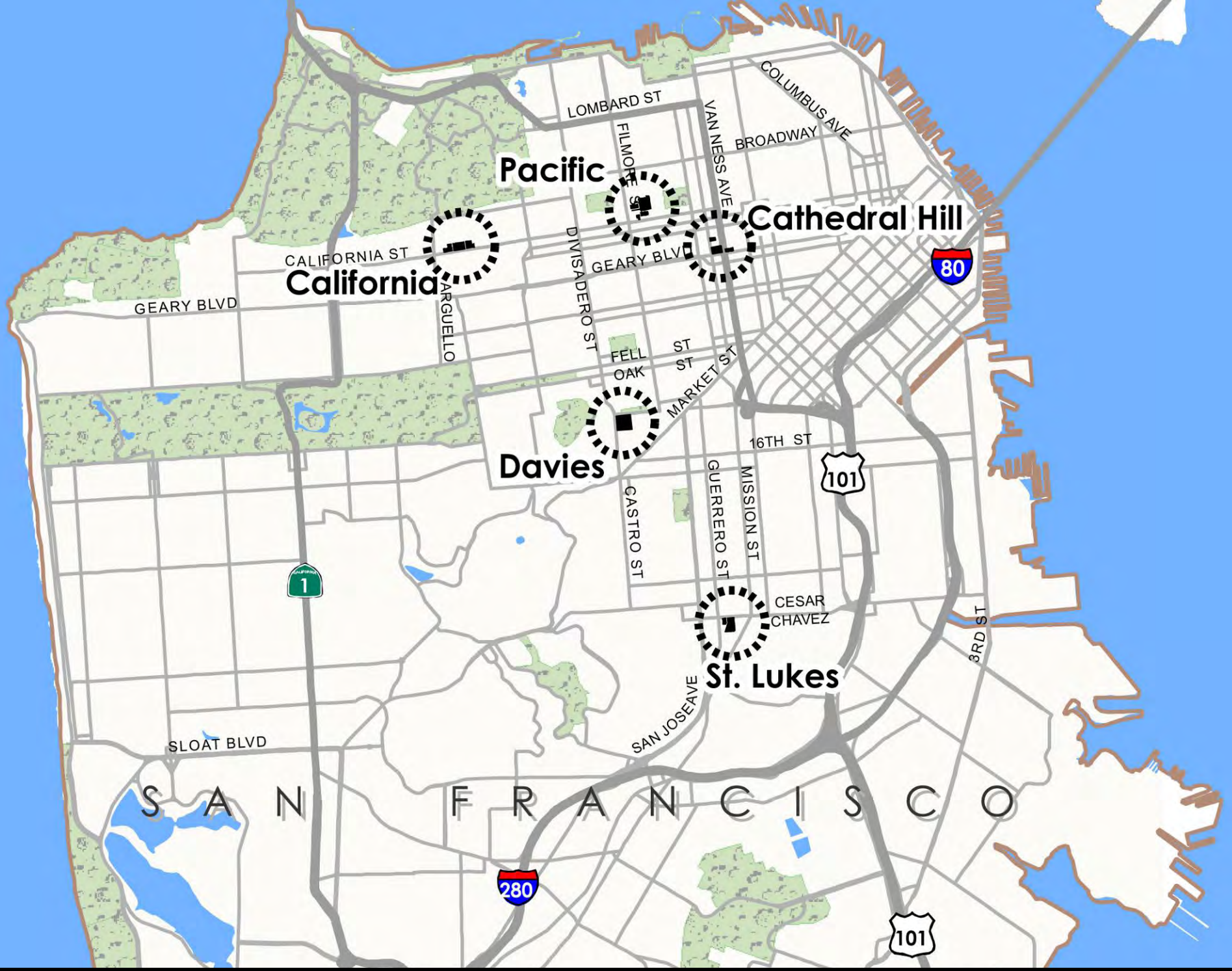

COMMENTS AND RESPONSES | VOLUME 2: APPENDICES

California Pacific Medical Center (CPMC) Long Range Development Plan

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

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

SAN FRANCISCO PLANNING DEPARTMENT

SAN FRANCISCO
PLANNING DEPARTMENT

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

Reception:
415.558.6378

Fax:
415.558.6409

Planning
Information:
415.558.6377

March 29, 2012

To: Members of the Planning Commission and Interested Parties

From: Bill Wycko, Environmental Review Officer

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

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

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

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

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

COMMENTS AND RESPONSES
VOLUME 2: APPENDICES

California Pacific Medical Center (CPMC) Long Range Development Plan

PLANNING DEPARTMENT CASE NO. 2005.0555E

STATE CLEARINGHOUSE NO. 2006062157

SAN FRANCISCO
PLANNING
DEPARTMENT

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

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

Appendix A. Comment Letters

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

The Response Category Codes are as follows:

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

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

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

Appendix B. Planning Commission Transcript

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

Appendix C. Amended Construction Emissions

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

Appendix D. GHG Checklist

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

Appendix E. Cathedral Hill Supplemental Sensitivity Analyses

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

Appendix F. Transportation Demand Management

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

Appendix G. Cathedral Hill Medical Office Building Design Modifications

Updated drawings with minor modifications are included in this appendix.

Appendix H. Modern Context Statement Memo

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

Appendix I. Cross Reference Matrix of Draft EIR Comments

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

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APPENDIX A

Comment Letters

Letter 1

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

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

DEAR PLANNING COMMISSIONERS,

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

1-1 OTH

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

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

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

1416 HRS
14 MAY 2010

CC: CPMC CC: FILE

Letter 2

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

July 21, 2010

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

Attention: Dvyani Jain

Ladies and Gentlemen:

Subject: DEIR for California Pacific Medical Center

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

2-1 OTH

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

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

2-2 PD

Very truly yours,

Charles F. McClure

Letter 3

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

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

August 3, 2010

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

Dear Mr. Wycko,

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

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

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

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

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

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

Sincerely,

Alex Bernstein

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

Letter 4

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

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

DEAR MR. WYCKO,

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

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

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

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

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

P. 1 OF 5

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

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

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

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

3) I AM CONCERNED ABOUT EMERGENCY SERVICES WHEN GENERAL DIVERTS + ST LUKE IS OVERCROWED. THE LIMIT OF 88 BED'S BUT A EXTREME STRAIN ON ER SERVICES IN THE CITY, AS THE ST LUKE ER IS THE ONLY ER IN THE SOUTHERN PART OF THE CITY IF GENERAL DIVERT'S. 4-7 HC

AS TO CHILDREN'S.

① THE OLD MARSHAL HALE HOSPITAL (CALIF EAST CAMPUS) OUT PATIENT SERVICES + SKILLED NURSING FACILITY WAS ORIGINALLY DESIGNED TO BE A MEDICAL BOARD + CARE FACILITY. THESE ARE RARE IN SAN FRANCISCO. AS WE AGE WE WILL NEED MORE. AND IF THE GOVERNOR HAS HIS WAY AND ~~ET~~ THEY ELIMINATE ~~H~~ I HSS TEN'S OF THOUSAND, WILL NEED CARE. IF NOT NOW THE IN THE FUTURE. 4-8 HC

② ~~(a)~~ CHILDREN'S ER IS THE ONLY PEDRITIC ER IN THE CITY + IT BIRTH CENTER AWARD ~~WHE~~ WINNING, MY CONCERN PUTTING CHILD ER + ADULT ER TOGETHER ESP WITH A BIRTH CENTER 4-9 HC

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

4-10 HC

AT DAVIES

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

4-11 OTH

AT PACFIC

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

4-12 HC

MUCH MORE LOGICAL.

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

4-12 HC

SINCERELY,

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

2020 HRS
4 AUGUST 2010

P. 5 OF 5

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

Letter 5

Flex your power!
Be energy efficient!

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

September 1, 2010

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

Dear Mr. Wycko:

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

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

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

5-1 HZ

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

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

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

Sincerely,

Sandy Hesnard
SANDY HESNARD
Aviation Environmental Specialist

c: State Clearinghouse

Letter 6

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

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

Flex your power!
Be energy efficient!

September 3, 2010

SF101157
SF-101-R5.07
SCH#2006062157

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

Dear Ms. Jain:

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

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

Forecasting

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

6-1 TR

Highway Operations

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

6-2 TR

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

6-3 TR

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

6-3 TR

Construction Impacts

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

6-4 TR

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

6-5 TR

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

6-6 TR

Coordination with the Department

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

6-7 TR

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

Sincerely,

Lisa Carboni

LISA CARBONI
District Branch Chief
Local Development - Intergovernmental Review

c: State Clearinghouse

Letter 7

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

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

Flex your power!
Be energy efficient!

September 3, 2010

SF101157
SF-101-R5.07
SCH#2006062157

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

Dear Ms. Jain:

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- Intersection #12 –Van Ness Avenue/Hayes Street
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- Intersection #14 – Van Ness Avenue/Geary Boulevard
- Intersection #18 – Van Ness Avenue/Pine Street

7-3 TR

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7-4 TR

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7-5 TR

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7-6 TR

Coordination with the Department

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

7-7 TR

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

Sincerely,

Lisa Carboni

LISA CARBONI
District Branch Chief
Local Development - Intergovernmental Review

c: State Clearinghouse

Letter 8

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

Arnold Schwarzenegger
Governor

Cathleen Cox
Acting Director

September 7, 2010

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

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

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

Dear Devyani Jain:

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

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

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

8-1 OTH

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

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

Sincerely,

Scott Morgan
Director, State Clearinghouse

Enclosures
cc: Resources Agency

Document Details Report
State Clearinghouse Data Base

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

Type EIR Draft EIR

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

Lead Agency Contact

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

Project Location

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

Proximity to:

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

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

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

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

Document Details Report
State Clearinghouse Data Base

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

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

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

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

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

Flex your power!
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September 3, 2010

SF101157
SF-101-R5.07
SCH#2006062157

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e.

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SEP 03 2010
STATE CLEARING HOUSE

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

Dear Ms. Jain:

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

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

Forecasting

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

Highway Operations

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

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

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

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

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

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

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

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

Sincerely,

Lisa Carboni

LISA CARBONI
District Branch Chief
Local Development - Intergovernmental Review

c: State Clearinghouse

Letter 9

STATE OF CALIFORNIA

Governor's Office of Planning and Research

State Clearinghouse and Planning Unit

Arnold Schwarzenegger
Governor

Cathleen Cox
Acting Director

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

September 8, 2010

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

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

Dear Devyani Jain:

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

9-1 OTH

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

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

Sincerely,

Scott Morgan
Director, State Clearinghouse

Enclosures
cc: Resources Agency

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

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

Attachment to Letter 9 (responses provided in Letter 5)

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Late. Clear 09/03/10 e

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SEP 07 2010
STATE CLEARING HOUSE

September 1, 2010

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

Dear Mr. Wycko:

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

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

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

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

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

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

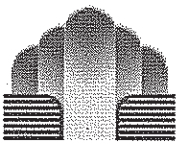
Sincerely,

Original Signed by

SANDY HESNARD
Aviation Environmental Specialist

c: State Clearinghouse

Letter 10



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

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

Hi Chelsea,

Please send this comment letter re. CPMC to AECOM.

