provide a permanent display of interpretive materials concerning the history and architectural features of the original 1924 MAB and its historic and architectural relationship to the larger Chinatown community. Interpretation of the site's history shall be supervised by an architectural historian or historian who meets the Secretary of the Interior's Professional Qualification Standards, and shall be conducted in coordination with an exhibit designer. The interpretative materials (which may include, but are not limited to, a display of photographs, news articles, memorabilia, video) shall be placed in a prominent public setting within the Replacement Hospital building or MAOC. The project sponsor shall also transmit such interpretive materials, in both printed and electronic form (to the extent these materials are reproducible), to the Chinese Historical Society of America.

Suggested Mitigation Measure Regarding Historic Preservation Commission Review of the Proposed Replacement Hospital Design

Comments suggest a mitigation measure that would require that the design of the proposed Replacement Hospital building be presented to the Historic Preservation Commission (HPC) or its Architectural Review Committee for review and comment prior to project approval.

As discussed in the EIR on DEIR p. IV.C.8, the 1924 MAB is not individually designated under Article 10 or Article 11 of the San Francisco Planning Code. The project site is not included in any designated historic district under Article 10 or in any designated conservation district under Article 11. As such, the project is not subject to the requirements of either Article 10 or 11, and the HPC would not have regulatory jurisdiction over the design of the proposed Replacement Hospital building. Moreover, requiring review and comment by the HPC cannot be shown to result in any reduction of impact because the HPC would not be required to impose any particular standards of review and its recommendations would not be binding.

The Draft EIR was presented to the HPC at a public hearing on May 2, 2012, for review and comment. Through the CEQA process, the HPC has the opportunity to comment on the EIR, including the design of the proposed Replacement Hospital building (presented in the EIR on DEIR pp. II.14 –II.17) and the Hospital Façade Design Variant (presented in the EIR on DEIR pp. II.45-II.46), inasmuch as these relate to impacts on the NRHP/CRHR-eligible Chinatown historic district resource. As discussed above on p. C&R.III.10, the project sponsor is continuing to work with Planning Department staff to refine the Hospital Façade Design Variant to arrive at a façade design that is more compatible with the surrounding neighborhood context and any such façade design will be subject to review and require approval by the Planning Commission as part of its decision to approve, modify or disapprove the proposed project.

## C. TRANSPORTATION

### TRANSPORTATION DEMAND MANAGEMENT

#### Comment

I wanted to point out that on transportation I like seeing that there was someone dedicated in the EIR post-construction for what called transportation demand management. And I think that that kind of sort of providing that technical assistance to maybe the employees that work at the hospital or to people that are patients of the hospital, it's very helpful to, I think, get people in the habit of using transit if they weren't previously. That will be important for the success of this project. (*Commissioner Cindy Wu*) [TR.2.4]

To follow up on Commissioner Wu's comments, particularly on page S.21, all TDM comments, I think, were very well thought out, actually in much more detail than we usually see in an EIR. And I was pleased to see that. (*Commissioner Ron Miguel*) [TR.4.1]

#### Response

Comments express support for the transportation demand management program suggested as an improvement measure for the proposed project in the EIR.

Improvement Measure I-TR-1a, presented in the EIR on DEIR pp. IV.D.38-IV.D.39, identifies a variety of components of an effective Transportation Demand Program. Although not required to address a significant transportation impact under CEQA, Improvement Measure I-TR-1a (requiring the continued provision of transit vouchers, which may be used to purchase Clipper Cards) could be imposed on the project by the City decision-makers through the approval process.

## D. AIR QUALITY

### BAY AREA AIR QUALITY MANAGEMENT DISTRICT REVIEW OF DRAFT EIR

#### Comments

I have finished a preliminary review and at this time do not anticipate having any comments. (*Alison Kirk, Bay Area Air Quality Management District*) [A.1.1]

#### Response

This comment requires no response.

## E. CONSTRUCTION-RELATED IMPACTS

### Comments

So with regard to the EIR, I had some very specific questions. One around traffic and about traffic during construction and whether there will be coordination with other major construction projects happening in the neighborhood. And I'm speaking specifically about the Central Subway. I think there will be major construction for both of these projects exactly in the same year; and that it's already a very heavy pedestrian corridor -- Stockton Street, Washington Street, Jackson Street -- and that there should be real consideration of that. (*Commissioner Cindy Wu*) [TR.2.2]

And on pedestrian safety, about -- I have a question about whether there will be sort of the construction walkway right in front of the hospital itself. Recently on the City College campus in Chinatown, there actually was no walkway in front of the building itself; and I think that created a great hazard for the people in the neighborhood. (*Commissioner Cindy Wu*) [TR.2.3]

My comments are mostly related to the construction of the Project.

It is my understanding that construction work for this project will be on going for about 3 to 4 years. It will coincide with several other major overlapping projects; 740 Washington Street, the new Transit Sub Station at the corner of Washington and Stockton Street, and the 827 Pacific Ave. Project (conditional use) will be part of this Project. The number 8 Washington was not mentioned and may be one of the overlapping projects.

We all know this area remains the densest residential neighborhood in the City both in population, small business (restaurants, take out food, produce shops and etc.), including schools, churches, the hospital itself, private vehicles, delivery trucks, tour buses and the Muni transit.

Comment 1 - 827 Pacific Ave Conditional use Case # 2012.0354C will also be covered under this DEIR Case #2008.0762E Comments and Responses. If not, the following comments need to be added to the 827 Pacific Ave. Project.

Comment 2 - During the 3 to 4 year construction period for the Hospital Replacement Project, I believe the construction of this project could have a significant and or unavoidable but temporary impact as follows:

- a) It will cause delays to the local Muni transit; specifically along Stockton Street, Pacific Ave., Sacramento Street and the cable car/s on Powell St.
- b) Section: C-TR-2 (pages S.6); Other than the TMP (Transportation Management Plan), how or who will coordinate all the other ongoing projects/work to minimize any disruption to this project, the local business and residences, namely and how will this be mitigated and documented? I realize we all depend on the Best Practices method, but they all too often don't work. There needs to be a little more bite or enforcement and accountability in this area.
- c) How will the daily construction of debris, clean up, pedestrian safety, water drain off from the construction site (down hill) to the corner of Stockton Jackson Streets the main sewer system be controlled? This over flow can get messy.
- d) How will the noise, dust and vibration (pile driving) be controlled from both the demolition and the new construction work. What are the construction hours? This will affect



the local businesses, delis, restaurants, residences, schools, the current hospital, existing buildings and etc.?

e) How will the TMP be documented for; the coordination and the logistics for the day to day flow/control of private vehicles, local transit, deliveries to the local businesses, tour buses, and the pedestrian traffic itself. The construction loading and unloading was well documented and has been identified. The impact to the small business deliveries may not have been identified.

f) Safety, after hour street lighting may need to be addressed.

h) Debris from the construction site itself, needs to be cleaned up daily, especially for the weekends and holidays.

i) Under Table S.3; Improvement measures; page S.21. - - can the Clipper Card be included in this program?

In conclusion, I would like to see the DEIR address the mitigation process a bit more in detail and to document the mitigation process/measures to reduce these potential impacts. For example, working with the Chinese Hospital, all the City and other governmental agencies, the General Contractor and their Sub Contractors to provide the community support, collaboration, coordination, communications for a plan to help alleviate these issues. Having a bilingual traffic control officer may might help. (*Dennis Hong*) [B.5.3]

### Response

Comments express concern over the potential cumulative construction-related effects of the proposed project, the Chinatown Station component of the Central Subway Project, the 827 Pacific Avenue Project, and other nearby projects on traffic circulation, pedestrian safety, and transit service in the vicinity of the proposed project during overlapping construction periods. Comments also express concern with the proposed project's construction noise and vibration impacts on nearby residents, businesses, schools and other nearby land uses; on-site dust control; and management of the project site as it relates to the accumulation of demolition debris and excavated soil and impacts on water quality. One part of a comment requests clarification regarding the eligibility of the Clipper Card under the Transportation Demand Management program discussed under Improvement Measure TR-1a. For a response to this comment, please see p. C&R.III.17 under Section C, Transportation, "Transportation Demand Management."

### Construction Coordination with the Central Subway Project

Cumulative construction-related traffic impacts of the proposed project, in combination with the construction-related traffic impacts associated with the Chinatown Station component of the Central Subway Project and the 740 Washington Street Project, are discussed in the EIR under Impact C-TR-2 on DEIR pp. IV.D.64-IV.D.66. The list of proposed projects that are generally considered in the EIR cumulative analysis is presented on DEIR p. IV.A.9. General background growth in this area is also considered in the cumulative analysis; however, for the EIR's cumulative analysis of construction-related impacts, the City includes past, present and

reasonably foreseeable projects within a ¼-mile buffer around the main project site (835-845 Jackson Street). The 827 Pacific Avenue project is within the ¼-mile buffer; however, that project will be primarily interior renovations and façade changes to the building and will be completed prior to the beginning of construction of the proposed project (see DEIR pp. II.41-II.42 for more information regarding the project at 827 Pacific Avenue and its environmental review). Thus, there are no substantive cumulative contributions from that project to the temporary construction-related impacts from the proposed project and the other nearby projects. The 8 Washington Street/Seawall Lot 351 Project identified in the comments as another project with an overlapping construction period and the SFPUC Northshore Force Main Replacement Project, also near 8 Washington Street but not mentioned in the comment, are located outside the main project site's ¼-mile buffer, both over ½ mile from the main project site. Thus, the EIR correctly analyzes the relevant projects in the vicinity of the project site to assess the potential for cumulative construction-related impacts. The proposed project, as described below, would also prepare a Construction Transportation Management Plan, reviewed by City Agencies, to coordinate with other ongoing construction projects in the area.

The findings discussed on DEIR p. IV.D.54 regarding the potential effects of the proposed construction work at 835-845 Jackson Street on nearby transit operations indicate that there would be no effect on existing transit stop locations, i.e., none would have to be relocated during construction. It further states that the temporary construction-related effects of the proposed project on transit during the construction period would be less than the less-than-significant transit impact of the proposed project when in operation (see DEIR pp. IV.D.42-IV.D.44). However, the findings discussed under Impact C-TR-2 on DEIR pp. IV.D.64-IV.D.66 indicate that the combined effect of the overlapping construction activities of the proposed project and other projects in a small geographic area characterized by narrow congested roadways and tight turning radii would be a significant adverse effect and that mitigation would be necessary. Mitigation Measure C-M-TR-2, on DEIR pp. IV.D.65-IV.D.66, was identified to mitigate the impact to a less-than-significant level. This mitigation measure requires the project sponsor's construction contractor to take additional measures in the Construction Transportation Management Plan to better manage construction in the project area. This mitigation measure is included in the proposed project's Mitigation Monitoring and Reporting Program.

As detailed in the EIR on DEIR pp. IV.D.65-IV.D.66, the Construction Transportation Management Plan would include, but would not be limited to, coordination with other nearby construction projects and affected City agencies such as the San Francisco Police and Fire Departments and the San Francisco Municipal Transportation Agency to anticipate and minimize construction-related impacts on emergency access, to minimize disruption to Muni service, and to promote pedestrian and bicycle safety and connectivity during the construction period. The Construction Transportation Management Plan would supplement or expand on the City's

existing best management practices through more refined management of demand, e.g., consolidation of truck delivery trips and construction worker trips; through a public information plan to inform nearby businesses and the public of the ongoing construction and provide a contact person for public concerns; through identifying the best practices to address pedestrian safety and bicycle safety through construction; and through the use of an on-site traffic coordinator to actively manage construction truck trips, hospital deliveries, and emergency vehicle access to minimize effects on traffic flows. The comment notes the need to hire a bilingual transportation coordinator. The project sponsor has expressed the willingness to add such a specification to the Construction Transportation Management Plan, when it is developed. Therefore, the third bullet under Mitigation Measure C-M-TR-2 on DEIR p. IV.D.65, which recommends the use of a transportation coordinator to actively manage traffic, is revised as follows:

- Hire a transportation manager, preferably a Chinese-speaking bilingual person, to actively manage the construction vehicle, truck loading, passenger loading and emergency vehicle access to the project site through at least the most intense phases of construction.

The Construction Transportation Management Plan requires review and approval by a variety of City agencies including the Planning Department and the San Francisco Municipal Transportation Agency. As discussed in the EIR on DEIR pp. IV.D.65-IV.D.66, the Construction Transportation Management Plan would include details on the hours of work, truck management plans, lane and sidewalk closures, and lane and sidewalk detour plans, including way-finding signage. The various City departments would ensure that the Construction Transportation Management Plan addresses safety and traffic concerns and is consistent with City requirements as part of their review. Although the Construction Transportation Management Plan is not distributed to the public as part of the City's review and approval process, if there is community interest the project sponsor could consider distributing the Construction Transportation Management Plan prior to the Transportation Advisory Staff Committee public meeting. Alternatively, distribution of the Construction Transportation Management Plan to the public could be imposed on the project by the City decision-makers through the approval process.