Thanks
Devyani



DEVYANI JAIN, *Senior Planner*
Major Environmental Analysis

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

P: 415.575.9051 | F: 415.558.6409

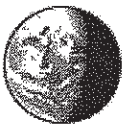
----- Forwarded by Devyani Jain/CTYPLN/SFGOV on 09/15/2010 11:37 AM -----



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

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

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



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

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

Re: Case 2005.0555E-CPMC Long Range Development Plan

Dear Mr. Wycko:

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

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

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

Sincerely

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

Letter 11

RECEIVED

SEP 14 2010

CITY & COUNTY OF S.F.
PLANNING DEPARTMENT
MEA



September 10, 2010

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

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

Dear Mr. Wycko:

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

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

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

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

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

Sincerely,

Ron Downing

Ron Downing
Director of Planning

c: David Davenport
Maurice Palumbo

Letter 12

M A R I E
C L Y D E

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

September 13, 2010

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

Re: Case 2005.0555E –CPMC Long Range Development Plan

Dear Mr. Wycko:

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

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

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

Very truly yours,

Marie G. Clyde

c. SF Planning Commissioners and Board of Supervisors

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

LETTER 13

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

September 23, 2010

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

13-1 HC

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

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

13-2 PH

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

13-3 TR

Letter 14



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

Dear Mr. Wycko

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

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

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

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

Thank you for your leadership on this issue.

Sincerely, Jennifer Clary
President

Letter 15

Cathedral Hill Neighbors

CHNA
Cathedral Hill
Neighbors Association

Board of Directors

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

September 21, 2010

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

Re: Case 2005.0555E –CPMC Long Range Development Plan

Dear Mr. Wycko:

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

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

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

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

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

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

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

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

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

15-4 ALT3A

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

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

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

Very truly yours,

Marlayne Morgan
President

c. Planning Commissioners, Members, Board of Supervisors

Letter 16

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

September 20, 2010

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

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

Re: Case 2005.0555E –CPMC Long Range Development Plan

Dear Mr. Wycko:

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

16-1 HC

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

16-2 ALT3A

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

16-3 HC

Very truly yours,

Don Mariacher

c. SF Planning Commissioners and Board of Supervisors

Letter 17

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

PROJECT REVIEW COMMENTS

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

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

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

17-1 UT

General Comments:

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

17-2 UT

Letter 18

September 23, 2010

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

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

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

Dear Mr. Wycko:

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

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

18-1 LU

18-2 HC

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

18-2 HC

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

18-3 PD

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

18-4 PD

18-5 AQ

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

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

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

18-6 TR

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

18-7 TR

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

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

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

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

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

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

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

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

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

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

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

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

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

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

See Cathedral Hill Hospital parking summary in the chart below:

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

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

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

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

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

18-25 TR

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

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

18-26 TR

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

18-27 TR

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

18-28 TR

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

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

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

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

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

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

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

18-29 TR

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

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

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

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

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

18-31 TR

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

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

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

18-31 TR

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

18-32 TR

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

18-33 INTRO

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

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

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

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

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

e) Result in inadequate emergency access?

f) Result in inadequate parking capacity?

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

18-34 TR

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

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

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

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

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

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

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

18-37 TR

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

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

18-38 TR

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

18-39 TR

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

18-40 TR

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

C-Line: California Campus - Pacific Campus

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

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

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

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

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

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

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

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

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

18-40 TR

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

18-41 TR

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

18-41 TR

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

18-42 TR

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

18-43 TR

18-44 TR

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

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

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

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

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

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

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

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

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

18-54 TR

18-55 TR

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

18-56 TR

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

18-57 TR

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

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

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

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

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

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

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

And the materials will be trucked in from warehouses in:

- Mission Bay
- Central Waterfront
- Bayview District

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

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

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

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

18-67 TR

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

18-68 TR

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

18-69 NO

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

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

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

18-79 NO

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

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

(Source: DPW-BSM-Subdivisions & Mapping)

18-80 NO

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

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

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

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

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

18-80 NO

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

18-81 NO

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

18-81 NO

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

18-82 NO

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

18-83 NO

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

18-84 AQ

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

18-85 AQ

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

18-86 INTRO

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

18-87 AQ

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

18-87 AQ

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

18-88 AQ

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

18-89 GH

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

18-90 BI

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

18-91 BI

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

18-109 HZ

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

18-110 TR

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

18-111 TR

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

18-112 TR

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

18-113 TR

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

18-114 NO

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

18-115 TR

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

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

18-115 TR

18-116 TR

18-117 TR

18-118 TR

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

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

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

18-119 TR

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

    The total of workers maximum per day equals 873 workers.

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

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

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

18-132 TR

18-133 PH

18-134 AQ

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

18-135 TR

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

18-136 ALT

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

18-137 NO

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

18-138 NO

18-139 TR

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

18-144 GH

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

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

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

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

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

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

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

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

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

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

18-154 TR

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

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

Attachment of Parking Spaces Chart:

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

18-155 TR

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



18-155 TR

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



18-155 TR

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

18-155 TR

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

18-156 PH

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

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

18-157 BI

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

18-158 BI

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

18-158 BI

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

18-159 ALT

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

18-160 BI

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

18-161 BI

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

18-162 BI

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

18-163 PD

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

18-164 HZ

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

18-165 HZ

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

18-166 CP

Thank you for your time and attention to these issues.

Rose Hillson
Member, Jordan Park Improvement Association

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

Letter 19

Cathedral Hill Neighbors

S.F. Planning Commission Hearing

September 23rd, 2010

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

19-1 OTH

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

19-2 HC

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

19-3 TR

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

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

19-4 ALT3A

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

19-4
ALT3A

Thank you for your indulgence and understanding,

Jack Scott and The neighbors of Cathedral Hill.

Letter 20

La Voz Latina

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

September 23, 2010

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

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

Dear Commissioners:

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

20-1 INTRO

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

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

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

20-2 HC

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

20-3 TR

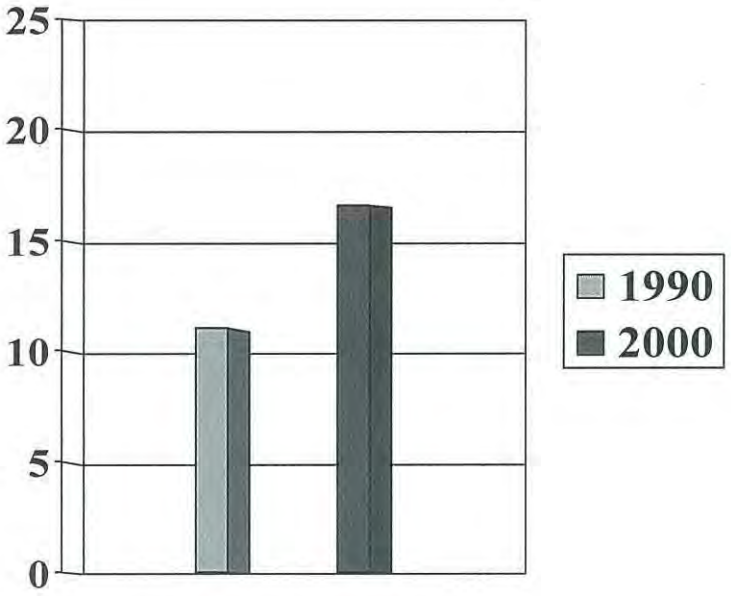
Families are concerned about the three following things; the lack of access to services by those that are on healthy kids or medi-cal, which is the majority of the neighborhood; the impact of traffic on public safety; and the contamination created by said traffic impacts. We ask that you postpone this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

20-4 HC

Sincerely,
Bobbi Lopez, Project Coordinator
La Voz Latina

Attachment to Letter 20

Latinization of the Tenderloin

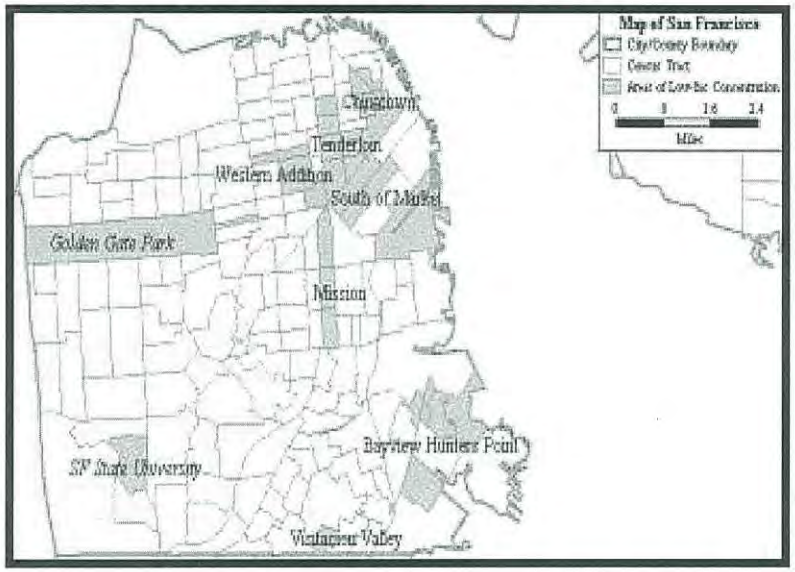


Latino population of the Tenderloin based on census tracts: 124 and 125.
(www.ncccsf.org/map/url/Tenderloin.htm)

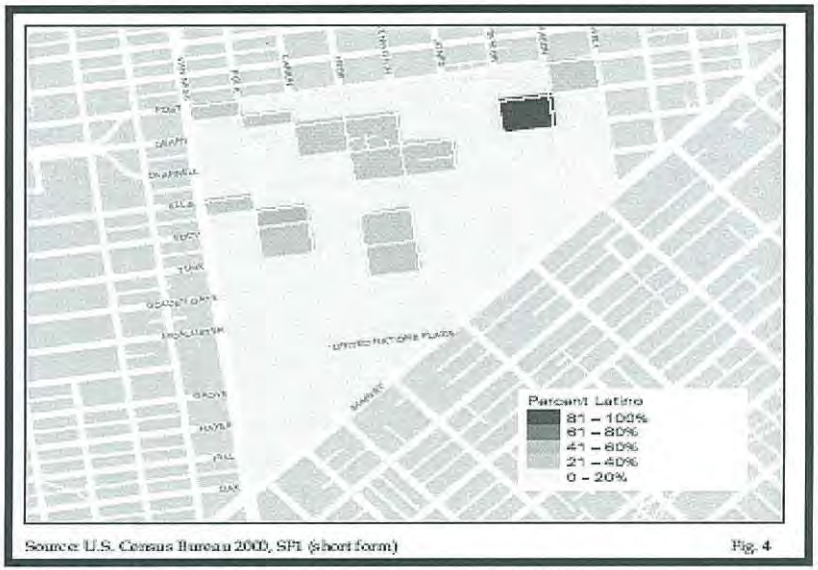
The Tenderloin neighborhood is the haven for thousands of Latinos, now totaling more than 16.6% of the TL's population according to the 2000 census.* Walk around the neighborhood and you can feel that the presence of Latinos has increased dramatically even over the past five years. While the Tenderloin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

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

Areas of Low-Income Concentration in SF



Latino Population Distribution of Tenderloin 2000



Source: U.S. Census Bureau 2000, SF1 (short form) Fig. 4

WHY THE LATINIZATION?