#### Pedestrian Safety During Construction

Existing pedestrian conditions near the main project site are described in the EIR on DEIR pp. IV.D.16-IV.D.19. Also discussed in this subsection are the ongoing efforts to improve the pedestrian environment as embodied in the *Chinatown Alleyway Master Plan* and the Pedestrian Safety Plan for Chinatown, a plan jointly developed by the Chinatown Community Development Center and the Chinatown Transportation Research and Improvement Project.

In general, lane and sidewalk closures as a part of construction activity must meet *City's Requirements for Working in San Francisco Streets* (SFMTA Blue Book) and are subject to

review and approval by the City's Transportation Advisory Staff Committee, which is chaired by an SFMTA Traffic Engineering staff member and consists of representatives of other City departments (including Public Works, Fire, Planning, Police, Public Health, Port and the Taxi Commission).

As discussed in the EIR on DEIR p. IV.D.53, during construction the existing metered on-street parking on the north side of Jackson Street in front of the 1924 MAB (between Trenton Street and Bedford Place) would be removed, and the existing white loading zone on the south side of Jackson Street (between James Alley and the existing driveway to the Chinese Hospital Parking Garage) would be removed. A covered pedestrian walkway would be constructed in the Jackson Street right-of-way to the north of the sidewalk directly in front of the 1924 MAB (i.e., the eastbound travel lane would be shifted to the north). This covered pedestrian walkway would be in use throughout the duration of construction. Similar strategies would be implemented in the vicinity of the main project site/construction staging area at 933-949 Stockton Street (the site of the future Chinatown Muni Station)<sup>2</sup> as well as along the street frontage at the 740 Washington Street project site.<sup>3</sup> As discussed above under "Construction Coordination with the Central Subway Project" on pp. C&R.III.19-C&R.III.21, pedestrian safety and circulation issues would be addressed, as detailed in the EIR, by the requirement of a Construction Transportation Management Plan pursuant to Mitigation Measure C-M-TR-2 (see DEIR pp. IV.D.65).

Existing lighting on the main project site, discussed on DEIR p. IV.B.26, includes the interior and exterior lighting at the 1924 MAB, the 1979 Chinese Hospital, and the Chinese Hospital Parking Garage and the street lighting along Jackson Street, Trenton Street, and Stone Street. During project construction, the 1979 Chinese Hospital would continue to operate as a 24-hour-a-day, 7-day-a-week institution and street lighting on Jackson, Trenton and Stone Streets would remain. The perimeter of the construction site would be fenced and safety lighting would be included with the covered pedestrian walkway along Jackson Street.

#### Construction Noise and Vibration

A Notice of Preparation/Initial Study (NOP/IS), published May 18, 2011, included environmental review of the proposed project. The environmental topic of Noise is fully analyzed in the NOP/IS and did not require further analysis in the EIR (see DEIR Appendix A, pp. 97-125). The NOP/IS includes an impact analysis of the proposed project's construction noise and vibration impacts under Impact NO-2 (see DEIR Appendix A, pp. 119-123). The analysis indicates that the

<sup>2</sup> San Francisco Planning Department, *Central Subway Project Final SEIS/SEIR*, certified August 7, 2008, pp. 6-34-6-46.

<sup>3</sup> San Francisco Planning Department, *Notice of Preparation of an Environmental Impact Report, Case No. 2007.0211E, 740 Washington Street*, December 17, 2009, pp. 49-51.

demolition of the 1924 MAB and the Chinese Hospital Parking Garage and construction of the proposed project would result in a temporary or periodic increase in ambient noise levels and vibration. The noise levels of construction equipment at distances of 50 and 100 feet from the sources (with and without controls) are listed in Table 9 on DEIR Appendix A, p. 121. The proposed Replacement Hospital building would have a mat foundation; thus, pile-driving, which is the most disruptive noise-generating activity, would not be part of the proposed project. Mitigation Measure M-NO-2: General Construction Noise Measures (see DEIR Appendix A, pp. 122-123) is identified to minimize noise and vibration to the maximum extent possible over the 36-month construction period. Among the measures described are the use of the best available noise-control technologies, i.e. improved mufflers and intake silencers, and the placement of stationary noise sources as far from adjacent or nearby sensitive receptors as possible. Implementation of this mitigation measure would reduce the impact to a less-than-significant level. The project sponsor has agreed to implement this mitigation measure, which is included in the proposed project's Mitigation Monitoring and Reporting Program.

As indicated in DEIR Appendix A, on p. 119, the project sponsor is required to comply with the San Francisco Noise Ordinance, which limits construction hours to the period between 7:00 AM and 8:00 PM. The project sponsor has indicated that demolition and construction activities would be limited to the weekdays between 7:00 AM and 8:00 PM.

#### Project Site Management and Construction Dust Control

Environmental review of the proposed project included a Notice of Preparation/Initial Study (published May 18, 2011). The environmental topic Hydrology and Water Quality is fully analyzed in the NOP/IS and did not require further analysis in the EIR (see DEIR Appendix A, pp. 188-189). The NOP/IS includes an impact analysis of the proposed project's construction impacts on hydrology and water quality under Impact HY-3. Excavation and other building construction activities that require the removal of soils that could lead to erosion are discussed. The project sponsor's construction contractor is required to prepare a Stormwater Pollution Prevention Plan (SWPPP) to prevent the loss of soil during construction due to stormwater runoff and/or wind erosion and to prevent sedimentation from entering the combined stormwater-sewer system. SWPPPs contain a number a best management practices to minimize erosion and to control sedimentation. Typical erosion control measures in a SWPPP include, but are not limited to, the minimization of the disturbed area; the phasing of construction activities; the control of stormwater flowing onto and through the project site; the prompt stabilization of soils; and the protection of slopes. Typical sediment control BMPs in a SWPPP include, but are not limited to, the protection of storm drain inlets; the establishment of site perimeter controls; the retention of sediment on-site; the control of dewatering practices; and regular inspection and maintenance of the controls. The analysis concluded that with the implementation of a SWPPP the impact of construction activities on water quality would be less than significant.

In addition, as described in the EIR on DEIR p. IV.E.20, the project sponsor is required to comply with the City's Construction Dust Control Ordinance. For sites ½ acre or larger in size, a Dust Control Plan must be submitted to and approved by the San Francisco Department of Public Health prior to the issuance of a building permit by the Department of Building Inspection. The Construction Dust Control Ordinance requires best management practices such as watering all active construction areas to prevent dust from becoming airborne; providing water to control dust (without creating run-off) in any area of land clearing, earth movement, excavation, drilling, and other dust-generating activity; wet sweeping or vacuuming the streets, sidewalks, paths, and intersections where work is in progress during excavation and dirt-moving activities; covering any inactive (no disturbance for more than seven days) stockpiles greater than 10 cubic yards or 500 square feet of excavated materials, backfill material, import material, gravel, sand, road base, and soil with a 10 mil (0.01 inch) polyethylene plastic or equivalent tarp and bracing it down; and using dust enclosures, curtains, and dust collectors as necessary to control dust in the excavation area. As stated on DEIR p. IV.E.25, implementation of required best management practices for on-site management of fugitive dust is sufficient to reduce emissions to a less-than-significant level.

## F. ALTERNATIVES

### ADDITIONAL ALTERNATIVES SUGGESTED BY COMMENTS

#### Comments

Of course, we do have all the necessary alternatives, including the full preservation, partial preservation, no project, and the preferred project. So we certainly have a lot of things to choose from. And, of course, that would move forward at a later time. (*Commissioner Michael J. Antonini*) [TR.3.2]

The design of the proposed new hospital is severely lacking and the HPC recommends an additional compatible design alternative—one that is between the compatible replacement hospital alternative and the proposed project. Such an alternative should not only be significantly more compatible with the surrounding historic context but should more fully serve the functional needs of the hospital. (*Charles Chase, President, San Francisco Historic Preservation Commission*) [A.2.3]

#### THE START OF PUBLIC PROCESSES

Fortuitously, we need not rush to one planning solution. The CEQA public process is just beginning---to evaluate all environmental, historical and cultural impacts. The Public Comment Period ends on May 31, 2012. We need to work together as a city and a community to study long-term goals, identifying design alternatives that satisfy all needs. (*Wilma Pang and Howard Wong, Co-Chairs, A Better Chinatown Tomorrow*) [B.2.2]

## DESIGN ALTERNATIVES

The Project's large \$160 million budget and the Chinatown Community's creativity are good signs for a win-win design alternative. The DEIR should expand on creative designs:

- Best case studies of historic preservations/ additions, e.g. Chinatown YMCA, YWCA, Ferry Building, Citicorp Center'.
- Best case studies of hospital renovations and historic preservations---particularly in older cities like New York/ Washington DC/ Boston, Europe and Asia.
- Variations of preservation designs, with new additions of greater heights.
- Partnerships with adjacent property owners---for new construction and shared uses.
- Purchase/ donations/ rentals of adjacent properties---with distribution of hospital functions, e.g. the recently-approved relocation of the Hospital's Infusion Unit to a former furniture showroom at 827 Pacific Avenue. (*Wilma Pang and Howard Wong, Co-Chairs, A Better Chinatown Tomorrow*) [B.2.4]

Further, the DEIR rejects the preservation alternative on the basis that it would provide four fewer beds than that proposed by the proposed project and wouldn't provide a new 22-bed skilled nursing facility. The City has not, however, properly evaluated an option that would allow for the operation of the proposed nursing operation in a neighboring building in the surrounding area. Rejecting the Full Preservation Alternative solely on this basis would be difficult to justify in a Statement of Overriding Considerations, which also must be based on substantial evidence and will undoubtedly be necessary in the event the proposed project is approved. (*Brian R. Turner, Senior Field Officer/Attorney, National Trust for Historic Preservation*) [B.6.3]

Under CEQA, public agencies "should not approve projects as proposed if there are feasible alternatives or feasible mitigation measures available that would substantially lessen the environmental effects of such projects." (PRC §21002) CEQA Guidelines require that the EIR consider a reasonable range of less harmful alternatives that could feasibly obtain the project's basic objectives. In order to fulfill this mandate, Heritage urges the Planning Department to revisit preservation alternatives described in in the DEIR and consider the following modifications to enhance their feasibility:

- **Reexamine Construction Phasing** – The Department should reevaluate how carefully planned construction phasing could facilitate an improved preservation outcome. Constructing the Replacement Hospital in place of both the 1979 building *and* the 41-space parking garage, for example, would seemingly allow for retention of the 1924 MAB and meet most, if not all, of the project objectives. The construction schedule should be recalibrated to allow for minimal disruption in hospital service and maximum preservation of the MAB. This can be accomplished with three phases of construction instead of two: Phase 1 to construct the first portion of the Replacement Hospital in place of the Parking Garage, Phase 2 to construct the second portion of the Replacement Hospital in place of the 1979 building, and Phase 3 to renovate the 1924 MAB.
- **Analyze alternative locations for an off-campus 22-bed skilled nursing facility** – The DEIR fails to consider an alternative location for the 22-bed skilled nursing facility, one of the project sponsor's key goals. The skilled nursing facility is intended for patients who no longer need intensive care, but who are not yet ready to return home. Identifying

an alternative site in the neighborhood would meet the project sponsor's goals and help avoid demolition of the 1924 MAB.

- **Reconfigure the Partial Preservation Alternative** – Under the Partial Preservation Alternative outlined in the DEIR, the retained front portion of the 1924 MAB would become administrative offices. As stated in the DEIR, this is an inefficient use for the 33-foot deep space. In order for this alternative to meet more of the project objectives, the Department should consider options for further reconfiguring the interior to maximize space for non-administrative hospital uses (while still retaining the façade of the 1924 MAB). Although this variant would meet most of the project objectives and arguably reduce cumulative impacts, it would not avoid significant adverse impacts on historic resources under CEQA. Nonetheless, maintaining the street presence of the historic façade would help minimize impacts on the surrounding district. For this reason, the Partial Preservation Alternative should be modified to achieve more project objectives and thereby enhance its feasibility.
- **Relax height and density limits to enable preservation** – Heritage urges the Department to explore how relaxing height limits and shifting density to elsewhere on the site would facilitate preservation of the 1924 MAB, while enabling project alternatives to meet more of the sponsor's objectives. (*Mike Buhler, Executive Director, San Francisco Architectural Heritage*) [B.7.3]

#### DESIGN ALTERNATIVES

The Project's large \$160 million budget and the Chinatown Community's creativity are good signs for a win-win design alternative. Although the DEIR's preservation design alternatives are a start, they are by no means a complete range of alternatives---and should not exclude preservation concepts that have been built elsewhere. The DEIR needs to expand on creative preservation alternatives:

- **Collaboration:** Foster a collaborative effort between preservation architects, historians and the design team---identifying historic elements, grouping medical/ clinical/ administrative functions and encouraging creativity.
- **Best Practices:** Create a list of best practices and case studies of historic preservations/ additions, like the Chinatown YMCA, Ferry Building, Citicorp Center/ banking hall, Hoffman Grill/ highrise.... In the case of the Chinatown YMCA, original plans for demolition were altered because renovation was much more cost effective and kept the project within budget.
- **Case Studies of Hospital Preservations:** Create a list of hospital historic preservations--particularly in older cities like New York, Washington DC, Boston, Europe, Asia....
- **Variations of Preservation Designs:** If one were to assume preservation of the Old Chinese Hospital, explore feasible preservation permutations. By example,
  1. A taller new addition behind and above the Old Chinese Hospital---as well as onto Trenton Street.
  2. A new addition cantilevering over existing buildings and possibly James Alley (like Citicorp Center).
  3. Creation of large, flexible, more efficient floor plans---merging the floor plates of the existing Medical Center, Old Chinese Hospital and New Addition.



4. Support for height/ zoning variances would be strong if a strong preservation design is proposed.
  5. A taller new addition in combination with purchase/ lease of nearby properties.
- **Variations of Dispersed Functions:** Perhaps a more economically-feasible use of property, the Hospital's administrative and support functions can move to nearby properties---like the recently-approved relocation of the Hospital's Infusion Unit to a former furniture showroom at 827 Pacific Avenue; and proposals for lease or purchase of a Powell Street garage. Thus, the cost of new construction and renovations would decrease dramatically---assuring budgetary success.
  - **Partnerships with adjacent property owners:** For new construction and shared uses.
  - **Purchase/ donations/ rentals of adjacent properties:** Distribution of hospital functions. (*Wilma Pang and Howard Wong, Co-Chairs, A Better Chinatown Tomorrow*) [B.8.2]

## Response

Comments request that the EIR expand the range of alternatives analyzed in the EIR to include design solutions that could retain and reuse the existing 1924 MAB and accommodate an expanded hospital use. Comments also request that the EIR study examples of successful reuse projects, how construction phasing could facilitate preservation, and alternatives that involve locating hospital uses off-site. A comment suggests an alternative that is in between the Compatible Replacement Hospital Alternative and the proposed project.

CEQA Guidelines recognizes that the range of conceivable alternatives to a proposed project, and variations thereto, is potentially vast. CEQA Guidelines Section 15126.6(a) requires only that an EIR consider a reasonable range of alternatives that will foster informed decision-making, and limits the range of alternatives to the "rule of reason." As discussed in the EIR on DEIR pp. VI.1-VI.2,

CEQA Guidelines Section 15126.6(a) requires that an EIR evaluate "a range of reasonable alternatives to the project, or the location of the project, which would feasibly attain most of the basic project objectives but would avoid or substantially lessen any of the significant effects, and evaluate the comparative merits of the alternatives." An EIR need not consider every conceivable alternative to a proposed project. Rather, it must consider a range of potentially feasible alternatives governed by the "rule of reason" in order to foster informed decision-making and public participation (CEQA Guidelines Section 15126.6(f)).

CEQA Guidelines Sections 15126.6(f)(1) and (f)(3) state that "among the factors that may be taken into account when addressing the feasibility of alternatives are site suitability, economic viability, availability of infrastructure, general plan consistency, other plans or regulatory limitations, jurisdictional boundaries (projects with a regionally significant impact should consider the regional context), and whether the proponent can reasonably acquire, control or otherwise have access to the alternative site (or the site is already owned by the proponent)" and that an EIR "need not consider an alternative whose effect cannot be

reasonably ascertained and whose implementation is remote and speculative.”  
The final determination of feasibility will be made by project decision-makers based on substantial evidence in the record, which includes, but is not limited to, information presented in the EIR, comments received on the Draft EIR, and responses to those comments.

Chapter VI, Alternatives to the Proposed Project, on DEIR pp. VI.1-VI.96, presents and analyzes a reasonable range of three feasible alternatives to the proposed project (other than the No Project Alternative) to lessen or avoid significant impacts on historic resources, while feasibly attaining most of the basic project objectives: the Full Preservation Alternative; the Partial Preservation Alternative; and the Compatible Replacement Hospital Alternative. In developing this reasonable range of three feasible alternatives to the proposed project, the Planning Department considered other alternatives (including an Off-Site Alternative, a Code-Complying Alternative, a Seismically Upgraded 1929 Chinese Hospital Alternative, and a Full Program Partial Preservation Alternative), which were ultimately rejected from further consideration as infeasible. These alternatives that were considered and rejected are discussed on DEIR pp. VI.89-VI.96. In response to comments suggesting that height and bulk restrictions should be relaxed for alternatives to allow for flexibility in distributing density within the site, it should be noted that none of the alternatives analyzed in the EIR, and none of the alternatives that were considered and rejected, were bound to existing height and bulk restrictions.

The three preservation alternatives analyzed in the EIR are representative of three different approaches to reducing significant impacts of demolition and new construction on the individual 1924 MAB resource and the historic district resource. The Full Preservation Alternative, on DEIR pp. VI.15-VI.40, would retain and reuse the 1924 MAB, maximize its seismic safety and utility for the functional and regulatory requirements of a modern hospital use with rear and vertical additions, to entirely avoid significant impacts on the individual 1924 MAB resource and on the historic district resource. The Partial Preservation Alternative, on DEIR pp. VI.41-VI.65, would retain the most significant front portion of the 1924 MAB, demolish its rear, and construct a new 10-story tower behind the retained front portion, to substantially reduce (but not avoid) a significant impact on the 1924 MAB resource and avoid the significant impact of demolition on the historic district resource by allowing the most significant and prominent portion of the 1924 MAB to continue contributing to the district. The Compatible Replacement Hospital Alternative, on DEIR pp. VI.66-VI.87, would call for demolition of the 1924 MAB, as with the proposed project, and would construct a new, 9-story compatible hospital building to substantially reduce (but not avoid) the significant impact of new construction on the historic district resource. These alternatives satisfy the requirements of CEQA and no additional EIR alternatives are required. However, a discussion of additional alternatives suggested by comments on the EIR follows.

#### Suggested Variations of Alternatives Analyzed in the EIR

Comments suggest that the EIR should include a variation of the Full Preservation Alternative that both avoids a significant impact on the individual and the district historic resources and accommodates all, or most, of the proposed hospital program. Comments suggest that this may be accomplished by a higher addition, or one that cantilevers over the 1924 MAB. Comments suggest that successful examples of adaptive reuse projects be studied as a model for the proposed project. Comments also suggest that the Partial Preservation Alternative could be reconfigured to better serve the hospital while lessening significant impacts to historic architectural resources.

During the process of developing the EIR alternatives, the Planning Department called for an EIR alternative that avoids a significant impact on the 1924 MAB resource and historic district resource, while enhancing the utility of the 1924 MAB for a modern hospital use with a rear addition and a one-story vertical addition above the 1924 MAB. The Full Preservation Alternative analyzed in the EIR strikes this balance.

The study of successful examples of adaptive reuse projects as a model for the proposed project or project alternatives, as suggested by comments, is unnecessary in the EIR discussion of alternatives. The applicability of such examples to the proposed project would be speculative, given the site-specific conditions of the existing individual historical resource, the district historic resource, and the project setting, as well as the specific functional and regulatory requirements applicable to the hospital use.

In any event, such variations to the Full Preservation Alternative and Partial Preservation Alternatives analyzed in the EIR would continue to be subject to most of the same functional constraints as those described for those alternatives on DEIR pp. VI.25-VI.26 and DEIR pp. VI.49-VI.51, respectively (e.g., fixed floor-to-ceiling heights; constrained floorplates; the need for a seismic joint between old and new construction, limiting required lines of sight between nursing stations and patient rooms; the resulting functional and staffing redundancies; separation of related functions; and a protracted construction schedule).

A comment suggests a variation of the Compatible Replacement Hospital Alternative that is in between that alternative and the proposed project to better conform to the character of the NRHP/CRHR-eligible Chinatown historic district than the proposed project and more fully serve the functional needs of the hospital than the Compatible Replacement Hospital Alternative. These purposes are addressed by the Hospital Façade Design Variant that is under consideration and is included and analyzed in the EIR. As discussed above in this Comments and Responses document on pp. C&R III.9-C&R.III.10, and in the EIR on DEIR p. IV.C.19, the Hospital Façade Design Variant calls for exterior design refinements to the proposed Replacement Hospital façade

to improve its visual relationship with the surroundings neighborhood context, and would accommodate the full interior program of the proposed Replacement Hospital.

#### Suggested Variations of Off-Site Alternatives

A number of comments suggest variations of off-site alternatives to accommodate some, if not all, proposed hospital functions. An Off-Site Alternative is discussed in EIR Section VI.F, Alternatives Considered and Rejected, on DEIR pp. VI.89-VI.96. That section describes potential alternatives that were considered during the process of developing EIR alternatives and explains the reasons why they were rejected from further analysis in the EIR, due to outright infeasibility or inability to meet project objectives (see CEQA Guidelines Section 15126.6).

It is not necessary to specifically address each suggested variation of the considered and rejected Off-Site Alternative in this response. However, by way of example, comments suggest that an alternative be studied which retains, rehabilitates, and reuses the 1924 MAB as a hospital, and which provides the proposed 22-bed skilled nursing facility off-site. The off-site provision of a skilled nursing facility would be infeasible for the purposes of CEQA Guidelines Section 15126.6, generally for the same reasons as those presented as the rationale for rejecting the Off-Site Alternative from further consideration in the EIR on DEIR pp. VI.89-VI.92.

Further and more specifically, skilled nursing facilities must meet specific State and Federal requirements in order to be licensed and receive payment from federally funded programs (Medicare and MediCal).<sup>4</sup> Pursuant to these State and Federal requirements, a skilled nursing facility must, among other items, (i) provide all five of the following services: physician, skilled nursing, dietary, pharmaceutical and an activity program; (ii) make arrangements for obtaining necessary diagnostic and therapeutic services; and (iii) provide additional support services (committees, patient care policy, infection control and pharmaceutical service). All of the State and Federal requirements, including the five required services, the diagnostic and therapeutic services, and additional support services and committees currently exist within the hospital organizational structure and would be housed within the proposed Replacement Hospital building. Additionally, the project sponsor does not own or lease any property within Chinatown or elsewhere that would be suitable for building a skilled nursing facility. Therefore, provision of a skilled nursing facility in a separate building elsewhere would require assembling and securing a site; constructing a new separate skilled nursing facility that meets all of these requirements; and providing all of the required services in both the proposed Replacement Hospital and again in

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<sup>4</sup> Linda Schumacher, Chief Operating Officer, Chinese Hospital, *Memorandum: Chinese Hospital Replacement Project – Title 22 of the California Code of Regulations for Skilled Nursing Facilities*, June 7, 2012. This document is available for review at the San Francisco Planning Department, 1650 Mission Street, Suite 400, as part of Case File No. 2008.0762E.

the separate building where the skilled nursing facility would be located. Therefore, provision of an off-site skilled nursing facility would inefficiently duplicate services already provided in the proposed Replacement Hospital, add exponentially to the construction and operating costs, and undermine the benefits of including the skilled nursing facility as part of the Replacement Hospital.

#### Suggested Alternative Calling for Reexamination of Construction Phasing

Comments suggest that construction phasing be re-examined to allow for the retention of the 1924 MAB. Under the suggested scheme the 1924 MAB would be retained; the Chinese Hospital Parking Garage would be demolished, and a new “phase 1” hospital building would be constructed in its place; the 1979 Chinese Hospital building would then be demolished, and a new “phase 2” hospital would be constructed in its place.

Analysis of such a scheme in the EIR is unnecessary under CEQA Guidelines Section 15126.6. Assuming that interruption and disruption of hospital functions were tolerable during the phases of construction under this suggested alternative, and that certain functions of the proposed hospital program may be deferred or provided temporarily until their permanent installation within the “phase 2” building, the “phase 1” hospital building would nonetheless need to include all of the functions of a fully functioning hospital (essential services, administrative functions, building support, etc.). The “phase 1” hospital building would have similar programmatic constraints and inefficiencies as described in the EIR for the Partial Preservation Alternative on DEIR pp. VI.49-VI.51. Unlike the Partial Preservation Alternative, however, these constraints would be substantially magnified under the suggested alternative due to the more constrained floorplate size of the “phase 1” tower which would be limited to the footprint of the Chinese Hospital Parking Garage. For example, a patient room floor within the “phase 1” tower suggested in the comment could accommodate only up to 4 acute-care beds, while a patient room floor under the Partial Preservation Alternative could accommodate up to 8 acute-care beds.

#### Conclusion

The EIR discloses the comparative environmental consequences, and the ability to meet project objectives, of a reasonable range of feasible alternatives to the proposed project, sufficient to foster informed decision-making and public participation. Therefore, inclusion of additional alternatives is not required under CEQA. Additionally, for the reasons stated above, additional alternatives suggested by comments would be infeasible, speculative, and/or are largely addressed in alternatives and the Hospital Façade Design Variant already covered in the EIR.

## FEASIBILITY OF EIR ALTERNATIVES

### Comments

In light of this conclusion [that the proposed project would have a significant adverse impacts on historical resources], the City is required to deny a demolition permit for the historic hospital “if there are feasible alternatives or feasible mitigation measures available that would substantially lessen the environmental effects of such projects” (Pub. Res. Code §21002).

We recognize the need to provide a seismically safe environment for the patients, visitors, physicians, and employees of the Chinatown Hospital. However, we find that the DEIR suffers from a major flaw in concluding the preservation of this historic resource is infeasible.