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

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

Attachment to Letter 20

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

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

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

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

1. Tienes hijos? (Si) No

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

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

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

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

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

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

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

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

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

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

12. Que tipo de servicios necesitamos en la vecindad? Explica mas:
    Entidad Creo que todos son muy importantes. Pero mas que nada Servicios para familia - es muy importante que nos Sintamos seguros en nuestra Comunidad-

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

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

1. Tienes hijos? Si/No

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

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

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

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

6. Te hablan en tu idioma? Si / No

7. Sientes Que es lejos Abecés: Si/no

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

9. Crees Que Ser Peatón Es Peligroso Caminar Por el Tenderloin? Si/No — para ninos — adultos — porsenos en la banqueta

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

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

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

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

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

1. Tienes hijos? (Si) / No

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

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

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

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

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

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

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

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

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

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

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

Via Telephone
3:53
Sept 22, 2010

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

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

1. Tienes hijos? Si/ No

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

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

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

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

6. Te hablan en tu idioma? Si / No

7. Sientes Que es lejos Abecés: Si/ no

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

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

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

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

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

Via Telephone

11.14.

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

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

1. Tienes hijos? Si/ No

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

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

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

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

6. Te hablan en tu idioma? Si / No

7. Sientes Que es lejos Abecés: Si/ no

8. Que tipo de Servicios Médicos Quieres Ver en La Vecindad:
   a. Servicios para Niños
   b. Servicos Para Mujer/Embarazo
   c. Dentista
   e. Otro: _____
   c. Emergencia
   d. Psychiatria
   f. Ojos
   3 Todo pero 11 que sean para la commundad!

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

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

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

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

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

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

1. Tienes hijos? (Si) No

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

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

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

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

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

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

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

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

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

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

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

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

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

1. Tienes hijos? (Si) No

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

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

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

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

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

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

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

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

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

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

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

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

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

1. Tienes hijos? (Si) / No

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

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

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

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

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

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

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

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

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

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

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

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

Via Telephone
3:30 PM
Sep 22, 2016

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

1. Tienes hijos? Si/No

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

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

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

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

6. Te hablan en tu idioma? Si / No

7. Sientes Que es lejos Abecés: Si/no

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

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

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

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

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

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

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

1. Tienes hijos? Si/ No

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

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

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

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

6. Te hablan en tu idioma? Si / No

7. Sientes Que es lejos Abecés: Si no

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

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

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

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

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

Via Telephone
Sep 22-2010
11:09 AM

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

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

1. Tienes hijos? Si/No

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

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

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

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

6. Te hablan en tu idioma? Si /No

7. Sientes Que es lejos Abecés: Si/no

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

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

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

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

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

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

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

1. Tienes hijos? (Si)/ No

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

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

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

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

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

7. Sientes Que es lejos Abecés: Si/ no

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

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

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

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

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

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

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

1. Tienes hijos? Si/ No

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

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

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

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

6. Te hablan en tu idioma? Si / No

7. Sientes Que es lejos Abecés: Si/ no

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

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

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

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

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

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

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

1. Tienes hijos? (Si) No

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

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

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

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

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

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

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

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

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

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

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

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

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

1. Tienes hijos? Si/No

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

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

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

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

6. Te hablan en tu idioma? Si / No

7. Sientes Que es lejos Abecés: Si/no

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

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

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

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

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

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

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

1. Tienes hijos? (Si) / No

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

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

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

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

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

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

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

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

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

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

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

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

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

1. Tienes hijos? Si/No

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

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

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

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

6. Te hablan en tu idioma? Si / No

7. Sientes Que es lejos Abecés: Si/no

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

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

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

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

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

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

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

1. Tienes hijos? Si/ No

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

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

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

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

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

7. Sientes Que es lejos Abecés: Si/ no

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

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

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

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

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

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

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

1. Tienes hijos? (Si)/No

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

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

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

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

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

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

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

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

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

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

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

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

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

1. Tienes hijos? (Si) No

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

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

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

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

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

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

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

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

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

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

12. Que tipo de servicios necesitamos en la vecindad? Explica mas:
    _____
    Servicios Para las madres para ejercitarse
    _____

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

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

1. Tienes hijos? Si/ No

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

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

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

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

6. Te hablan en tu idioma? Si / No

7. Sientes Que es lejos Abecés: Si/ no

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

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

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

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

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

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

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

1. Tienes hijos? (Si) No

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

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

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

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

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

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

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

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

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

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

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

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

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

1. Tienes hijos? (Si) / No

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

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

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

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

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

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

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

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

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

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

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

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

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

1. Tienes hijos? Si/ No

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

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

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

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

6. Te hablan en tu idioma? Si / No

7. Sientes Que es lejos Abecés: Si/ no

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

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

10. Que piensas de saber que 30,000 mas coches van a pasar por la área de Geary Y Van Ness? ~~ya ver mas gente, esta bien si~~
    ~~[illegible]~~ No es mucho el problema

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

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

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

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

1. Tienes hijos? (Si)/ No

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

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

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

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

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

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

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

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

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

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

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

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

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

1. Tienes hijos? Si/No

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

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

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

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

6. Te hablan en tu idioma? Si / No

7. Sientes Que es lejos Abecés: Si/ no

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

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

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

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

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

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

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

Health Survey

Tenderloin Neighborhood

La Voz Latina

September 17, 2010

Circle all that apply.

Name (Optional): Maria

1. Do you have children? (Yes) No

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

3. What type of health plan do you have?

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

4. Where do you go to obtain medical services?

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

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

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

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

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

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

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

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

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

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

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

Letter 21

Operation Access
Bridging the Healthcare Gap

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

Benjamin Aune, MA, MAR
President & CEO
Operation Access

115 Sansome Street, Suite 1205
San Francisco, CA 94104
T: 415.733.0052
F: 415.733.0019
www.operationaccess.org

September 23, 2010

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

Dear Commissioners:

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

21-1 HC

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

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

21-2 HC

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

21-3 HC

Sincerely,



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

Letter 22

PRESIDENT MIGUEL & MEMBERS OF THE PLANNING COMMISSION.

THANK YOU FOR THE OPPORTUNITY TO SPEAK THIS AFTERNOON. MY NAME IS DR. CHRIS RETATZYK

A PROUD 17 YEAR RESIDENT OF S.F..

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

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

22-1 HC

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

1) TIMING IS EVERYTHING IN PEDIATRIC EMERGENCIES. MINUTES FOR NEONATES & CHILDREN CAN QUITE LITERALLY MEAN LIFE OR DEATH. NOT HAVING A LOCALIZED FACILITY THAT IS EASILY ACCESSED AND THAT CAN PROVIDE CRITICAL CARE WILL ABOSWLY AFFECT OUTCOMES. IN THE CURRENT DISCUSSIONS THERE WILL BE 3 CHILDREN'S INPATIENT FACILITIES WITH IN A 2 MILE RADIUS LEAVING OUT LARGE SECTIONS OF S.F. AND MAKING IT DIFFICULT TO GET CRITICAL PEDIATRIC SERVICES IN A TIMELY FASHION.

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

22-1 HC

① LIMIT ACCESS ROUTES WITH FOR EMS, ~~AS THE~~ ~~AND FLOW OF PEDIATRIC PATIENTS~~. ② OVERWHELM A SINGLE ~~SECTOR~~ NEIGHBORHOOD OF THE CITY AND PUT THE PEDIATRIC POPULATION @ RISK

3) LASTLY HAVING A CENTRAL LOCATION ON MAJOR STREET & BUS ROUTES OF VANNESS & LEAVY WILL ALLOW FOR BETTER & MORE MEDICAL SERVICES PEDIATRIC ACCESS FOR ~~OF THE CITY~~ → THE ENTIRE CITY. THIS IS ESPECIALLY IMPORTANT GIVEN THE RECENT COMMUNITY VIOLENCE ON LOVE REPORT CARD SHOWING INCREASED MEDICAL NEEDS FOR THE TENDERLOIN / CHINATOWN / CIVIC CENTER COMMUNITIES

THANK YOU.

Letter 23

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Thank you president Miguel and Members of the planning commission.

My name is Joe Kim.

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

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

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

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

23-1 PH

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

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

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

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

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

Therefore, I support this hospital project.

Thank you

23-1 SO-EC

Letter 24

SF Planning Commission

Chairman Miguel

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

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

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

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

24-1 HC

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

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

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

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

Thank you,

Fung Lam, MD
415-831-2170

Letter 25

Comments submitted regarding CPMC's Draft EIR

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

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

25-1 HC

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

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

Jimmy Nguyen 9/23/10

Jimmy Nguyen

CPA Youth Leader
(Chinese Progressive Association)

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Letter 26

EMERIC-GOODMAN ASSOCIATES

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

September 20, 2010

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

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

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

Dear President and Commission Members,

My firm owns and manages the Emeric-Goodman Building, possibly the oldest wood frame building in the City, parts of which date from 1869. It is designated as Official City Landmark, No. 71 and is listed on the National Register of Historic Places. Between 1983-1985 we renovated the building to comply with the requirements of the U.S. Department of the Interior and the City's Landmarks Board. It contains 31 residential units and 5 commercial storefronts and is right across the street from the proposed automobile entrance of the project which is the subject of this DEIR hearing.

The DEIR discusses the many negative environmental impacts which the proposed project will cause but comes up short on proposing realistic and sensible mitigation measures. The DEIR takes almost a fatalistic approach with this passive statement: 26-1 OTH

Therefore, the Cathedral Hill Campus cumulative construction impacts would be significant and unavoidable. 4.5-247

The DEIR misses the mark in dealing with the negative environmental impacts on the neighborhood by failing to propose meaningful mitigation measures, notably compensation to the victims of the project.