CEQA requires that findings supporting an alternative’s feasibility or infeasibility must be supported by substantial evidence. (PRC §21081.5). The DEIR’s basis for rejecting the Full Preservation alternative is unpersuasive and, importantly, does not meet this standard.

The California Supreme Court has emphasized that the substantial evidence standard “ensures there is evidence of the public agency’s actual consideration of alternatives and mitigation measures, and reveals to citizens the analytical process by which the public agency arrived at its decision.” *Mountain Lion Foundation v. Fish & Game Commission* (1997) 16 Cal.4th 105, 134.

First, the DEIR rejects the alternative that would seismically strengthen the existing building on the basis that it would cause a longer construction period than the proposed project (DEIR at VI.40). The DEIR lacks data, however, that would substantiate this conclusion. Importantly, there is no strong evidence in the DEIR that the proposed project will, in fact, come in on schedule. In our experience, it is enormously challenging to demolish a building and fully reconstruct a new facility requiring multiple land use and permit approvals in a dense residential area. This is particularly true in light of the likely extent of public opposition to the project, which would remove a highly unique and much beloved resource from an eligible historic district. It is, in fact, far more likely to conduct a much needed seismic retrofit of a historic building on schedule as it would necessitate far less environmental review than a proposal that requires the lengthy approvals involved in demolishing a historic resource in a City that takes great pride in its built heritage. (*Brian R. Turner, Senior Field Officer/Attorney, National Trust for Historic Preservation*) [B.6.2]

Thank you for the opportunity to offer these comments on the Draft Chinese Hospital EIR. In light of the concerns expressed and the requirements of the California Environmental Quality Act we urge the Planning Department to adopt the Full Preservation Alternative. (*Brian R. Turner, Senior Field Officer/Attorney, National Trust for Historic Preservation*) [B.6.4]

### Response

These comments assert that the EIR “concludes” that the Full Preservation Alternative is infeasible and that it “rejects” the Full Preservation Alternative.

The EIR discussion of “Hospital Use Program Constraints under the Full Preservation Alternative,” on DEIR pp. VI.25-VI.26, is presented to compare the ability of this alternative to meet the objectives of the proposed project under CEQA Guidelines Section 15126.6. Comments

appear to misconstrue this discussion as concluding that the preservation of the historic resource is infeasible and rejecting the Full Preservation Alternative.

The EIR discussion of alternatives discloses the comparative environmental consequences and programmatic constraints of a reasonable range of alternatives to the proposed project, which the Planning Department determined to be the feasible alternatives for analysis in the EIR because these alternatives satisfied the licensing requirements for California acute-care hospitals, to foster informed decision-making and public participation. The EIR does not reject the Full Preservation Alternative. On the contrary, the EIR includes and analyzes the Full Preservation Alternative in the EIR as an alternative to the proposed project for the purposes of CEQA Guidelines Section 15126.6(a) and Section 15126.6(f).

These comments also state that the City is required to deny the proposed project under CEQA. In support, the comment cites Section 21002 of the CEQA statute, which states that

The Legislature finds and declares that it is the policy of the state that public agencies should not approve project as proposed if there are feasible alternatives or feasible mitigation measures available which would substantially lessen the significant environmental effects of such projects...”

However, that section goes on to state that

The Legislature further finds and declares that in the event specific economic, social, or other conditions make infeasible such project alternatives or mitigation measures, individual projects may be approved in spite of one or more significant effects thereof.

In order to approve a proposed project, CEQA Guidelines Section 15091(a) requires that the decision-makers (in this case, the Planning Commission and Board of Supervisors) make written findings to document their rationale for approving a project despite its significant adverse environmental impacts. These findings include making findings rejecting the alternatives analyzed in the EIR as being infeasible for the purposes of CEQA Guidelines Section 15091(a)(3). Such findings must be supported by substantial evidence and may include findings that “[s]pecific economic, legal, technological, or other considerations ... make infeasible the mitigation measures or project alternatives identified in the final EIR.” The adoption of findings of infeasibility of alternatives, for the purposes of approving a proposed project, occurs independently of the environmental review process as part of the decision-makers’ deliberations and action to approve, modify, or reject the proposed project.

See the response provided above on p. C&R.III.30-C&R.III.31 that addresses the suggested alternative that would call for off-site provision of the 22-bed skilled nursing facility.





## IV. DRAFT EIR REVISIONS

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This chapter presents text changes for the *Chinese Hospital Replacement Project Draft Environmental Impact Report*. The first part of this chapter presents revisions to the Draft EIR gathered from the responses in Chapter III, Comments and Responses. The second part of the chapter lists staff-initiated text changes to add minor information or clarification related to the proposed project and to correct minor inconsistencies and errors. Deleted text is ~~struck through~~ and new text is underlined.

The text revisions presented below clarify, expand or update the information presented in the Draft EIR. The revised text does not provide new information that would call for changes to any of the conclusions of the Draft EIR, or result in any new significant impact not already identified in the Draft EIR or any substantial increase in the severity of an impact identified in the Draft EIR.

### A. CHANGES IN RESPONSE TO COMMENTS

#### CHAPTER II, PROJECT DESCRIPTION

##### Revision to the Hospital Façade Design Variant Figure

Figure II.18, on DEIR p. II.46, is revised to substitute the elevation drawing with a revised north elevation drawing. See (Revised) Figure II.18: Jackson Street-North Elevation (Hospital Façade Design Variant), presented on the following page of this Comments and Responses document.

#### CHAPTER IV, ENVIRONMENTAL SETTING AND IMPACTS

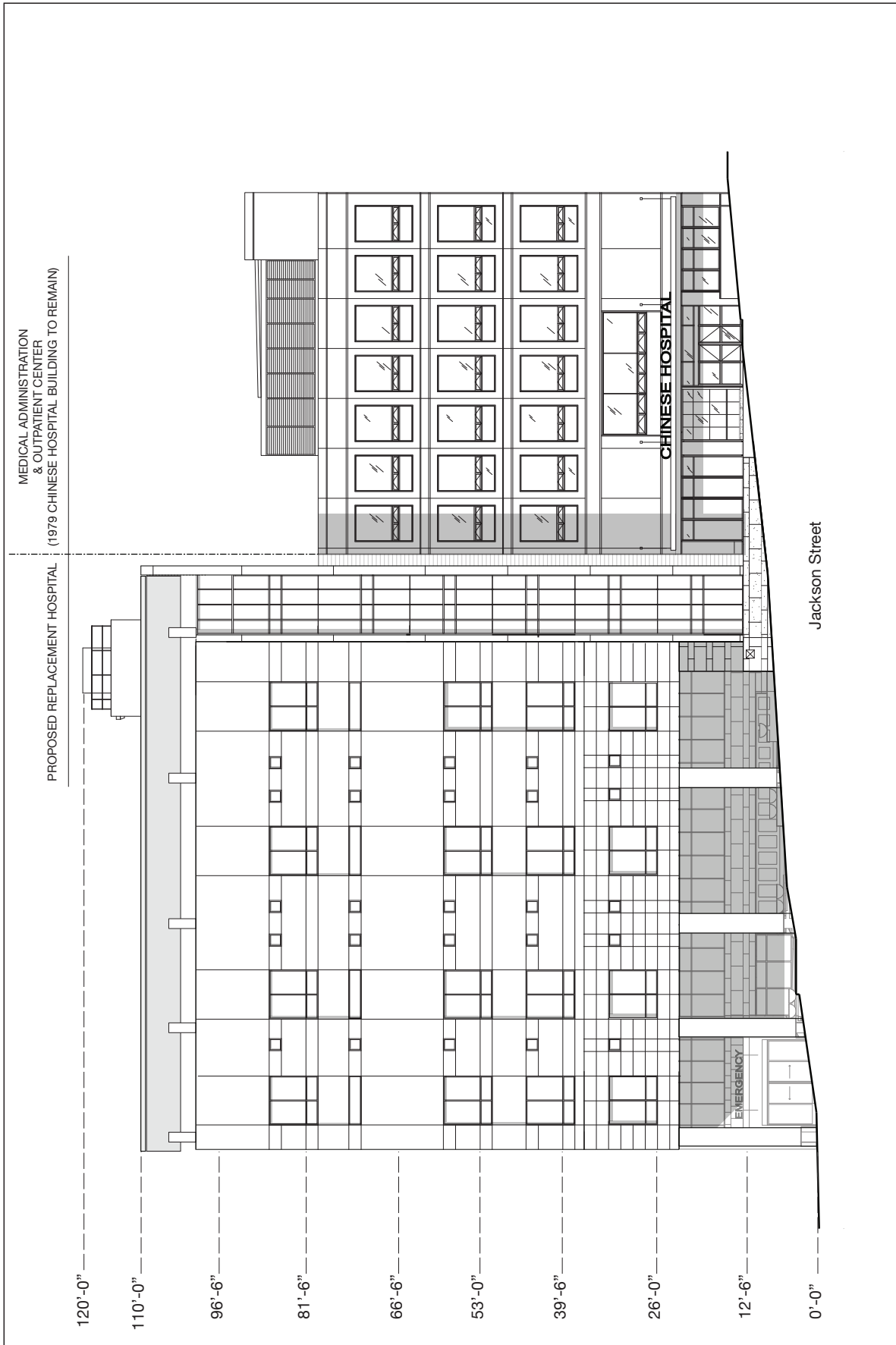
##### Section IV.C, Historic Architectural Resources

The fifth paragraph of Mitigation Measure M-CR-1a, on DEIR p. IV.C.21, is revised as follows:

The project sponsor shall transmit such documentation, in both printed and electronic form, to the Chinese Historical Society of America, the History Room of the San Francisco Public Library, and to the Northwest Information Center of the California Historical Information Resource System.

The first paragraph of Mitigation Measure M-CR-1b, on DEIR pp. IV.C.21-IV.C.22, is revised as follows:

The project sponsor shall provide a permanent display of interpretive materials concerning the history and architectural features of the original 1924 MAB and



SOURCE: Jacobs Global Buildings

# CHINESE HOSPITAL REPLACEMENT PROJECT

2008.0762E

(REVISED) FIGURE II.18: JACKSON STREET-NORTH ELEVATION  
(HOSPITAL FAÇADE DESIGN VARIANT)

its historic and architectural relationship to the larger Chinatown community. Interpretation of the site's history shall be supervised by an architectural historian or historian who meets the Secretary of the Interior's Professional Qualification Standards, and shall be conducted in coordination with an exhibit designer. The interpretative materials (which may include, but are not limited to, a display of photographs, news articles, memorabilia, video) shall be placed in a prominent public setting within the Replacement Hospital building or MAOC. The project sponsor shall also transmit such interpretive materials, in both printed and electronic form (to the extent these materials are reproducible), to the Chinese Historical Society of America.

#### Section IV.D, Transportation and Circulation

The third bullet under Mitigation Measure C-M-TR-2 on DEIR p. IV.D.65 is revised as follows:

- Hire a transportation manager, preferably a Chinese-speaking bilingual person, to actively manage the construction vehicle, truck loading, passenger loading and emergency vehicle access to the project site through at least the most intense phases of construction.

### B. STAFF-INITIATED CHANGES

#### CHAPTER I, SUMMARY

##### Revision to Draft EIR Table S.4

Table S.4: Summary of Impacts of the Proposed Project Compared to Alternatives A,B, C, and D, on DEIR p. S.25 is revised. The cell in the column entitled "Alternative C: Partial Preservation" and in the row entitled "Historic Architectural Resources," is revised as shown below on p. C&R.IV.3.

(Note: The excerpted and revised table cell is highlighted in gray.)

**Table S.4** (Excerpt)

	<b>Alternative C: Partial Preservation</b>
<b>Historic Architectural Resources</b>	Retains front of 1924 MAB; demolishes rear; constructs new tower behind. 10 stories.
Impact on 1924 MAB	Significant and Unavoidable with Mitigation (although lessened by retention of 1924 MAB front)
Impact on Historic District	<u>Impact of rear demolition is Less than Significant. Impact of new tower is Significant and Unavoidable with Mitigation.</u>

## CHAPTER IV, ENVIRONMENTAL SETTING AND IMPACTS

### Section IV.B, Aesthetics

Footnote 2 on DEIR p. IV.B.4 is revised as follows:

<sup>2</sup> San Francisco Planning Department, City and County of San Francisco, *Chinatown Area Plan*, Policy 1.2.

### Section IV.C, Archaeological Resources

Footnote 7 on DEIR p. IV.C.10 is revised as follows:

<sup>7</sup> Files of the San Francisco Planning Department reveal efforts over the years to nominate San Francisco's Chinatown to the National Register. A National Register nomination for a Chinatown historic district was prepared in 1979, although there is no evidence that this study was acted upon. A draft National Register nomination form was also submitted to the California Office of Historic Preservation in 1993. A letter in 1993 from Steade R. Craig, then acting State Historic Preservation Officer, states that "At the present time we are unable to determine precisely the boundaries of an eligible National Register district (as quoted in the HRE on p. 10)."

The second-to-last paragraph under Mitigation Measure M-CR-1a: Documentation on DEIR p. IV.C.21 is revised as follows:

The project sponsor shall transmit such documentation, in both printed and electronic form, to the History Room of the San Francisco Public Library, and to the Northwest Information Center of the California Historical ~~Information~~ Resource Information System.