Following are examples of the absence of mitigation measures from 3 of the chapters and my proposals to include real mitigation measures in the Final EIR: 26-2 TR

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DEIR
4.5 TRANSPORTATION AND CIRCULATION

Construction Workers by Shift—During construction of the Cathedral Hill Campus the maximum worker population would range between 80 (during demolition) and 735 workers (during interior finishing). A majority of these workers (about 80 percent) would be working on the Cathedral Hill Hospital. Work shifts would occur 7 a.m. to 4 p.m. and 4 p.m. to midnight on weekdays, and between 7 a.m. and 5 p.m. on Saturdays. 4.5-147

The proposed Cathedral Hill Hospital and Cathedral Hill MOB would be constructed over approximately 54 months. Construction activities would take place generally between 7 a.m. and midnight on weekdays and between 7 a.m. and 5 p.m. on Saturdays, depending on the phase of construction, and whether after-hour construction permits, when required for work after 8 p.m., are approved by the City. 4.5-147

Construction Truck Delivery Schedule—Table 4.5-30, "Cathedral Hill Campus—Average Trucks per Day and per Shift by Construction Phase" (page 4.5-151), summarizes the average number of trucks needed to haul excavated materials and for equipment and materials deliveries to the Cathedral Hill Campus during construction. Trucks would only arrive at the campus during construction shifts. As indicated in Table 4.5-30, between 100 and 320 trucks would travel to the Cathedral Hill site per day, with the greatest number of trucks arriving during the excavation and foundation phases. 4.5-148

26-2 TR

Approximately 185 trucks per shift [= 370 per day] would arrive at the construction site during the excavation phase, and assuming that 15 percent of these trucks would arrive during the peak hours, a total of 28 trucks would arrive during the peak a.m. and p.m. peak hours. Since a significant portion of the construction vehicle trips would be via large and heavy vehicles, the number of vehicles added to the intersection analysis was adjusted to reflect the impact of larger trucks on roadway capacity. 4.5-151

Because of the number of temporary closures of sidewalks adjacent to the project sites necessitating pedestrian detours, the proposed project would result in a significant impact on pedestrians during construction. 4.5-155

DISCUSSION

The massive impacts of the proposed project are well summarized in Section 4.5.

The DEIR adduces the following statistics during construction:

1. Up to 735 workers.
2. Construction between 7 AM and midnight weekdays (17 hours per day) and 7 AM to 5 PM on Saturday during 54 months of construction.
3. Up to 370 truck arrivals and departures between 7 AM and Midnight, or more than one truck every 3 minutes for 17 hours per day.

The DEIR does not analyze the environmental and health impacts on the residents and businesses in our building as a result of these overwhelming statistics. It is likely that many will be unwilling to live or work in the building during the 54 months of construction and the DEIR should have proposed a method to

26-3 HZ

compensate the property owner for lost income due to the impacts of the project and/or to have compensated tenants who are willing to remain in the building during the construction period.

26-3 HZ

DEIR
4.6 NOISE

Mitigation Measure for Cathedral Hill Campus (with or without project variants)
M-NO-N1a CPMC shall minimize the impacts of construction noise where feasible by implementing the measures listed below in accordance with the San Francisco Noise Control Ordinance. . . .

M-NO-N1b A community liaison shall be designated by CPMC. The community liaison shall be available to manage and respond to noise complaints from nearby sensitive receptors. 4.6-47

26-4 NO

DISCUSSION

There is no specificity to these goals. There is no discussion of any of the "receptors" and our building, right across the street from the proposed project, is not even mentioned in the DEIR. It makes no sense to wait until construction begins to develop a plan to minimize noise and to identify "receptors."

The DEIR should have identified the buildings and occupants that will be impacted by noise during construction and developed a plan to minimize the noise and/or to compensate the owners for lost income and the tenants for damages due to the noise.

DEIR
4.9 WIND AND SHADOW

This section describes wind and shadow conditions in San Francisco in general and on the various existing and proposed CPMC campuses in particular. It evaluates potential wind and shadow impacts that could result from implementation of the CPMC Long Range Development Plan (LRDP) and considers cumulative impacts of both wind and shadow. 4.9-1

26-5 WS

DISCUSSION

There is no reference in this section to our building which is directly across the street from the proposed 3.85-acre Cathedral Hill Campus, indicated by no. 43 on the neighborhood plan (Figure 4.9-1).
The EIR does not discuss the impact of wind and shadows on the Emeric-Goodman Building nor does it propose any mitigation measures.

DEIR
6.9.2 CONCLUSION

Pursuant to the State CEQA Guidelines, Alternative 3A would be the environmentally superior alternative other than the No Project Alternative (Alternative 1A or 1B). Alternative 3A would reduce some of the significant and unavoidable impacts on transportation and circulation identified for the Cathedral Hill Campus under the proposed LRDP, but would still result in significant and unavoidable impacts related to transportation, noise, and air quality. Alternative 3A would meet some core project objectives, but not all of the project objectives and its development program at the CPMC campuses would be similar to that of the LRDP. However, Alternative 3A would reduce significant and unavoidable transportation and circulation impacts compared to the proposed LRDP, and would not result in additional impacts at the California Campus. 6-403

26-6 ALT3A

DISCUSSION

I am in agreement with the major thesis of the conclusion, namely that Alternative 3A is superior to the massive building and construction project that would result from the proposed LRDP. However there is no need for this fatalistic conclusion: *but* [3A] *would still result in significant and unavoidable impacts related to transportation, noise, and air quality.*

The *significant and unavoidable impacts* are costs that are imposed on others by the owner and developer of the project. The Planning Commission and the EIR should be able to quantify those costs and require the developer of the project to compensate the victims of the impacts. In the case of the Emeric-Goodman Building, the developer should be required to rent any vacant residential or commercial units as a result of the negative impacts from the project and/or to compensate the tenants for the impacts during the construction process. The rationale for the compensation of costs imposed by the project on others is analogous to the compensation being paid by BP to the victims of the Gulf oil spill.

26-7 PH

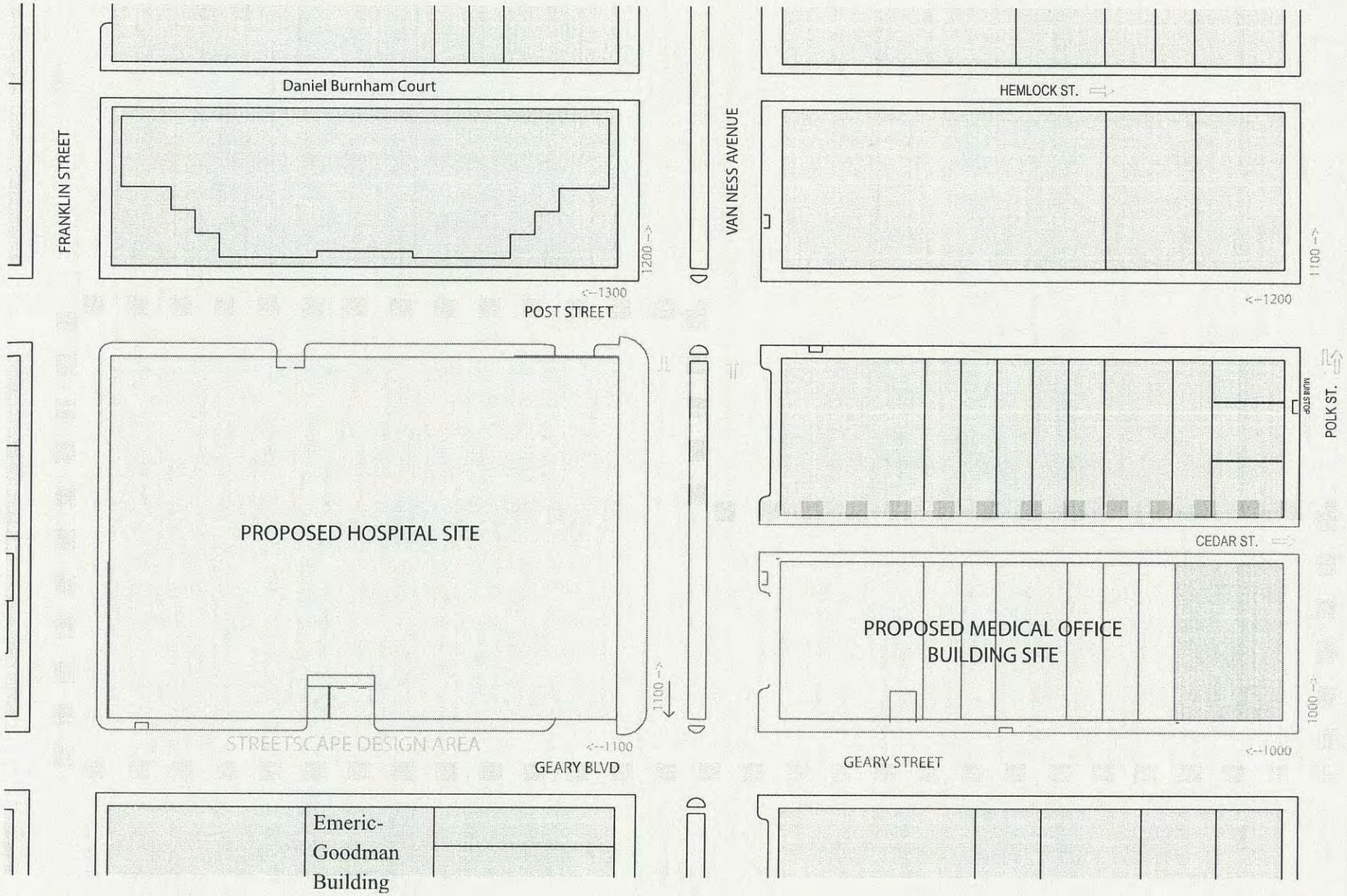
Yours,

Alan Wofsy
CEO

Attachment – location map

Attachment to Letter 26

PROPOSED VAN NESS/GEARY CAMPUS SITE



Letter 27

9/23/10

My name is Jonica Brooks. I have been a registered nurse at the bedside at CPMC's California Campus hospital based Skilled Nursing Floor (or S.N.F.), aka Post Acute Services, for over 15 years. CPMC has three SNF units, one on each of the California, Davis and St Lukes Campuses. Our combined census or occupied beds on the California and St Lukes Campus SNFs is about 66. We are all hospital based SNFs and we serve Medi-cal/Medicare/uninsured/ poorly insured, mostly elderly and disabled persons suffering from chronic and/or acute conditions requiring multiple IV's, complex dressings and intensive nursing and medical care from a few days to up to 6 weeks or longer.

I am concerned over CPMC's draft EIR plans for the elderly and disabled. CPMC has committed to keeping only the 38 beds of the Davies Campus SNF open and has excluded the California and St Lukes campus SNFs from the draft EIR.
CPMC has only verbally committed to provide 62 community or campus-based beds open.

There is a difference in community based and hospital based SNF's. I have provided the commissioners an outline of those differences. From this you can see better that our patients are ill and inappropriate for community based free standing SNFs. What you don't see is that CPMC has tried in the past with pilot programs to place our patients in free standing SNF's only to see increased re-hospitalizations and even, unfortunately, death. No one wants that.

CPMC has stated the two SNFs are not in the EIR draft because they are working to develop a transitional care model for home-based care after hospital discharge. But this program is meant to provide San Francisco seniors and adults with disabilities with transitional care services to bridge the gap between hospital discharge and successful recovery at home. While good, this still only speaks to those people going home. What about the growing elderly population and the chronic SNF bed shortage in San Francisco that is estimated to be 30% over the next decade? What will happen if these vulnerable people are sent home too early or have to go outside of San Francisco for care?

27-1 HC

It is well known in our facility that CPMC wants to close our unit and has wanted to for some time. From a business prospective, we serve a patient population that is income loosing rather than bottom line gaining. We actually would be closed now as documented in CPMCs prior plans and we have only remained open because community outrage that Sutter/CPMC would cut these services has caused CPMC to pause in these plans.