### Section IV.D, Transportation and Circulation

The third sentence of the first full paragraph on DEIR p. IV.D.37 is revised as follows:

According to the most recent transportation study conducted in that area, the LOS at the Kearny Street/Washington Street intersection operates at LOS AB in the P.M. peak hour with an average vehicle delay of 9.4~~10.4~~ seconds.<sup>23</sup>

Footnote 23 on DEIR p. IV.D.37 is revised as follows:

<sup>23</sup> CHS Consulting, City College of San Francisco, *Chinatown/North Beach Campus Transportation Study*, May 2007, p. 37.

### Section IV.E, Air Quality

Footnote 14 on DEIR p. IV.E.10 is revised as follows:

<sup>14</sup> CARB, *Air Quality and Land Use Handbook: A Community Health Perspective*, April 2005, p. ES-1. Available online at: <http://www.arb.ca.gov/ch/handbook.pdf>, accessed March 26, 2012.

Footnote 33 on DEIR p. IV.E.25 is revised as follows:

<sup>33</sup> Western Regional Air Partnership, *WRAP Fugitive Dust Handbook*, September 7, 2006, pp. 3-13 –3-16. Available online at: [http://www.wrapair.org/forums/dejf/fdh/content/FDHandbook\\_Rev\\_06.pdf](http://www.wrapair.org/forums/dejf/fdh/content/FDHandbook_Rev_06.pdf). Accessed March 16, 2012.

Footnote 52 on DEIR p. IV.E.30 is revised as follows:

<sup>52</sup> BAAQMD, *Recommended Methods for Screening and Modeling Local Risks and Hazards*, May 2011, p. 12.

Footnote 56 on DEIR p. IV.E.35 is revised as follows:

<sup>56</sup> Cal/EPA, Office of Environmental Health Hazard Assessment, *The Air Toxics Hot Spots Program Guidance Manual for Preparation of Health Risk Assessments*, August, 2003, pp. 2-4; 4-18 - 4-19; 5-1 - 5-3; 5-15 - 5-17; and 8-3 - 8-5.

Footnote 63 on DEIR p. IV.E.39 is revised as follows:

<sup>63</sup> BAAQMD, *CEQA Air Quality Guidelines*, updated May 2011, ~~(see footnote 60, p. 1)~~ on p. 6-1.

## CHAPTER VI, ALTERNATIVES

Footnote 46 on DEIR p. VI.90 is revised as follows:

<sup>46</sup> TIS, p. 46.



## **APPENDIX A: PUBLIC HEARING TRANSCRIPT COMMENTS**

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**In The Matter Of:**  
*CHINESE HOSPITAL REPLACEMENT PROJECT VS*

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*May 17, 2012*

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*CLARK REPORTING & VIDEO CONFERENCING*  
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1           BEFORE THE SAN FRANCISCO PLANNING COMMISSION

2

3

4           835-845 JACKSON STREET - CHINESE HOSPITAL REPLACEMENT

5

PROJECT

6

PUBLIC HEARING

7

ON THE DRAFT ENVIRONMENTAL IMPACT REPORT

8

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May 17, 2012

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Item F.10. 2008.0762E

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Commission Chambers - Room 400

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City Hall, 1 Dr. Carlton B. Goodlett Place

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San Francisco, California

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REPORTED BY: FREDDIE REPPOND, STENOGRAPHIC REPORTER

1                                   A P P E A R A N C E S

2    SAN FRANCISCO PLANNING COMMISSION:

3           Commissioner Rodney Fong, President

4           Commissioner Cindy Wu, Vice President

5           Commissioner Michael Antonini

6           Commissioner Gwyneth Borden

7           Commissioner Ron Miguel

8           Commissioner Hisashi Sugaya

9    PRESENTATION:

10           Devyani Jain, Senior Environmental Planner,  
11           San Francisco Planning Department

12   FROM THE PUBLIC

13           Howard Wong

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15                                   ---o0o---

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1 the 1924 MAB, the 41-space Chinese Hospital parking  
2 garage on the project site; construction of a 48-bed  
3 replacement hospital building with a new 22-bed skilled  
4 nursing facility in place of the demolished buildings  
5 on the site. It also includes renovation of the  
6 existing 1979 Chinese Hospital building to serve as a  
7 medical administration and outpatient center and a  
8 proposal to create a special-use district, or SUD, for  
9 the project to support the expansion of medical  
10 services on the project site.

11 The proposed replacement hospital building  
12 would be designed and constructed to fully comply with  
13 the requirements of Senate Bill 1953 for seismic safety  
14 of acute-care facilities. The existing 1979 Chinese  
15 Hospital building would remain in operation until the  
16 proposed replacement hospital is fully functional. The  
17 proposed project would be completed in two development  
18 phases over a four-year period between fall 2012 and  
19 winter 2015.

20 In addition to the project, two variants are  
21 also being considered by the project sponsor. The  
22 first variant is the off-street parking variant, which  
23 would include the same development on the 835-845  
24 Jackson Street site as the proposed project. In  
25 addition, it would include off-street parking and an

1 expanded engineering shop and storage space for Chinese  
2 Hospital at the existing Powell Street parking garage  
3 at 1140 Powell Street between Washington and Jackson  
4 Streets to the west of the project site.

5 And the second variant to the project is the  
6 hospital facade design variant, which would have a  
7 different design for the replacement hospital's facade  
8 compared to the proposed project. This variant would  
9 otherwise be identical in terms of development and  
10 building envelope to the proposed project.

11 The proposed project would require General  
12 Plan referral, General Plan amendments, Planning Code  
13 text, and zoning map amendments to reclassify height  
14 and bulk limits and establish SUD boundaries, among  
15 other project approvals.

16 The Planning Department published a notice of  
17 preparation of an EIR and initial study for this  
18 project on May 18, 2012. And the draft EIR was  
19 published and released on April 16, 2012. The draft  
20 EIR for this project found that implementation of the  
21 proposed project and its two variants would result in  
22 the following project-level and cumulative significant  
23 unavoidable environmental impacts.

24 One, demolition of the original 1924 Chinese  
25 Hospital building at 835 Jackson Street, or the 1924

1 MAB building, under the proposed project would result  
2 in significant and unavoidable historic architectural  
3 resource impacts on an individual historic resource and  
4 on the National Register of Historic Places/California  
5 Register of Historic Resources-eligible Chinatown  
6 Historic District, both of which were identified as  
7 historic resources under the California Environmental  
8 Quality Act, or CEQA.

9 Two, construction, that is design and  
10 development, of the proposed replacement hospital on  
11 the project site would result in a significant  
12 unavoidable historic architectural resource impact on  
13 the National Register of Historic Places/California  
14 Register of Historic Resources-eligible Chinatown  
15 Historic District.

16 Three, demolition of the 1924 MAB and  
17 construction of the replacement hospital under the  
18 proposed project would also result in a cumulatively  
19 considerable contribution to significant adverse  
20 historic architectural resource impacts on the same  
21 Chinatown Historic District.

22 And, fourth, we have an air-quality  
23 significant impact, which is construction of the  
24 proposed project would generate substantial levels of  
25 PM2.5 and other toxic air contaminants, including

1 diesel particulate matter, that could substantially  
2 affect sensitive receptors; and this would be a  
3 significant and unavoidable air quality-related health  
4 risk impact.

5           The Historic Preservation Commission held a  
6 hearing on the project's draft EIR on May 2nd.  
7 Comments received from the HPC related mainly to  
8 historic resources, specifically the proposed project's  
9 significant impacts on the individual historic  
10 resource, that is the 1924 MAB; on the National  
11 Register of Historic Places/California Register of  
12 Historical Resources-eligible Chinatown Historic  
13 District; and cumulative impacts of the proposed  
14 project on historic resources, particularly when  
15 combined with those of concurrent area projects.

16           They also commented on design of the proposed  
17 replacement hospital, recommended additional compatible  
18 design alternative, and additional historic mitigation  
19 measures.

20           I have copies of the EIR comment letter  
21 received from the HPC which I have already shared with  
22 the Commissioners through email and I also put a copy  
23 on your desks.

24           Please note that staff is not here to answer  
25 questions -- to answer questions or comments on the



1 draft EIR today. All comments made today will be  
2 transcribed and responded to in writing in the  
3 comments-and-responses document, which will respond to  
4 all verbal and written comments and questions received  
5 and make revisions to the draft EIR as appropriate.

6 I would like to remind all speakers that this  
7 is not a hearing to consider approval or disapproval of  
8 the proposed project. Approval hearings will follow  
9 the final EIR certification. We are here instead today  
10 to receive comments from the public and Commissioners  
11 regarding the draft EIR as part of the environmental  
12 review process required by the California Environmental  
13 Quality Act. Accordingly, we request that your  
14 comments be focused on the adequacy and accuracy of  
15 information and analysis contained in the draft EIR.

16 I would also request that you speak as slowly  
17 and clearly as possible so that the court reporter can  
18 produce an accurate transcript. Also, commenters  
19 should state their name and address so that they can be  
20 properly identified and so that they can be sent a copy  
21 of the comments-and-responses document when completed.

22 After hearing comments from the public, we  
23 will also receive any comments on the draft EIR by  
24 members of the Commission.

25 I would like to remind the public and

1 Commissioners that the public comment period for this  
2 draft EIR began on April 16th and extends until 5:00  
3 p.m. on May 31st, 2012.

4 This concludes my presentation on this  
5 matter. And unless the Commission members have any  
6 clarifications or questions, we can open the public  
7 hearing.

8 Thank you.

9 PRESIDENT FONG: Is there any public comment?  
10 You can leave it on the bench there.

11 HOWARD WONG: Good afternoon. Howard Wong  
12 with ABCT, A Better Chinatown Tomorrow, which is an  
13 organization which for eight years has sponsored  
14 cultural, music, and art events in Chinatown.

15 This project is one of the projects that I  
16 think that we all as a community need to look at very  
17 carefully. I think all the professional staff, the  
18 Planning Department, Commissioners, Historic  
19 Preservation Commission, preservation community,  
20 neighborhood groups, the people of Chinatown really  
21 need to look at this project in its holistic impact on  
22 Chinatown way into the future. We can ill afford to  
23 continue to lose building by building, facade by  
24 facade, sign by sign, historic element by historic  
25 element, restaurant by restaurant, and all the things

TR1.1

1 that make up Chinatown.

2 Chinatown has survived very -- and by  
3 happenstance, actually -- the 1800s, anti-Chinese  
4 riots; pre-1906, the very ambitious plan to move  
5 Chinatown to the southern part of the city; post-1906  
6 earthquake and fire, a very aggressive plan by the  
7 business community to move Chinatown to Bayview; and,  
8 of course, the continuing encroachment of large  
9 development, densification, gentrification -- the very  
10 reasons why many Chinatowns in the United States have  
11 disappeared, like Washington, D.C.'s recent subway  
12 construction. Within an amazingly short number of  
13 years that Chinatown has eroded drastically.

14 We see Chinatown, perhaps many people, as  
15 old; but many of us see Chinatown as a living treasure,  
16 a history of Chinese in America. From Chinese Hospital  
17 from 1925 and particularly after the World War II  
18 baby-boom, much of Chinese in America emanated from  
19 that one energy source. It was an incredible cultural  
20 ripple effect from Chinese Hospital. We need to really  
21 look at this project, engage everybody -- all the  
22 professional people that we have at our disposal -- and  
23 look at this project in a holistic way.

24 The Planning Department and Planning staff,  
25 over the decades, have saved many of our great



1 buildings through their sheer will against very strong  
2 opposition. The CitiCorp Building on Sansome, for  
3 instance. The banking hall was saved. I understand  
4 that the developers were so upset at the Planning  
5 Department they left the Planning Department's name off  
6 of the plaque. And there are many instances like that  
7 throughout the Financial District and throughout the  
8 city. Let's do our best to save the old Chinese  
9 Hospital.

10 Thank you.

11 PRESIDENT FONG: Is there additional public  
12 comment?

13 Commissioners?

14 I'm sorry. The public hearing then is closed  
15 on this item.

16 Commissioners? Commissioner Wu?

17 COMMISSIONER WU: Thank you.

18 So I'll try to keep my comments focused on  
19 the EIR, although I have many thoughts about Chinatown  
20 itself.

21 So I'm curious -- so I read the letter from  
22 the Historic Preservation Commission. And I think that  
23 there are a lot of considerations around the historic  
24 nature of the building that should be -- or needs to be  
25 demolished or is being proposed to be demolished. I

TR1.1  
cont'd.

TR2.1

1 want to highlight the sort of importance of keeping use  
2 and people in the neighborhood also and not just --  
3 just buildings. And so the importance of having these  
4 medical services in the neighborhood really is  
5 outstanding. And as there are more and more satellite  
6 Chinatowns in the city and the region, I think the  
7 health services are really what draws a lot of people  
8 back to this Chinatown.

TR2.1  
cont'd.