We are not asking CPMC to shoulder the whole responsibility of caring for the elderly and disabled of San Francisco. We are only asking that they not exacerbate the problem further. We do not want CPMC to quietly unburden themselves with as many SNF beds as possible and **this will happen if the existing SNF beds we have are not included in the final environmental impact report plans**.

I stand before you as a registered nurse with concerns over Citywide health care for the elderly and disabled. These people should not be thrown under the bus in leu of a new state of the art high rise hospital. I urge the Commissioners to hold CPMC to continue with their studies over successful recovery at home but to not eliminate any Skilled Nursing beds in their Final Environmental Report.
Thanks you.

JONICA BROOKS, R.N.
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JAIN

Comparisons of three Distinct Skilled Nursing Facilities Settings

Below are examples of three distinct skilled nursing facility settings here in San Francisco. This matrix demonstrates the varying capacity of each setting in terms of their services offered *On Site* in order to accommodate resident's immediate medical needs.

There are currently **2,801** licensed skilled nursing beds (Groups B and C) in 19 facilities located in San Francisco serving residents with both long and short term needs and **378** post acute licensed beds (Group A) (attached to acute care hospitals) serving residents with more unstable medical needs. The largest SNF settings are located at Laguna Honda Hospital and the Jewish Home, which comprised 79% of the beds that serves residents with both rehab focused short-term needs and long-term care needs from Group B. Over the course of the next 2 to 3 years, Laguna Honda Hospital will be reducing their overall SNF beds from over 1,000 to 780. The decrease in both long and short-term beds will greatly decrease San Francisco's capacity to provide SNF services to seniors and disabled adults as their bed capacity is significantly decreased. Many of the stand alone skilled nursing facilities are much smaller with 8 out of 14 facilities serving 50 residents or less. Many of these facilities tend to be more neighborhoods based and one third is private pay and do not accept Medicare or MediCal.

Group A: Post Acute SNF Settings: This type of skilled nursing facility is housed within an acute care hospital. Because these units are located in an acute care hospital, they have much greater *ON Site* capacity for providing much greater capacity to residents who require intravenous options, assorted therapies, lab and pharmacy services and more comprehensive medical services. Residents in these settings tend to have many medical needs than in other SNF settings and tend to need many more medical interventions than in traditional rehab focused or custodial SNF setting. There are currently **5** post acute units providing **378** SNF beds in San Francisco.

Group B: Stand Alone Rehab Focused Skilled Nursing Facility: This is a skilled nursing facility that has a distinct focus on post hospitalization rehabilitation for those recovering form a variety of ailments such as hip fractures or strokes. This is usually a short-term stay following treatment or surgery in an acute care hospital setting. Many of these facilities offer a mix of long term, short-term rehab focused care, and one of these facilities is part of a CCRC (continuing care retirement community). There are currently **5** rehab-focused facilities in San Francisco providing **1,801** beds. Of these 1,801 beds, Laguna Honda has 1,050 beds while the Jewish Home has 478 beds.

Group C: Stand Alone Skilled Nursing Facility without a rehab focus: Typically, these tend to be small "stand alone" skilled nursing facilities that serve residents with long term "custodial" skilled needs that require 24 hour care. They provide skilled services to residents with less emergent medical needs, labs, hospice care and therapies are usually provided on a as needed basis without on site facilities or on a contracted basis. Residents in this setting tend to require 24 hour care but are more medically stable than in higher levels of care(Groups A and B). There are currently **14** facilities in this group that provide **970** long-term beds in San Francisco.

The greatest immediate need for SNF beds are among groups A and B, as these two settings have the most sophisticated service delivery systems thus have a much greater capacity serve residents with complex medical issues. SNF Beds in both of these groups is on the decline especially with the SNF bed reductions at Laguna Honda Hospital over the next two to three years and proposed changes to the CPMC post acute units. Currently, there is poor capacity to serve individuals in all three settings especially in terms of the need for short-term rehab focused and post acute settings in San Francisco

Group	Group A	Group B	Group C
Type of Setting	Post Acute	Stand Alone	Stand Alone

	Services as part of a Acute Care Hospital	Rehab Focused Skilled Nursing Facility	Skilled Nursing Facility without rehab focus
Setting provides:	Post Acute Care	Short Term and Long Term Care	Long Term Care Only
Number of facilities per category	5	5	14
Total number of licensed beds	378	1,801	970
Example of a SNF site in SF	i.e. CPMC California Campus	i.e. Tunnel Center	i.e. California Convalescent
On Site Physical, Occupational, Respiratory, Speech Therapies on site Monday - Sunday and Holidays	Yes	Yes	no
RN Patient Ratios, day shift, 1:6	Yes	No	no
On Site Hospitalist, 24/7	Yes	No	No
On Site hospice care	Yes	Yes-?	No
On Site Pharmacy 24/7	Yes	?	No
Blood sugar checks 4 x per day	Yes	Yes	No
PICC line care & insertion	Yes	No	No
CAPD (Continuous Ambulatory Dialysis)	Yes	?	No
Wound-vacuum and complex wound care	Yes	No	No
TPN and lipids infusions	Yes	No	No
Tracheotomy Care	Yes	Yes	No
Patient-controlled analgesics	Yes	No	No
On Site multiple daily blood-draws, routine and STAT	Yes	No	No
On Site Septic Workups and Blood cultures	Yes	No	No
Daily transfers from Post-Acute to an acute hospital for chemotherapy, radiation, MRI, CT, X-ray, emergency room or critical care when needed.	Yes	No	No
Patient education including diabetic, wound and ostomy care	Yes	Yes	No
IV Antibiotic Therapy and IV push medications including analgesics, anti-emetics and diuretics	Yes	Limited	No
On Site staple removal	Yes	Yes	No
IV infusions of Iron, Amph. B, and DHPG and STAT Antibiotics	Yes	No	No
On Site blood transfusions both routine and STAT	Yes	No	No
IV cannulation	Yes	Yes	No
Patient restraints for extreme behavioral issues	Yes	Yes	No

27-2 HC

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Letter 28

San Francisco Gray Panthers
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San Francisco Gray Panthers is extremely concerned about California Pacific Medical Center's plan to eliminate 180 Skilled Nursing Facility (SNF) beds as part of its Master Plan for radically changing its healthcare facilities in San Francisco.

San Francisco has a severe shortage of (SNF) beds that accept Medi-Cal. A 1998 SF Department of Public Health study predicted that the City will have 92,000 more residents over age 65 in 2020 than in 2000, and that the City would have a shortage of 2,380 SNF beds, assuming no existing SNF beds were lost. (Options For Laguna Honda Hospital White Paper) But since that time, 732 SNF beds have been lost. The City's own Laguna Honda Hospital, soon to re-open, stopped taking SNF patients in January 2008. (Fog City Journal, 7-7-2009). California Pacific Medical Center's planned closing of its Skilled Nursing Facility, with 180 beds, would raise the total of closed beds to 912, a 24% drop since 1997. (SF Examiner, 8-4-2010) The Lewin Group projects San Francisco would face a 30% shortage of SNF beds overall over the next decade.

These SNF beds are almost entirely used by poor elderly or disabled patients on both Medicare and Medi-Cal, and are necessary for treating patients with strokes, heart and circulatory disease, hip fractures, cancer, respiratory diseases, and severe kidney diseases. (CPMC website) Without sufficient SNF beds in San Francisco, these patients will have to be placed in out-of-county facilities, away from the support of family and friends. In addition, the care at stand-alone contracted-out facilities is often inferior to care in SNFs close by hospitals where more skilled medical expertise is close at hand. In short, closing already-scarce SNF beds in San Francisco will hasten deaths for low-income San Franciscans. 28-1 HC

Both the San Francisco Health Commission, and a Lewin Group report on CPMC's Master Plan raised questions about provision of SNF care, as well as sub-acute care and inpatient psychiatric beds. (CPMC news release.)

It is our understanding that CPMC has said it plans to replace the 180 SNF beds it plans to close, but that specific plans are lacking beyond 38 beds at Davies and a commitment to establishing and additional 62 beds somehow, somewhere. (Health Commission Task Force on CPMC IMP, 3-2-2010) This promise, if fulfilled, would still only replace 55% of our badly needed SNF beds.

San Francisco Gray Panthers stands behind the California Nurses Association, community advocates, and elder advocates in demanding that CPMC issue specific, irrevocable plans for replacing all of the closed SNF beds, that new SNF beds be located in close proximity to acute care facilities, and that SNF patients in free-standing facilities not be displaced by CPMC's SNF patients. We also demand that the City of San Francisco not approve CPMC's overall plan until these demands on SNF beds are met, as well as community concerns over the future of St. Luke's Hospital, and the impact of CPMC's planned main hospital on the Cathedral Hill neighborhood. 28-2 HC

Michael Lyon, Co-Convener

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Letter 29

ST. LUKE'S HOSPITAL

RECEIVED AT CPC HEARING 9-23-10
2005.0555E
CPMC - DPIR
JAIN

October 10, 2001

Via Facsimile and U.S. Mail:
(415) 673-1510

Patrick E. Fry
Chief Operating Officer and
Executive Vice-President
Sutter Health
One California St., Suite 1550
San Francisco, CA 94111-5416

Re: Affiliation Agreement - St. Luke's Services

Dear Pat:

During the affiliation process, you and I spoke at length about the scope of the services offered by St. Luke's Hospital at the time of the affiliation.

You will recall that your letter to me of October 26, 2000 memorializing the agreement to affiliate provided, in pertinent part:

> "St. Luke's Hospital, with Sutter Health's support shall remain a separately incorporated and separately licensed acute care hospital, at its current location and in the context of its current mission, *providing the same services for which it is licensed as of the date hereof.* "(emphasis added)

29-1 HC

We prepared as an Exhibit to the Affiliation Agreement an actual list of the services provided as of the date of the letter of intent to affiliate; you requested that we not include such a detailed list in the Affiliation Agreement, but that instead, we make broad reference to the license issued to St. Luke's Hospital by the Department of Health Services. I agreed, at the time, that the hospital's services were certainly broadly identified on the license, but I believed we should make a record as to the extent of the actual services, since I understood your letter to

support the actual services themselves, not just the maintenance of the license.

You and I agreed that I would write to you a side letter to the Affiliation Agreement identifying those services so that we could all acknowledge, in making future decisions about services, the substance and extent of the various services St. Luke's was providing as of October 26, 2000.

Accordingly, I have attached to this letter the list of current services prepared by Mary Coulton, our Chief Operating Officer, at my request.

29-1 HC

Very truly yours,

Philip L. Pillsbury, Jr.
Chairman of the Board
St. Luke's Hospital

PLP:alr
Enclosure

cc: Jack Fries - (415) 641-6899
Maureen Corcoran - (415) 983-1200

Attachment to Letter 29

ST. LUKE'S HOSPITAL

St. Luke's Hospital
Current Services

Asthma Education Program
One-on-one individualized counseling; programs for local schools.

Audiology
Evaluation, treatment, counseling and industrial testing.

Bio-Medical Department
On-site repairs and preventative maintenance programs.

Breastfeeding Center
Support, education, breastfeeding supplies and equipment rental. Telephone consultations, one-on-one support and classes.

Cardio/Neuro Laboratory
Full range of non-invasive diagnostic testing for both inpatients and outpatients. We offer all modalities of stress testing including Stress Echoes and Radionuclide treadmills. Holter monitors, Cardiac ultrasound, EEGs, EKGs, EMGs, etc.

Case Management Services
Case Managers can assist in:
1) *Coordinating care during a patient's in-hospital stay. Serve as primary contact for physicians.*
2) *Plan and facilitate transfers to other health care facilities.*
3) *Plan and facilitate discharge including placements in nursing homes, board and care, and provision of ambulance, home health, and durable medical equipment.*
4) *Assist in DRG assignment for optimal reimbursement for services. (ICD-9 coding). Assist with obtaining MediCal and insurance authorizations.*

Cast Room
Full range of orthopedic services for inpatients and outpatients.

Catheter and IV Insertion Services
Placement of midline and PICC catheters on newborns, infants, children, and adults on an inpatient or outpatient basis. A interventional radiology physician is available for difficult insertions requiring fluoroscopy or ultrasound.

Central Services and Sterile Processing
On-site preparation and distribution of supplies and sterilization of surgical instruments.

Chaplaincy Department
Multi-faith spiritual support for patients, family members, and St. Luke's Hospital staff, including liturgical and ritual rites as needed.

St. Luke's Hospital Current Services
Page 2

Community Lectures & Education
Speaking opportunities to community groups in both English and Spanish.

Critical Care Services
Fifteen-bed Intensive Care Unit.

Diabetes Center
Offers a multidisciplinary, bilingual team approach for the care of your patients with Diabetes.

Dialysis Services
Provides peritoneal and hemodialysis and plasma phoresis.

Emergency Department Services
Levell II Basic Emergency Department, open 24 hours per day. EDAP (approved for Pediatrics) – 24/7 Pediatrician on the premises.

Employee Health Services
Responds to employee injuries, workplace ergonomics, employee infection control issues, OSHA compliance issues.

Endoscopy Services
Two treatment rooms are equipped to provide diagnostic and therapeutic interventions.

Foundation - St. Luke's Hospital
Philanthropic agent of the Hospital, the Health Care Center, and any other similar St. Luke's organizations or projects.

Hospitalist Service
Skilled physicians who attend hospitalized patients only and remain on duty in the hospital 24 hours a day. Hospitalists are available to consult on all Critical Care patients and attend to admissions of adult Internal Medicine patients and all pediatric patients.

Infection Control
Infection Control offers the following services about communicable/infectious diseases:

1) *Referrals to experts at Centers for Disease Control, epidemiologists and infectious disease specialists at State Dept. of Health Services, San Francisco Public Health Dept. and Universities.*
2) *Information on isolation, communicability, transmission, prevention and treatment of infectious and communicable diseases.*
3) *Recommendations, guidelines, standards, position papers, and statutes, as applicable, from professional, accrediting, regulatory, advisory and enforcement associations and agencies.*

Laboratory Services
Offers a full range of pathology, cytology, and laboratory services both in-house and in multiple off-campus draw stations.

St. Luke's Hospital Current Services
Page 3

Magnetic Resonance Imaging (MRI)
St. Luke's operates a General Electric 1.5 Tesla Signa MRI system that is available on-campus for patient scanning on a full-time basis. The system has the latest software and coils, as well as the ability to perform four modes of MR angiography.

Maternity Education
Classes in English or Spanish include: Childbirth Preparation, Early Parenting, Breastfeeding and Infant/Child CPR, etc.

Medical Day Service
Short-term inpatient evaluation and/or treatment. This includes, but is not limited to, blood transfusions, chemotherapy, IV hydration, dressing changes, limited IV antibiotic therapy, minor surgical complications and short term observation.

Medical Staff Office and Services
Provides full support for the St. Luke's Hospital Medical Staff and manages both the written and internet Medical Library services.

Medical/Surgical Services
Acute inpatient adult medical and surgical nursing units.

M.O.M. - Millennium Occupational Medicine Program
All work related injuries and illness, evaluation and treatment of signs and symptoms of repetitive motion injuries (RMIs), post-offer, annual and DOT physical examinations, drug and alcohol screening, audiology, ergonomics, vision testing and pulmonary function testing.

Nuclear Medicine
Offers a full range of non-invasive diagnostic procedures.

Nutrition Services
Registered dieticians available to provide nutrition screening and assessment to all patients. Outpatient consultation available. Full meal service for patients, staff and visitors.

Obstetrical Services
Three Labor Delivery Recovery Rooms (LDRs) and three traditional labor rooms, a three-chair antenatal test room and two Operating Rooms/Delivery Rooms. In addition to a well-baby nursery, St. Luke's offers an intermediate level Neonatal Intensive Care Unit with 8 licensed beds.

Occupational and Hand Therapy Outpatient
(Hand Clinic)
Comprehensive care to acute hand and upper extremity injuries as well as repetitive motion injuries, cumulative trauma and post CVA's.

Occupational Therapy Department-Inpatient Services
Treatment to maximize independence, prevent further disability and maintain health.

St. Luke's Hospital Current Services
Page 4

Pediatric Services
Seven-bed pediatric service offering community level pediatric acute care.

Pediatric Developmental Service
Services for 0-3 year olds; physical therapy, occupational therapy, and speech/language pathologists. For children with: Developmental Delay, Cerebral Palsy, Head Injury, Juvenile Rheumatoid Arthritis, Congenital or Acquired Orthopedic Conditions, Feeding Deficits among others.

Pharmacy Department
Clinical pharmacists are available in patient care areas to provide assistance in drug therapy selection and monitoring, and to provide unbiased pharmacoeconomic, pharmacokinetic, and clinically relevant drug information.

Outpatient Pharmacy – Monteagle Pharmacy
Retail pharmacy services for the general public as well as employee prescription services and physician office supply services.

Physical Therapy Department-Inpatient Services
Comprehensive assessments and treatment plans, delivery and documentation of care; consultation, re-evaluation and discharge planning. In addition to the Pediatric Developmental Physical Therapy Service.

Physical Therapy Department-Outpatient Services (WorkWright)
Treating of acute and chronic neck and back problems, joint pain and injuries such as: knees, shoulders, hips and post surgical and CVA rehabilitation for strengthening and mobility

Physician Services
St. Luke's Medical Staff includes practitioners in the following specialties: Anesthesia, Emergency Medicine, Pediatrics, Family Practice, Occupational Medicine, Cardiovascular Disease, Dermatology, Gastroenterology, Geriatric Medicine, Hematology, Infectious Disease, Internal Medicine, Nephrology, Neurology, Oncology, Physical Medicine and Rehabilitation Physiatry, Psychiatry, Pulmonary Medicine, Gynecologic Oncology, Obstetrics and Gynecology, Anatomical Pathology, Allergy and Immunology, Neonatology, Perinatology, Diagnostic Radiology, Neurosurgery, Ophthalmology, Oral/Maxillofacial Surgery, Orthopedic Surgery, Otolaryngology, Plastic and Recontructive Surgery, Podiatry, General Surgery, Thoracic Surgery, Urology and Vascular Surgery.

Psychiatric Inpatient Services-Acute
31-bed unit. Psychiatrists are on-call 24 hours a day and are available for consultation. Twenty-four hours a day/seven days a week Intake Referral services.

St. Luke's Hospital Current Services
Page 5

Psychiatric Services – Outpatient
Individual, group and treatment for patients aged 13 or older in English, Spanish, Russian and Cantonese.

Radiology Department
Provides Basic Diagnostic Imaging, Ultrasound (OB/GYN, Abdominal and Vascular), CT Scans, Mammography, as well as Fluoroscopic and Interventional Radiology. Services are available at the hospital and at several community locations.

Recreational Therapy
Psychosocial activities, social activities, pet therapy, patient excursions, etc.

Respiratory Care Services
Provides a full range of respiratory care services and pulmonary function testing.

Skilled Nursing Services
Nineteen bed skilled nursing facility.

Social Services
Identifies the basic needs of patients, their families and significant others and focuses upon any psychosocial factors that may impair full benefit from medical and rehabilitative services. Psychosocial assessments are performed as needed and interventions are guided by participation in team meetings and discharge planning.

Speech Therapy Services-In/Outpatient
Diagnosis and treatment of communication, cognition and swallowing disorders

Stonestown Imaging
Provides general radiological procedures, Bone Densitometry Screening, Mammography, Fluoroscopic and Ultrasound services.

SubAcute Care Program
Sixty bed service provides highly skilled medical, nursing and rehabilitative care in a non-acute care setting for patients with complex medical needs which include: ventilator management/weaning, and tracheostomy care as a partial list of services.

Surgical Services - Inpatient
The Main Operating Room consists of six operating rooms and a cystoscopy room. The unit can be staffed to operate four general anesthesia rooms and one local anesthesia room. The operating room is equipped to provide surgical diagnostic intervention in the following areas: Orthopedics, Vascular, Ophthalmology, Genital-Urinary, Neurology, ENT, Gynecology, Plastic and General surgery.

Surgical Services/SOMA Surgicenter
Outpatient Surgery Center with three operating rooms and state-of-the-art medical equipment. Common surgical procedures include: Arthroscopy, Breast Biopsy, Bunionectomy, Cataract Extraction, Cosmetic Surgery, Dental Extractions, Hemiorrhaphy, Maxillofacial Surgery, Laparoscopy, Liposuction, SMR/Rhinoplasty, Tubal Ligation and Tympanoplasty.

Surgical Testing and Registration/STAR Unit
A preoperative testing and screening service for elective surgery patients.

Telemetry Unit
Twenty bed step down unit with telemetry monitoring capability for 18 beds.

Transport Team
Twenty-four hours a day/seven days a week assistance with patient transfers and transportation.

Wound Treatment Center
Inpatient and outpatient consultation and treatment service for extensive and/or chronic wound and skin problems.

September 23, 2010

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2005.0555E
CPMC - DEIR
JAIN

Letter 30

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

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

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

Dear Mr. Wycko:

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

1. It is my understanding that this DEIR covers the California Pacific Medical Center (CPMC) "Long Range Development Plan (LRDP)" and is both a program-level environmental impact report (EIR) pursuant to Section 15168 of the State CEQA Guidelines (Page S-2) as well as a project-level EIR pursuant to Section 15161 of the State CEQA Guidelines (Page S-2) where near-term projects (Cathedral Hill Campus, Davies Campus and St. Luke's Campus) and are analyzed at the project level (more detailed than program-level, per Page 1-13) based on situations that can be reasonably forecasted. And long-term projects would be analyzed at a programmatic level where impacts of these projects can be reasonably forecasted. But that long-term projects (Pacific Campus and Davies Campus) would be subject to further environmental review. In the following points, I address a few issues I believe have been overlooked in this DEIR on both of these programmatic and project levels. In addition, there are also, for example, CEQA violations, violations of the City's "General Plan" and the soon-to-be-adopted "Better Streets Plan." As a note, I also cover issues with the California Campus should a remodel rather than a demolition be the chosen alternative within the existing building envelopes.