9           So with regard to the EIR, I had some very  
10 specific questions. One around traffic and about  
11 traffic during construction and whether there will be  
12 coordination with other major construction projects  
13 happening in the neighborhood. And I'm speaking  
14 specifically about the Central Subway. I think there  
15 will be major construction for both of these projects  
16 exactly in the same year; and that it's already a very  
17 heavy pedestrian corridor -- Stockton Street,  
18 Washington Street, Jackson Street -- and that there  
19 should be real consideration of that.

TR2.2

20           And on pedestrian safety, about -- I have a  
21 question about whether there will be some sort of a  
22 construction walkway right in front of the hospital  
23 itself. Recently on the City College campus in  
24 Chinatown, there actually was no walkway in front of  
25 the building itself; and I think that created a great

TR2.3

1 hazard for the people in the neighborhood.

TR2.3  
cont'd.

2 I wanted to point out that on transportation  
3 I like seeing that there was someone dedicated in the  
4 EIR post-construction for what they called  
5 transportation demand management. And I think that  
6 that kind of sort of providing that technical  
7 assistance to maybe the employees that work at the  
8 hospital or to people that are patients of the  
9 hospital, it's very helpful to, I think, get people in  
10 the habit of using transit if they weren't previously.  
11 That will be important for the success of this project.

TR2.4

12 So that's my questions for now.

13 PRESIDENT FONG: Commissioner Antonini.

14 COMMISSIONER ANTONINI: Well, I, too, read the  
15 letter from the HPC and am in agreement with a lot of  
16 what is stated in there. And, of course, the design  
17 concerns that they have with the replacement structure  
18 in no way has any impact on the adequacy, accuracy, or  
19 completeness of the EIR, which is, of course, all those  
20 things. But I think they do make some points that we

TR3.1

21 have to look at as we go forward. Of course, we do have  
22 all the necessary alternatives, including the full  
23 preservation, partial preservation, no project, and the  
24 preferred project. So we certainly have a lot of things  
25 to choose from. And, of course, that would move forward

TR3.2

1 at a later time. But as far as the report itself, it  
2 seems to be quite thorough.

3 PRESIDENT FONG: Commissioner Miguel.

4 COMMISSIONER MIGUEL: Yes. To follow up on  
5 Commissioner Wu's comments, particularly on page S.21,  
6 all TDM comments, I think, were very well thought out,  
7 actually in much more detail than we usually see in an  
8 EIR. And I was pleased to see that.

9 On the variants, when you get in -- I think  
10 it's on II.41, the off-street parking variant -- I  
11 would fully agree with. I think it's a good use of the  
12 space. I think it can work. And I think it should  
13 definitely be included in the final consideration  
14 there.

15 And then when we get down to the HPC's  
16 comments, there is the hospital facade design variant  
17 on II.45. And hopefully that is sufficient to allow  
18 for additional design considerations in the future,  
19 even though it's a little bit specific. But, to me,  
20 the actual design of the building is something that, as  
21 long as it's covered sufficiently in the EIR, can be  
22 discussed later on when we get to the actual project.

23 But I think this EIR, as such, has been very  
24 thoroughly put together.

25 SECRETARY AVERY: Commissioners, if that

TR3.2  
cont'd.

TR3.3

TR4.1

TR4.2

TR4.3

TR4.4

1 concludes the comments of the Commission, we will just  
2 state that the public comment period extends to close of  
3 business on May 31st, 2012.

4 Thank you.

5 [Activity on the item concluded at 4:33.m.]

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1 STATE OF CALIFORNIA )  
2 COUNTY OF SAN FRANCISCO )  
3

4 CERTIFICATE OF REPORTER  
5

6 I, FREDDIE REPPOND, a duly authorized  
7 Shorthand Reporter and licensed Notary Public, do hereby  
8 certify that on the date indicated herein that the above  
9 proceedings were taken down by me in stenotype and  
10 thereafter transcribed into typewriting and that this  
11 transcript is a true record of the said proceedings.

12 IN WITNESS WHEREOF I have hereunto set my hand  
13 on this 18th day of May, 2012.  
14

15 \_\_\_\_\_  
16 FREDDIE REPPOND  
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## **APPENDIX B: DRAFT EIR COMMENT LETTERS**

---



**From:** Alison Kirk <AKirk@baaqmd.gov>  
**To:** "Devyani.Jain@sfgov.org" 05/02/2012 12:15 PM  
**Subject:** RE: Chinese Hospital Replacement Project DEIR - comments due May 31

Hello,  
I have finished a preliminary review and at this time do not anticipate having any comments.  
Thank you!

┌ A.1.1  
└

Alison Kirk  
415-749-5169

-----Original Message-----

**From:** Devyani.Jain@sfgov.org [mailto:Devyani.Jain@sfgov.org]  
**Sent:** Wednesday, May 02, 2012 11:36 AM  
**To:** Alison Kirk  
**Subject:** Re: Chinese Hospital Replacement Project DEIR - comments due May 31

Dear Alison,  
Thank you for letting me know you will be the Draft EIR reviewer for this project on behalf of BAAQMD.

I will let you know if the Draft EIR comment due date (May 31, 2012) changes.

In the future, we will just send you the notice of availability of Draft EIR, since we do have a website link to the entire Draft EIR document.

Thanks  
Devyani

**From:** Alison Kirk <AKirk@baaqmd.gov>  
**To:** "devyani.jain@sfgov.org" <devyani.jain@sfgov.org> 05/02/2012 11:32 AM  
**Subject:** Chinese Hospital Replacement Project DEIR - comments due May 31

Hello,  
I will be reviewing this document for BAAQMD.

Will you let me know if the comment due date changes?

Also, in the future you can just send BAAQMD the public notice that the DEIR is available, provided the DEIR is available on your website. This will help us cut down on paper use.

Thanks so much!

Alison Kirk, AICP  
Senior Environmental Planner  
Bay Area Air Quality Management District  
939 Ellis Street  
San Francisco, CA 94109

Tel. 415-749-5169  
Fax 415-749-4741



# SAN FRANCISCO PLANNING DEPARTMENT

May 10, 2012

Mr. Bill Wycko  
Environmental Review Officer  
San Francisco Planning Department  
1650 Mission Street, 4<sup>th</sup> Floor  
San Francisco, CA 94103

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Suite 400  
San Francisco,  
CA 94103-2479

Reception:  
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Information:  
**415.558.6377**

Dear Mr. Wycko,

On May 2, 2012, the Historic Preservation Commission (HPC) held a public hearing and took public comment on the Draft Environmental Impact Report (DEIR) for the proposed 835-845 Jackson Street - Chinese Hospital Replacement Project (Case No. 2008.0762E). After discussion, the HPC arrived at the comments below:

- The HPC understands the seismic requirements and the need for a new hospital in Chinatown. However, the HPC notes that the demolition of the existing 1924 Medical Administration Building (MAB), the original Chinese Hospital Building at 835 Jackson Street, is a significant loss with profound impacts. The proposed project will result in the loss of an individual resource, substantial impacts to an eligible historic district both from the loss of the MAB and from the replacement building and combined with concurrent area projects will have cumulative impacts on historic resources.
- The design of the proposed new hospital is severely lacking and the HPC recommends an additional compatible design alternative--one that is between the compatible replacement hospital alternative and the proposed project. Such an alternative should not only be significantly more compatible with the surrounding historic context but should more fully serve the functional needs of the hospital.
- In recognition of the severity of the impacts from the proposed project, the HPC believes that the historic resource mitigation measures for the project are inadequate and propose the following additional measures:
  1. Preparation of an update and boundary evaluation of the National Registers of Historic Places/California Register of Historical Resources-eligible Chinatown Historic District. The update to the 1985 District Nomination Report shall be prepared by a Historian who meets the professional qualifications of the Secretary of the Interior's Standards. The update shall include but not be limited to the definition of the district boundaries, statements of architectural and cultural/social significance, local Chinese history documentation, and character-defining features of the district.

A.2.1

A.2.2

A.2.3

A.2.4

A.2.4  
cont'd.

2. Creation of an outreach and educational program for the community and its stakeholders regarding the historic significance of the district as part of the Chinatown Historic District update.
3. Provide all research and documentation to University of Nevada, Las Vegas Professor of History and Chair of Asian Studies, Sue Fawn Chung and others documenting the history of Chinese and Chinese-American sites in the United States to promote awareness and education of sites, such as the Chinese Hospital Building.
4. Tracking of other projects with significant cumulative impacts to the eligible Chinatown Historic District (i.e. the proposed 740 Washington Street) in order to allow for coordinated effort to fund the Chinatown Historic District update and outreach component.
5. Require that the design for the proposed new hospital be presented before the HPC and/or the HPC's Architectural Review Committee (ARC) , for review and comment prior to project approval in order to lessen the project's impact on the eligible historic district.

The HPC appreciates the opportunity to participate in review of the environmental document for the proposed 835-845 Jackson Street - Chinese Hospital Replacement Project (Case No. 2008.0762E).

Sincerely,



Charles Chase, President  
Historic Preservation Commission

**WongAIA@aol.com**

05/13/2012

02:11 AM

**To:** john.rahaim@sfgov.org, Vivian.Day@sfgov.org

**Cc:** Devyani.Jain@sfgov.org

**Subject:** CHINESE HOSPITAL: DEMOLITION SCAFFOLDING IS BEING ERECTED---  
DURING DEIR PROCESS

TO: John Rahaim, Planning Director, Vivian Day, DBI Director, Devyani Jain, Planner  
RE: CHINESE HOSPITAL---PREMATURE DEMOLITON SCAFFOLDING

UNFORTUNATE RUSH TO DEMOLITON

Demolition scaffolding is being erected, as of May 13, even while the DEIR public process is just starting. The DEIR Public Comment Period goes to May 31, 2012. Because the Old Chinese Hospital is such an icon of Chinese-American heritage, everyone needs to fairly study all alternatives. Ideally, a new modern hospital and preservation of the historic hospital is achievable. We need a fair process---to seek the best course of design and planning. The City needs to assure fair public processes and legal compliance.

B.1.1

Regards, Howard Wong, AIA



**WongAIA@aol.com 05/14/2012 11:08 PM**

**To:** john.rahaim@sfgov.org, linda.avery@sfgov.org, hs.commish@yahoo.com, mooreurban@speakeasy.net, rm@well.com, plangsf@gmail.com, wordweaver21@aol.com, Rick.Crawford@sfgov.org, Kevin.Guy@sfgov.org, bill.wycko@sfgov.org, joy.navarrete@sfgov.org, Sophie.Hayward@sfgov.org, rodney@waxmuseum.com, cwu.planning@gmail.com, Devyani.Jain@sfgov.org

**Subject:** OLD CHINESE HOSPITAL: A COMMUNITY EFFORT TO SAVE OUR HERITAGE

OLD CHINESE HOSPITAL: THE BIRTH PLACE OF CHINESE IN AMERICA  
WE NEED A CIVIC, COMMUNITY AND PROFESSIONAL EFFORT---  
TO SAVE AN ICON OF CHINESE-AMERICA'S HERITAGE

B.2.1

Everyone's help will be needed---particularly from city officials, professionals and planners. Everyone's creative ideas will help build a modern hospital and preserve the Old Chinese Hospital---a key part of Chinatown's and Chinese America's heritage. The Chinese Hospital Project is exactly why we have CEQA and public processes to meld programmatic needs and historical/ cultural resources---for the benefit of future generations.

Instinctively, planners, preservationists, city staff, politicians, San Franciscans and Chinese-Americans feel emotional heart-tugs to the Old Chinese Hospital at 835 Jackson Street in San Francisco---a symbolic and literal birthplace of Chinese in America. Through these portals since 1925, thousands of Chinese-Americans sparked a storied cultural stream that enriched American life, culture, history, professions, creativity, diversity'...A Who's Who of people born at Chinese Hospital would mirror the Chinese-American legacy---an energy flow of vast cultural ripples.

#### THE START OF PUBLIC PROCESSES

B.2.2

Fortuitously, we need not rush to one planning solution. The CEQA public process is just beginning---to evaluate all environmental, historical and cultural impacts. The Public Comment Period ends on May 31, 2012. We need to work together as a city and a community to study long-term goals, identifying design alternatives that satisfy all needs.

#### OLD CHINESE HOSPITAL:

B.2.3

An individual historical resource and within the National Register of Historic Resources and California Register of Historical Resources--eligible Chinatown historic district.

#### LIVING THREAD TO CHINESE-AMERICAN HISTORY

The Old Chinese Hospital is a living thread to Chinatown's and San Francisco's history, tying together generations---a foundational piece of Chinatown's soul and heritage. We can ill afford to lose such significant buildings, which are authentic memories of a remarkable history. Continued loss of storied buildings, restaurants, storefronts, temples, signage and cultural elements would be fatal to Chinatown.

#### DISAPPEARING CHINATOWNS

Threatened by relocation prior to 1906 and more forcefully after the 1906 Earthquake, Chinatown's resiliency now faces equally powerful economic encroachments. With continued densification and large infrastructure projects, Chinatown's existence is not assured---particularly if immigration wanes. Many Chinatowns in the United States have already eroded or disappeared---often in extremely short timeframes, like in Washington DC. If not for

discriminatory exclusions from mainstream society, Chinese-Americans would have evolved into an influential and powerful California subculture. The few remaining Chinese-American historical sites have tremendous importance to an under-represented population that has made disproportionately large contributions. San Francisco's Chinatown is unique as the cultural birthplace of Chinese in America.

B.2.3  
cont'd.

#### DESIGN ALTERNATIVES

The Project's large \$160 million budget and the Chinatown Community's creativity are good signs for a win-win design alternative. The DEIR should expand on creative designs:

- Best case studies of historic preservations/ additions, e.g. Chinatown YMCA, YWCA, Ferry Building, Citicorp Center'.
- Best case studies of hospital renovations and historic preservations---particularly in older cities like New York/ Washington DC/ Boston, Europe and Asia.
- Variations of preservation designs, with new additions of greater heights.
- Partnerships with adjacent property owners---for new construction and shared uses.
- Purchase/ donations/ rentals of adjacent properties---with distribution of hospital functions, e.g. the recently-approved relocation of the Hospital's Infusion Unit to a former furniture showroom at 827 Pacific Avenue.

B.2.4

Thank You for Your Help,  
Wilma Pang and Howard Wong, Co-chairs  
ABCT (A Better Chinatown Tomorrow)

ABCT, A Better Chinatown Tomorrow, is a community-based coalition dedicated to promoting a renaissance of the historical roots, architectural beauty, cultural vitality and economic vibrancy that expresses the unique character of Chinatown, San Francisco, USA.

Gemma Daggatt <gemma@daggatt.com>

**To:** “john.rahaim@sfgov.org” <john.rahaim@sfgov.org> “linda.avery@sfgov.org” <linda.avery@sfgov.org>, “hs.commish@yahoo.com” <hs.commish@yahoo.com>, “mooreurban@speakeasy.net” <mooreurban@speakeasy.net>, “rm@well.com” <rm@well.com>, “plangsf@gmail.com” <plangsf@gmail.com>, “wordweaver21@aol.com” <wordweaver21@aol.com>, “Rick.Crawford@sfgov.org” <Rick.Crawford@sfgov.org>, “Kevin.Guy@sfgov.org” <Kevin.Guy@sfgov.org>, “bill.wycko@sfgov.org” <bill.wycko@sfgov.org>, “joy.navarrete@sfgov.org” <joy.navarrete@sfgov.org>, “Sophie.Hayward@sfgov.org” Sophie.Hayward@sfgov.org, “rodney@waxmuseum.com” <rodney@waxmuseum.com>, “Devyani.Jain@sfgov.org” Devyani.Jain@sfgov.org, “cwu.planning@gmail.com” <cwu.planning@gmail.com>

**Subject:** OLD CHINESE HOSPITAL: THE BIRTH PLACE OF CHINESE IN AMERICA

Thanks in advance for ensuring that proper process is given to recognizing and preserving history, while allowing only culturally-responsive development to be built!

└ B.3.1



Chinatown Community  
Development Center

華協中心

**LETTER B.4**

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

May 25, 2012

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

Dear Planning Commission President Fong and Commissioners:

The Mission of the Chinatown Community Development Center is to build community and enhance the quality of life for San Francisco residents. We are a place-based community development organization serving primarily the Chinatown neighborhood, and also serve other areas. We play the roles of neighborhood advocates, community organizers, planners, developers, and managers of affordable housing.

Chinese Hospital is a community supported non-profit health care provider, founded more than 100 years ago in response to the outcry of the Chinese community who were denied access to medical care. In San Francisco, 30% of the population is Asian, the majority of which are Chinese.

They provide medical services to the indigent population with limited English proficiency (42% of Chinese population are monolingual), adults over the age of 65, and San Francisco residents with low income. Chinese Hospital provides the highest percentage of care to Medicare and Medi-Cal eligible San Francisco residents (93% share of total hospital patient days in Yr2011) compared to any hospital in the City, with the exception of San Francisco General Hospital.

For nearly 10 years, Chinese Hospital has been working with us on the plans to build a new hospital to better meet the medical needs of the community and address the seismic requirements established in SB 1953, the Alfred E. Alquist Hospital Seismic Safety Act of 1983. The new hospital will be a replacement facility to the current 1979 hospital. It will consist of seven (7) stories with a basement level and will remain a 54 bed acute care hospital. The new facility will add a 22 bed Skilled Nursing Facility and space to accommodate private patient rooms, larger surgical suites and enhanced patient care services.

The new hospital will preserve Chinese Hospital's legacy to serve the health care needs of the community in a culturally competent manner. We find the EIR to be complete and accurate and strongly support Chinese Hospital's new replacement hospital project.

Sincerely,

Executive Director



B.4.1

B.4.2



**DJH Design Group**  
101 Marietta Drive  
San Francisco, CA. 94127



May 30, 2012

Via e-mail and USPS

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

Ref: Draft EIR Case #2008.0762E, 4/16/2012,  
835-845 Jackson Street, Chinese Hospital  
Replacement Project.

Good morning Mr. Wycko,

Thank you for letting me have the opportunity to submit comments to this important project. As part of the DEIR comment/s process, I submit the following comments in an Email format and the USPS. I trust this is an acceptable format. Please do not hesitate to contact me by email [dennisj.gov88@yahoo.com](mailto:dennisj.gov88@yahoo.com) if you have any questions regarding my comments.

First of all, I totally endorse this long over due Project. The City and the community deserves and needs it. Along with many other projects this too needs to be a top priority.

My name is Dennis Hong. I was born, raised and feed in San Francisco. I lived here for over 60 years. Thirty plus years in the Chinatown / North Beach area. I know Jackson and Stockton Street all to well. This was a comfort area for me.

I have had a chance to review this Draft Environmental Impact Report (DEIR) for the Chinese Hospital Replacement Project, case #2008.0762E / dated 4/16/2012. This EIR shows there has been a lot of work and effort done for this project. It is very well detailed and I believe it has covered just about all the bases. Some of my comments have been already covered on pages IV.D.65-IV.D.66 My comments are mostly related to the construction of the Project.

It is my understanding that construction work for this project will be on going for about 3 to 4 years. It will coincide with several other major overlapping projects; 740 Washington Street, the new Transit Sub Station at the corner of Washington and Stockton Street, and the 827 Pacific Ave. Project – (conditional use) will be part of this Project. The number 8 Washington was not mentioned and may be one of the overlapping projects.

B.5.1

B.5.2

B.5.3

We all know this area remains the densest residential neighborhood in the City – both in population, small business (restaurants, take out food, produce shops and etc.), including schools, churches, the hospital itself, private vehicles, delivery trucks, tour buses and the Muni transit.

Comment 1 – 827 Pacific Ave Conditional use Case # 2012.0354C will also be covered under this DEIR Case #2008.0762E's Comments s and Responses. If not, the following comments need to be added to the 827 Pacific Ave.'s Project.

Comment 2 - During the 3 to 4 year construction period for the Hospital Replacement Project, I believe the construction of this project could have a significant and or unavoidable but temporary impact as follows:

- a). It will cause delays to the local Muni transit; specifically along Stockton Street, Pacific Ave., Sacramento Street and the cable car/s on Powell St.
- b). Section: C-TR-2 (pages S.6); Other than the TMP (Transportation Management Plan), how or who will coordinate all the other ongoing projects/work to minimize any disruption to this project, the local business and residences, namely and how will this be mitigated and documented? I realize we all depend on the Best Practices method, but they all too often don't work. There needs to be a little more bite or enforcement and accountability in this area.
- c). How will the daily construction of debris, clean up, pedestrian safety, water drain off from the construction site (down hill) to the corner of Stockton Jackson Street's the main sewer system be controlled? This over flow can get messy.
- d). How will the noise, dust and vibration (pile driving) be controlled from both the demolition and the new construction work. What are the construction hours? This will affect the local businesses, delis, restaurants, residences, schools, the current hospital, existing buildings and etc.?
- e). How will the TMP be documented for; the coordination and the logistics for the day to day flow/control of private vehicles, local transit, deliveries to the local business's, tour buses, and the pedestrian traffic itself. The construction loading and unloading was well documented and has been identified. The impact to the small business deliveries may not have been identified.
- h). Safety, after hour street lighting may need to be addressed.
- i). Debris from the construction site itself, needs to be cleaned up daily, especially for the week ends and holidays.
- j). Under Table S.3; Improvement measures; page S.21. - - can the Clipper Card be included in this program?



In conclusion, I would like to see the DEIR address the mitigation process a bit more in detail and to document the mitigation process/measures to reduce these potential impacts. For example, working with the Chinese Hospital, all the City and other governmental agencies, the General Contractor and their Sub Contractors to provide the community support, collaboration, coordination, communications for a plan to help alleviate these issues. Having a bilingual traffic control officer may might help.

B.5.3  
cont'd

In conclusion, I urge the San Francisco Planning Commission to approve this DEIR and thank you for your consideration of my comments and support.

B.5.4

Respectfully,

Denis Hong

End





May 30, 2012

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

**Re: Comments on Draft EIR 835-845 Jackson Street Chinese Hospital Replacement Project, Case No. 2008.0762E**

Dear Mr. Wycko:

On behalf of the National Trust for Historic Preservation, we offer the following comments on the Draft Environmental Impact Report (DEIR) for the proposed 835-845 Jackson Street - Chinese Hospital Replacement Project (Case No. 2008.0762E). Chartered by Congress in 1949, the National Trust is a nonprofit membership organization dedicated to saving historic places and revitalizing America's communities. (16 U.S.C. §§ 461, 468).

San Francisco's Chinese Hospital is a 5-story building, built in 1924 from funds raised by the Chinese Hospital Association, a non-profit benefit corporation founded by fifteen Chinatown community and organizations, family organizations, and benevolent organizations at a time when other San Francisco healthcare providers denied access to the local Chinese American community. At the time it opened, it was the first and only Chinese Hospital in the United States. It has not undergone any significant structural alterations since completed.

We agree with the Planning Department's conclusion that the demolition of this resource which has enormous significance to the City of San Francisco will result in significant adverse impacts on a resource that is eligible for listing on the California Register of Historical Resources. In light of this conclusion, the City is required to deny a demolition permit for the historic hospital "if there are feasible alternatives or feasible mitigation measures available that would substantially lessen the environmental effects of such projects" (Pub. Res. Code §21002).

We recognize the need to provide a seismically safe environment for the patients, visitors, physicians, and employees of the Chinatown Hospital. However, we find that the DEIR suffers from a major flaw in concluding the preservation of this historic resource is infeasible.

CEQA requires that findings supporting an alternative's feasibility or infeasibility must be supported by substantial evidence. (PRC §21081.5). The DEIR's basis for rejecting the Full Preservation alternative is unpersuasive and, importantly, does not meet this standard.

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 The Hearst Building  
 5 Third Street, Suite 707  
 San Francisco, CA 94103  
 P: 415.947.0692  
 F: 415.947.0699

National Office  
 1785 Massachusetts Avenue, NW  
 Washington, DC 20036  
 P: 202.588.6000  
 F: 202.588.6038  
 info@nthp.org  
[www.PreservationNation.org](http://www.PreservationNation.org)

B.6.1

B.6.2



The California Supreme Court has emphasized that the substantial evidence standard “ensures there is evidence of the public agency’s actual consideration of alternatives and mitigation measures, and reveals to citizens the analytical process by which the public agency arrived at its decision.” *Mountain Lion Foundation v. Fish & Game Commission* (1997) 16 Cal.4th 105, 134.

B.6.2  
cont'd

First, the DEIR rejects the alternative that would seismically strengthen the existing building on the basis that it would cause a longer construction period than the proposed project (DEIR at VI.40). The DEIR lacks data, however, that would substantiate this conclusion. Importantly, there is no strong evidence in the DEIR that the proposed project will, in fact, come in on schedule. In our experience, it is enormously challenging to demolish a building and fully reconstruct a new facility requiring multiple land use and permit approvals in a dense residential area. This is particularly true in light of the likely extent of public opposition to the project, which would remove a highly unique and much beloved resource from an eligible historic district. It is, in fact, far more likely to conduct a much needed seismic retrofit of a historic building on schedule as it would necessitate far less environmental review than a proposal that requires the lengthy approvals involved in demolishing a historic resource in a City that takes great pride in its built heritage.

Further, the DEIR rejects the preservation alternative on the basis that it would provide four fewer beds than that proposed by the proposed project and wouldn’t provide a new 22-bed skilled nursing facility. The City has not, however, properly evaluated an option that would allow for the operation of the proposed nursing operation in a neighboring building in the surrounding area. Rejecting the Full Preservation Alternative solely on this basis would be difficult to justify in a Statement of Overriding Considerations, which also must be based on substantial evidence and will undoubtedly be necessary in the event the proposed project is approved.

B.6.3

Thank you for the opportunity to offer these comments on the Draft Chinese Hospital EIR. In light of the concerns expressed and the requirements of the California Environmental Quality Act we urge the Planning Department to adopt the Full Preservation Alternative. Please do not hesitate to contact me at [brian\\_turner@nthp.org](mailto:brian_turner@nthp.org) or (415) 947-0692 should you have any questions or need additional information.