30-1 LU

2. On Page 2-7 of the DEIR, one of the "Core Medical Services Objectives" is stated as "Meet the existing and future projected acute-care and outpatient needs of CPMC's patients, with appropriate physician specialties, including specialized services that are provided by a limited number of service providers in the Bay area, and, in some cases, Northern California." The existing acute-care needs of all campuses of CPMC for the year 2010 totaled 849 beds. The new Cathedral Hill Hospital will have 750 beds for acute care, a decrease of 99 beds or a decrease from the year 2010

30-2 HC

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

30-2 HC

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

30-3 PD

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

30-4 PD

30-5 AQ

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

- Geary Boulevard parking lane 400 ft. x 19 ft.
- Post Street parking lane 400 ft. x 18 ft.- 4 in.
- Franklin Street one lane 300 ft. x 10 ft.
- Van Ness Avenue one lane 300 ft. x 10 ft.

  (2 lanes when installing the fuel tank…per this document, emergency generator fuel storage tanks are "proposed to be beneath the Geary Boulevard parking lane…22 ft. (on west end towards Franklin St) to 17 ft. deep (on east end towards Geary/Van Ness Avenue) by 15 ft. wide (edge of hospital property line))

30-6 TR

From the Administrative documents to the DEIR, only the above lanes will be closed. How many existing on-street parking spaces from Post Street will be eliminated for the 400 ft. closure? How many existing on-street parking spaces

30-7 TR

from Geary Blvd. will be eliminated for the 400 ft. closure? The reason for these questions is that vehicles that used to park in these spaces will be shifted elsewhere, possibly to Larkin, Polk, Japantown streets. 30-7 TR

The 2 tower cranes for the Cathedral Hill Hospital project make an average of 88 dbA at 50 feet. Will these be used for the rooftop equipment installation as well? Would the use of a helicopter lessen the traffic lane and parking lanes closure impacts for a shorter period of time than the use of these cranes? 30-8 PD

How much noise would the helicopter generate? Would it be less than the cranes at 88 dbA? 30-9 NO

4. Speaking of helicopters, will you be running a hospital transport service with helicopters? 30-10 PD
5. And overall, on a programmatic level, there appears to be a significant impact with transportation and circulation in and about the new Cathedral Hill proposed development of the new 15-story, up to 265-ft. tall (excluding 16-ft. tall exhaust stacks on roof, 269 ft. to top of mechanical screens per Page 2-27), 555-bed hospital and 9-story above grade (excluding mechanical roof level), 130-ft. tall medical office building (MOB) as well as for the other campuses. 30-11 TR

I think there needs to be a better traffic study not only in the limited area shown in the DEIR, e.g. for Cathedral Hill Campus, on Pages 4.5-96 and 4.5-97, but also in the area to the west towards Japantown which will be impacted by diverted traffic when the Loading Dock deliveries are made and traffic tries to go around them onto a street that will continue northbound or when there are problems on the Post St. entrance or on Geary. Comments on this issue will also appear later on in this document.

If the study areas as represented on these pages go 5 blocks to the east as denoted by the dashed blue lines, there should be at least a study of 5 blocks to the west as well. Geary runs westward so people will try to find a street on the westward side through Japantown. A current traffic count of vehicles in Japantown on Octavia St., Laguna St., Buchanan St., Webster St., Post St., Sutter St., Bush St. and Pine St. (the "Japantown streets" I refer to later) needs to be initiated to see the impact on the residents and businesses in and around Japantown. Then the same projections need to be run on these streets with the Cathedral Hill Project/MOB Project and the Pacific Campus Project for both the 2015 and 2030 scenarios for A.M. Peak Hour and P.M. Peak Hour. What are the "peak hours"? Would not some streets have different peak hours than others and differ depending on the day of the week? How much data has been gathered, e.g., during school season, off-season, during Japantown festival days such as when the Cherry Blossom Festival Parade crosses Van Ness or even Saturdays and Sundays? 30-12 TR 30-13 TR

The Pacific Campus project and the Cathedral Hill/MOB projects, although they will not run concurrently, will run consecutively and will cumulatively impact the Japantown area as well the streets to the east within the blue dashed lines. On Page 4.5-218, the traffic impact on the intersections for the year 2030 is shown as deteriorated and therefore the Japantown streets will also have to be looked at as well as at least the 5 blocks east of Van Ness such as Larkin St., Hyde St., Leavenworth St. and Jones St. Although I concern myself mainly with the Cathedral Hill and Pacific campuses and although the California Campus proposal does not have a detailed analysis because it may be sold off, I believe after briefly reading the Davies and St. Luke's campus proposals that the same problems will occur for the new Davies and St. Luke's Campuses in regards to traffic congestion, diversion and parking; and should the California Campus proposal for remodeling be done by CPMC due to construction workers parking issues and related congestion, 30-14 TR 30-15 TR

there will be similar traffic congestion and parking issues for those trying to shop at the Laurel Village Shopping Center near the California Campus.

As a general comment, to state, e.g., as on Page 4.5-179 for the California Campus, Impact TR-67, that "Implementation of the CPMC LRDP would not cause the level of service at California Campus study intersections to deteriorate from LOS D or better to LOS E or LOS F, or from LOS E to LOS F, and therefore, the project would not result in a significant traffic impact (Less than Significant)," to say that the intersections are already at a low LOS so implementing a project that exacerbates the problematic issues so that the traffic impact is deteriorated not only on the nearby adjacent streets but out farther into streets even ½-mile away is rather an illogical manner of handling problems with circulation…any more additions of vehicles into the area makes it worse so a solution needs to be developed to bring the LOS at these intersections such as at Gough/Post, Franklin/Geary, Van Ness/Geary, Polk/Post, etc. as on Page 4.5-100, to a more efficient LOS prior to starting the Cathedral Hill Project. And for the DEIR to put the onus on surrounding projects that contribute to the "poor operating conditions at these study intersections" and that are "due to background traffic volume increases associated with other developments" in the area of the proposed Cathedral Hill Campus Project as on Page 4.5-99 should not be used as the basis to allow approval of the project without seriously fixing the intersections to better LOSs first. I do not believe this should be in the "Less Than Significant" category but rather should be in the "Significant" category. I am also not sure it is "Unavoidable." Since the DEIR states the problem of transit impacts in the Cathedral Hill project as "less than significant," CPMC is then not required to give a mitigation measure. I think there needs to be a mitigation measure because saying that they are constructing in an area of bad traffic circulation so building a structure that will make a LOS F area a worse LOS F area is not solving the traffic and circulation problem. Making a bad situation worse is not being a good neighbor to the citizens of San Francisco.

30-15 TR

30-16 TR

6. On Page S-4, are the 17 parking spaces on Level 1/P1 (connects to southeast corner of Geary & Van Ness) for hospital support uses or just the 14 van spaces?
7. What other parking spaces are reserved for hospital staff out of the 513 parking spaces at Cathedral Hill Hospital who will be working at this hospital?
8. On Page S-6, with the MOB having seven levels of parking with 542 parking spaces, how many of these are reserved for staff?
9. On Page S-6, the 1375 Sutter St. building currently has 172 parking spaces which will be kept and any additional parking needs of the 1375 Sutter MOB will be provided at the Cathedral Hill Hospital garage. How many staff people from 1375 Sutter MOB will use the parking spaces at the Cathedral Hill Hospital?
10. On Page S-10, the proposed Webster St./Sacramento St. Garage on the Pacific Campus, to be completed in 2018 will have 248 parking spaces. How many of these parking spaces will be used by staff on the Pacific Campus? How many of these parking spaces will be used by staff from the other campuses?
11. On Page S-11, the DEIR states that the North-of-Clay Above-ground Parking Garage will be 85 feet tall with 6 stories and will have 715 parking spaces (Webster/Sacramento + North-of-Clay = 688 plus 27 spaces on Buchanan St.

30-17 TR

30-18 TR

surface lot – also Page 2-117). With 248 parking spaces at the Webster/Sacramento and 440 spaces at the North-of-Clay structure, there still will not be enough parking spaces to accommodate the number of visitors that use the facility. 30-18 TR

12. On Page S-11, it mentions that the parking spaces at Pacific Campus will total 1,587 spaces by 2020, "648 parking more (sic) spaces than under existing conditions." Typo error -- please switch the words "spaces" and "more" in the sentence. How many of the 1,587 spaces will be used by staff at Pacific Campus? And by staff from other campuses? 30-19 TR
Why would the staff need to use their vehicles and require parking if they live in the City, considering that this is a "Transit First" City. I think there is an assumption being made that the CPMC staff people will choose to live in the City for this project at all levels to work. I think with the salary being paid the nurses, etc. at CPMC, they can afford to live in San Francisco but nobody can force them to stay in a City if they have family for which the "Transit First" policy is family unfriendly. 30-20 TR
13. On Pages S-13-14, the Davies Campus surface parking lot of 206 spaces at Noe and Duboce will be demolished and a Neuroscience Institute Building erected in its place. Then on Page S-15, a MOB with 490 parking spaces will be built for the Davies Campus. How many of these spaces will be used by staff at Davies? How many of these spaces will be reserved for staff from other campuses? 30-21 TR
14. Pages S-17-18, in the new 5-story, 100-ft. tall St. Luke's MOB/Expansion Building, there will be 220 parking spaces on 4 below-ground parking levels. Of these, what is the number of spaces that will be used by St. Luke's staff? How many will be used by staff from the other campuses?
15. Page S-18, how many parking spaces of the 215 parking spaces at the Duncan Street Parking Garage will be used by St. Luke's staff?
16. Page S-18, 15 parking spaces will be available in surface parking elsewhere on the St. Luke's Campus. How many of these will be for staff at St. Luke's and how many for staff from other campuses? 30-22 TR
17. Page S-18 states that there will be a total of 450 parking spaces at St. Luke's. The old count for St. Luke's parking capacity was 239. So with the new 5-story St. Luke's MOB/Expansion Building, having an addition of 121 spaces will be insufficient for staff and visitors at this place. In fact, on Page S-27, Planning Code requires 559 spaces.
Who from CPMC uses the Japantown Garage? Is it the staff at St. Luke's? at Davies? at Pacific? at California? or at all of the above? 30-23 TR
The DEIR mentions the leasing of these 400 spaces at the Japantown Garage on Page 5-14. Currently, CPMC only pays 50% of the going rate for the spaces it does lease at the Japantown Garage. This discounted parking offering is not an incentive for staff, visitors or construction workers to take public transit or to use the CPMC shuttles. If Japantown will be impacted by the Cathedral Hill Hospital project at all levels (i.e. Hospital, MOB and Tunnel construction), perhaps the Japantown Garage could charge CPMC market rate for its spaces. Even if CPMC were to not use this garage or the other possible garages for its workers, it appears that parking will be at a shortage not only because offsite parking at Japantown will occur but also considering issues such as the 1375 Sutter Street personnel who will be using 107 spaces for parking at the Cathedral Hill Hospital parking garage. With all the personnel parking spaces being shared amongst the campus parking areas, there will still be a shortage that will impact the residential and merchant areas surrounding these campuses and this shows that people will not abandon their vehicles to take 30-24 TR

public transit. If 80% -90% of the people who worked at CPMC actually lived in the City, perhaps more of them would all take public transit once it is made super efficient; however, I have taken Muni and it is no wonder people will not abandon their vehicles, especially if they are from out of town. The CPMC workers' salaries are such that these workers can afford to live in the City but as it was shown in some recent news articles, some well-paid workers do not choose to live in San Francisco even if they work here. 30-24 TR

The counting of parking spaces is rather puzzling and vague in certain areas. If one looks at the drawings of the available parking spaces in the DEIR, e.g. 257 spaces on Level P3 (Page 2-69) at Cathedral Hill Hospital, one must deduct 24 spaces to net only 233 spaces for the regular general public and staff use because the 24 spaces are for disabled parking only. On Level P2 shows 239 spaces but 22 are disabled spaces. On Level 1/P1, the DEIR shows 31 spaces but 14 are for vans/loading spaces, 4 spaces for motorcycles, and 2 spaces for disabled parking. So on Level 1/P1, there will be only 11 parking spaces for regular vehicle parking. In fact, the 14 van parking spaces are NOT included in the CU authorization for parking in addition to that allowed under Planning Code Section 157 for accessory parking (Page S-24). The CPMC project asks ONLY for 513 spaces under CU and it <u>should be</u> 527 spaces which will then include the spaces for their 14 vans.