B.6.4

Sincerely,



Brian R. Turner  
Senior Field Officer/Attorney  
National Trust for Historic Preservation



SAN FRANCISCO  
ARCHITECTURAL  
HERITAGE

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LETTER B.7

May 31, 2012

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

**RE: DEIR for Chinese Hospital Replacement Project, 835-845 Jackson Street**

Dear Mr. Wycko:

Thank you for the opportunity to comment on the Draft Environmental Impact Report (DEIR) for the Chinese Hospital Replacement Project. Founded in 1971, San Francisco Architectural Heritage (Heritage) is a non-profit 501(c)(3) membership organization charged to preserve and enhance San Francisco's unique architectural and cultural identity. Heritage's Issues Committee reviewed the DEIR for the Chinese Hospital Replacement Project at its May 1, 2012 meeting. Although Heritage recognizes the need for improved health care facilities in Chinatown, the proposed project would have a devastating impact on the neighborhood's character and historic fabric. Given the magnitude of the potential loss, the DEIR should be augmented to ensure meaningful consideration of alternatives and mitigation measures that would substantially lessen the environmental effects of the proposed project.

Completed in 1924, the Chinese Hospital Medical Administration Building (MAB) is highly significant—both culturally and architecturally—and clearly qualifies as an historical resource under the California Environmental Quality Act (CEQA). In 1923, when other San Francisco healthcare providers denied access to the local Chinese community, fifteen community organizations created the Chinese Hospital Association to raise funds for construction of the facility at 835 Jackson Street. Designed by Alfred Coffey, the four-story reinforced concrete structure integrated conspicuous Chinese motifs “copied from the famed hospital of the Rockefeller Foundation in Peking.” When the building opened in 1925, it was the first and only Chinese hospital in the United States.<sup>1</sup> It has a B rating on the Heritage Survey, meaning it has individual importance and is potentially eligible for listing in the National Register of Historic Places (NRHP). The building has not undergone any major structural alterations and retains a high degree of historical integrity today. Accordingly, the DEIR concludes that the proposed project would result in significant project-level and cumulative impacts on an individual historic resource (the 1924 MAB) and the surrounding NRHP/California Register-eligible Chinatown historic district.

<sup>1</sup> “First Chinese Hospital Ready to Open.” San Francisco Chronicle, 10 March, 1925.

Under CEQA, public agencies “should not approve projects as proposed if there are feasible alternatives or feasible mitigation measures available that would substantially lessen the environmental effects of such projects.” (PRC §21002) CEQA Guidelines require that the EIR consider a reasonable range of less harmful alternatives that could feasibly obtain the project’s basic objectives. In order to fulfill this mandate, Heritage urges the Planning Department to revisit preservation alternatives described in the DEIR and consider the following modifications to enhance their feasibility:

- **Reexamine Construction Phasing** – The Department should reevaluate how carefully planned construction phasing could facilitate an improved preservation outcome. Constructing the Replacement Hospital in place of both the 1979 building *and* the 41-space parking garage, for example, would seemingly allow for retention of the 1924 MAB and meet most, if not all, of the project objectives. The construction schedule should be recalibrated to allow for minimal disruption in hospital service and maximum preservation of the MAB. This can be accomplished with three phases of construction instead of two: Phase 1 to construct the first portion of the Replacement Hospital in place of the Parking Garage, Phase 2 to construct the second portion of the Replacement Hospital in place of the 1979 building, and Phase 3 to renovate the 1924 MAB.
- **Analyze alternative locations for an off-campus 22-bed skilled nursing facility** – The DEIR fails to consider an alternative location for the 22-bed skilled nursing facility, one of the project sponsor’s key goals. The skilled nursing facility is intended for patients who no longer need intensive care, but who are not yet ready to return home. Identifying an alternative site in the neighborhood would meet the project sponsor’s goals and help avoid demolition of the 1924 MAB.
- **Reconfigure the Partial Preservation Alternative** – Under the Partial Preservation Alternative outlined in the DEIR, the retained front portion of the 1924 MAB would become administrative offices. As stated in the DEIR, this is an inefficient use for the 33-foot deep space. In order for this alternative to meet more of the project objectives, the Department should consider options for further reconfiguring the interior to maximize space for non-administrative hospital uses (while still retaining the façade of the 1924 MAB). Although this variant would meet most of the project objectives and arguably reduce cumulative impacts, it would not avoid significant adverse impacts on historic resources under CEQA. Nonetheless, maintaining the street presence of the historic façade would help minimize impacts on the surrounding district. For this reason, the Partial Preservation Alternative should be modified to achieve more project objectives and thereby enhance its feasibility.
- **Relax height and density limits to enable preservation** – Heritage urges the Department to explore how relaxing height limits and shifting density to elsewhere on the site would facilitate preservation of the 1924 MAB, while enabling project alternatives to meet more of the sponsor’s objectives.

The DEIR also fails to include mitigation measures to meaningfully offset the potential loss of the 1924 MAB. The current proposed mitigation measures (M-CR-1a and M-CR-1b) call for documentation and interpretation of the 1924 MAB. However, it is well-established under CEQA that documentation of historic resources cannot adequately mitigate impacts of demolition.<sup>2</sup>

At minimum, the EIR should include enhanced mitigation measures to assure the continued eligibility of the potential NRHP/CRHR Chinatown historic district.<sup>3</sup> To this end, Heritage echoes the Historic Preservation Commission (HPC) in urging the Department to adopt mitigation measures that would fully document and initiate designation of the Chinatown historic district under Article 10 of the Planning Code. The augmented mitigation program should include the following essential components:

- 1) require the project sponsor to fund research to update the nomination for the Chinatown historic district;
- 2) require the project sponsor, in collaboration with key stakeholders, to conduct outreach in Chinatown to emphasize the importance of the community's architectural and cultural resources; and
- 3) require that the project sponsor work with the Architectural Review Committee of the HPC to improve the Replacement Hospital design to lessen adverse impacts to the NRHP/CRHR-eligible Chinatown historic district.

The overriding objective of the EIR's mitigation program should be to maintain the eligibility—and ensure future protection of—the Chinatown historic district.

On behalf of San Francisco Architectural Heritage, thank you for the opportunity to offer these comments. Please do not hesitate to contact me at [mbuhler@sfheritage.org](mailto:mbuhler@sfheritage.org) or (415) 441-3000x15 should you have any questions or need additional information.

Sincerely,



Mike Buhler  
Executive Director

<sup>2</sup> As recognized by the court in *League for Protection of Oakland's Architectural and Historic Resources v. City of Oakland* (1997) 52 Cal.App.4<sup>th</sup> 896: "A large historical structure, once demolished, normally cannot be adequately replaced by reports and commemorative markers."

<sup>3</sup> The DEIR discusses two pipeline projects (821 Jackson and 740 Washington) that, when considered in conjunction with the proposed project, have the potential to cause significant and unavoidable cumulative impacts to the NRHP/CRHR-eligible Chinatown historic district.



## SAVING OLD CHINESE HOSPITAL: THE BIRTH PLACE OF CHINESE IN AMERICA

DATE: May 31, 2012   Howard Wong (415)-982-5055,   Wilma Pang (415)-296-8701,   Co-Chairs, ABCT.

TO: Mr. Bill Wycko, Environmental Review, Planning Department, 1650 Mission Street, Suite 400, SF 94103.  
RE: **Comments on Draft EIR, 836-845 Jackson Street, Chinese Hospital Replacement Project**  
**Case No. 2008.0762E**

Dear Mr. Wycko:

ABCT, A Better Chinatown Tomorrow, is a community-based coalition dedicated to promoting a renaissance of the historical roots, architectural beauty, cultural vitality and economic vibrancy that expresses the unique character of San Francisco's Chinatown. For a decade, ABCT has organized and sponsored cultural, music, culinary and festival events that have sparked Chinatown's creativity, talents and spontaneity---providing new stages for Chinatown musicians, artists, residents, businesses and restaurants.



### OLD CHINESE HOSPITAL: THE BIRTH PLACE OF CHINESE IN AMERICA WE NEED A CIVIC, COMMUNITY AND PROFESSIONAL EFFORT--- TO SAVE AN ICON OF CHINESE-AMERICA'S HERITAGE

Chinatown's people, culture and heritage are intertwined with its historic buildings. The Old Chinese Hospital is one of the community's most significant historic resources. Everyone's help will be needed to preserve the Old Chinese Hospital ---a team effort by residents, associations, city officials, professionals and planners.

Everyone's creative ideas will help build a modern hospital and preserve the Old Chinese Hospital---an icon of Chinese America's heritage and an undisputed historic resource.

The Chinese Hospital Project is exactly why we have CEQA and public processes to meld programmatic needs and historical/ cultural resources---for the benefit of future generations.



Instinctively, planners, preservationists, city staff, politicians, San Franciscans and Chinese-Americans feel emotional heart-tugs to the Old Chinese Hospital at 835 Jackson Street in San Francisco---a symbolic and literal birthplace of Chinese in America. Through these portals since 1925, thousands of Chinese-Americans sparked

B.8.1



a storied cultural stream that enriched American life, culture, history, professions, creativity, diversity.....A Who's Who of people born at Chinese Hospital would mirror the Chinese-American legacy---***an energy flow of vast cultural ripples.***



OLD CHINESE HOSPITAL:

An individual historical resource and within the National Register of Historic Resources and California Register of Historical Resources--eligible Chinatown historic district.

### LIVING THREAD TO CHINESE-AMERICAN HISTORY

The Old Chinese Hospital is a living thread to Chinatown's and San Francisco's history, tying together generations---a foundational piece of Chinatown's soul and heritage. We can ill afford to lose such significant buildings, which are authentic memories of a remarkable history. Continued loss of storied buildings, restaurants, storefronts, temples, signage and cultural elements would be fatal to Chinatown.

### DISAPPEARING CHINATOWNS

Threatened by relocation prior to 1906 and more forcefully after the 1906 Earthquake, Chinatown's resiliency now faces equally powerful economic encroachments. With continued densification and large infrastructure projects, Chinatown's existence is not assured---particularly if immigration wanes. Many Chinatowns in the United States have already eroded or disappeared---often in extremely short timeframes, like in Washington DC. If not for discriminatory exclusions from mainstream society, Chinese-Americans would have evolved into an influential and powerful California subculture. The few remaining Chinese-American historical sites have tremendous importance to an under-represented population that has made disproportionately large contributions. San Francisco's Chinatown is unique as the cultural birthplace of Chinese in America.

### DESIGN ALTERNATIVES

The Project's large \$160 million budget and the Chinatown Community's creativity are good signs for a win-win design alternative. Although the DEIR's preservation design alternatives are a start, they are by no means a complete range of alternatives---and should not exclude preservation concepts that have been built elsewhere. The DEIR needs to expand on creative preservation alternatives:

- **Collaboration:** Foster a collaborative effort between preservation architects, historians and the design team---identifying historic elements, grouping medical/ clinical/ administrative functions and encouraging creativity.
- **Best Practices:** Create a list of best practices and case studies of historic preservations/ additions, like the Chinatown YMCA, Ferry Building, Citicorp Center/ banking hall, Hoffman Grill/ highrise.... In the case of the Chinatown YMCA, original plans for demolition were altered because renovation was much more cost effective and kept the project within budget.
- **Case Studies of Hospital Preservations:** Create a list of hospital historic preservations---particularly in older cities like New York, Washington DC, Boston, Europe, Asia....
- **Variations of Preservation Designs:** If one were to assume preservation of the Old Chinese Hospital, explore feasible preservation permutations. By example,
  1. A taller new addition behind and above the Old Chinese Hospital---as well as onto Trenton Street.
  2. A new addition cantilevering over existing buildings and possibly James Alley (like Citicorp Center).
  3. Creation of large, flexible, more efficient floor plans---merging the floor plates of the existing Medical Center, Old Chinese Hospital and New Addition.
  4. Support for height/ zoning variances would be strong if a strong preservation design is proposed.
  5. A taller new addition in combination with purchase/ lease of nearby properties.

- **Variations of Dispersed Functions:** Perhaps a more economically-feasible use of property, the Hospital's administrative and support functions can move to nearby properties---like the recently-approved relocation of the Hospital's Infusion Unit to a former furniture showroom at 827 Pacific Avenue; and proposals for lease or purchase of a Powell Street garage. Thus, the cost of new construction and renovations would decrease dramatically---assuring budgetary success.
- **Partnerships with adjacent property owners:** For new construction and shared uses.
- **Purchase/ donations/ rentals of adjacent properties:** Distribution of hospital functions.
- **Potential Chinatown Historic District:** Evaluate the Project in relation to Chinatown's eligibility for National Register of Historic Places/ California Register of Historical Resources--Eligible Chinatown Historic District, as well as the Old Chinese Hospital's individual eligibility for listing and landmark status.

B.8.2  
cont'd.

B.8.3

Together, we can preserve Chinese-America's heritage,

Wilma Pang and Howard Wong, Co-chairs  
ABCT (A Better Chinatown Tomorrow)



ABCT, A Better Chinatown Tomorrow, is a community-based coalition dedicated to promoting a renaissance of the historical roots, architectural beauty, cultural vitality and economic vibrancy that expresses the unique character of Chinatown, San Francisco, USA.

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