See Cathedral Hill Hospital parking summary in the chart below:

Level	Total Parking	Disabled	Vans	Motorbikes
P3	257	24		
P2	239	22		
1/P1	31	2	14	4
TOTAL	**527**	**48**	**14**	**4**

Total = 527-14 van spaces = 513 spaces per Page 2-28 for Cathedral Hill Hospital parking.

Of the 513 spaces, 4 are motorcycles so 509 vehicle spaces left

Of the 509 spaces, 48 are disabled spaces so 461 spaces are left for regular parking.

TOTAL regular vehicle parking is **461** spaces.

30-25 TR

The "Project Description" for the Cathedral Hill MOB parking states that there will be 542 parking spaces on seven levels (Page 2-31). Are the 2 loading spaces be included in these parking spaces? Also, on Page 2-95, there is a diagram (Figure 2-31) which gives a "typical parking level (G5)" for the MOB. This DEIR does not provide diagrams of all the parking levels in the Cathedral Hill MOB -- how many disabled spots, how many motorcycle spots, how many van slots and how many slots for regular vehicles? 30-26 TR

Per Page 2-217, Figure 2-69, St. Luke's replacement hospital has 4 levels of parking. The DEIR shows only 2 levels of parking, Level P1 and Level 1 on Page 2-219 (Figure 2-70) and on Page 2-220 (Figure 2-71), respectively. Figure 2-70 shows 43 regular parking spaces and 10 disabled spaces. Figure 2-71 shows 8 disabled parking spaces.
I do not see that the total available structured and surface parking spaces required by staff and visitors to the Cathedral Hill Hospital will be adequate.
With info from the Administrative documents for the CPMC DEIR, more thoughts as below in Items 71 & 72 below in this document.

30-26 TR

18. On various pages in this DEIR, the number of parking spaces is stated for the existing and proposed CPMC campuses. Page 2-14, Table 2-3, "Required Project Approvals" states that a "conditional use" authorization will be required for 513 Cathedral Hill Hospital parking spaces (again, per Item 17 above, I believe this should be 527 on conditional use) and 542 parking spaces at the Cathedral Hill MOB. On Page 2-16, St. Luke's Replacement Hospital and its MOB/Expansion Building together will provide 450 parking spaces. The Planning Code requires 559 spaces. On Page 2-21, 1375 Sutter Street Medical Building will retain its 172 parking spaces after conversion.
The Cathedral Hill project on all levels (Hospital, MOB, 1375 Sutter) will have a total of 1,227 parking spaces. The Cathedral Hill MOB will have 542 parking spaces per Page 2-31 but it is not broken down as to how many besides the 2 loading/service spaces are for disabled, motorcycle, van or regular spaces. Although on Page 2-95 and 2-96, there are drawings of the parking for the MOB, the DEIR gives only a diagram for "Level G1" (Page 2-96) and "Typical Parking Level (G5)" on Page 2-95. I do not see any disabled parking spaces marked out and all the spaces appear to be for vehicles vs. motorcycles. The Cathedral Hill project will have no spaces available as surface parking.

30-27 TR

The existing parking spaces at the Pacific Campus totals 847 spaces (411 at 2405 Clay St. and 400 at 2100 Webster St.) with 92 surface parking spaces (32 at 2333 Buchanan Hospital, 41 at 2300 California St., 9 at 2329 Sacramento St., and 10 for the Clay St. Tunnel). This total of 92 spaces will be lessened to 77 spaces of surface parking at the Pacific Campus. I would request a clarification of the distribution of these surface spaces across buildings at the proposed Pacific Campus. There will be 4 loading spaces all at the Pacific Campus ACC per Page 2-105. The total proposed structured parking spaces at Pacific Campus is 1,510 spaces per Page 2-109 of which 248 spaces will be at the newly built Webster/Sacramento Underground Parking (mentioned again on Page 2-116), and 440 spaces at the North-of-Clay Parking Garage and 822 spaces to be retained in structured parking (on Page 2-109, Table 2-7b). On Page 2-113, the DEIR breaks down the several parking lots that CPMC owns on the Pacific Campus:

30-28 TR

- 32 parking spaces in the lot north of 2333 Buchanan St.
- How many parking spaces in the former Clay Street Hill parking lot (not shown in Fig. 2-39?
- 41 parking spaces at 2300 California Street parking lot
- 11 parking spaces at the 2315 Sacramento St. Residential Building

As noted, and although not part of the Pacific Campus, as listed on Page 2-114, CPMC also has:

- 400 parking spaces at the Japan Center Garage leased at 1610 Geary Blvd., 1/2-mile south of the Pacific Campus

Where are the locations of the 822 spaces to be retained? It is not clear to me. Please explain.

Also, on Page 2-114, the DEIR states that there are currently 930 off-street parking spaces around the Pacific Campus. How many will be left after the loading zones, bicycle racks, street trees, curb cuts, etc. are put in place? 30-28 TR

For the California Campus, per Page 2-127, the following parking spaces exist currently:

- 7 structured parking spaces at 3700 Calif. St. Hospital
- 290 structured parking spaces at 460 Cherry St.
- 120 structured parking spaces at 3838 Calif. St. MOB
- 36 structured parking spaces at 3773 Sacramento St.
- 81 surface parking spaces at 3698 Calif. St. (Marshall Hale)
- 25 surface parking spaces at 3905 Sacramento St.
- 1 loading space at 3801 Sacramento St. Outpatient Research Building (OPR)
- 2 loading spaces at 3698 California St. (Marshall Hale)

30-29 TR

This results in a total of 453 structured parking spaces and 106 surface parking spaces and 3 loading spaces for the Pacific Campus.

On Page 2-132, the DEIR states that the parking garages at 3773 Sacramento and 460 Cherry will be kept. That means 36 structured parking spaces (3773 Sacramento St.) plus 290 structured parking spaces (460 Cherry St.) to equal 326 structured parking spaces to be retained at the California Campus.

On Page 2-139, Per Table 2-11, "Davies Campus: Project Summary Table," the campus has 290 structured parking spaces (Castro St./14th St. Parking Garage) and will have 490 structured parking spaces at the proposed new Castro St./14th St. MOB. The Davies Campus also has 206 surface parking spots at the North and South Towers of which 136 will be retained. Davies Campus currently has 3 loading spaces and 1 new loading space will be provided at the new Neuroscience Institute building. 30-30 TR

Page S-22 states that one of the "Project Objectives" for "Site Planning" and "Site Selection" is to "ensure that all hospital facilities are located so that they have the capacity to be supported with medical office space, parking facilities, and other supportive functions." I think the site selection and proposed builds lack the capacity to support the parking needs of visitors, staff and delivery personnel. In fact the following statistics will show that the total proposed maximum parking at the campuses themselves at 3,890 spaces will not support the 2008 figures as follows:

- 31,000 acute discharges (33% of SF total)
- 7,300 births (50% of SF)
- 74,300 Emergency Department visits (32% of SF)
- 541,200 Outpatient visits
- 1,200 medical staff (largest in SF)

30-31 TR

This came from www.rebuildcpmc.org/assets/CPMC_CommunityForum.pdf . CPMC thus must rely on City-owned garages and private garages to address parking for their people.

The parking facilities fall way short of the projected number of people who will work, visit and use this facility. This is what will cause the visitors/patients who arrive in vehicles (many of them because they are ill and cannot take public

transportation) to keep circling the campuses and cause congestion when the garages/parking structures are full. That is why this CPMC project requires a Conditional Use (CU) authorization for excess parking at the Cathedral Hill Hospital as noted on Page S-25; however the excess parking request is still not enough. Again, this is evidenced by the need to still lease out garage space at some other off-site locations. And when these lots are transformed from a parking use to some other use, CPMC will lose those parking spots and get into a worse situation with parking to such a large hospital that is planned in a very busy area of town.

30-31 TR

19. Page S-42, Impact TR-1: Implementation of the Cathedral Hill Campus project would result in a significant impact at one of the nearby intersections -- Van Ness/Market. The DEIR states that no mitigation measure is available for this impact. I think that Van Ness/Market can be reconfigured by SFMTA to improve circulation before the start of this CPMC project. What about a traffic circle?

30-32 TR

20. The DEIR refers to Appendix G of CEQA. For the layperson, it would be helpful to have "Appendix G, Environmental Checklist Form" which can be found at the following link: http://ceres.ca.gov/ceqa/guidelines/Appendix_G.html on one page without having it scattered in the Impacts and Mitigation Measures Table S-2.

30-33 INTRO

At any rate, in the CEQA checklist under the section entitled "XV- TRANSPORTATION /TRAFFIC," would the project:

a) Cause an increase in traffic which is substantial in relation to the existing traffic load and capacity of the street system (i.e., result in a substantial increase in either the number of vehicle trips, the volume to capacity ratio on roads, or congestion at intersections)?

b) Exceed, either individually or cumulatively, a level of service standard established by the county congestion management agency for designated roads or highways?

c) Result in a change in air traffic patterns, including either an increase in traffic levels or a change in location that result in substantial safety risks?

d) Substantially increase hazards due to a design feature (e.g., sharp curves or dangerous intersections) or incompatible uses (e.g., farm equipment)?

e) Result in inadequate emergency access?

f) Result in inadequate parking capacity?

g) Conflict with adopted policies, plans, or programs supporting alternative transportation (e.g., bus turnouts, bicycle racks)?

30-34 TR

I believe the answer to all of the above questions, save for possibly "c," unless a helicopter is used in the construction, would be "yes." For CEQA XV-a, when traffic is forced onto neighborhood residential streets that should not take that kind of increased capacity, it is in violation. CPMC projects will do just that. For CEQA XV-b, Highway 101 will be impacted during and after CPMC projects are completed. And there is no mitigation solution for Van Ness/Market. I suppose we can say that San Francisco is a "Transit First" city, but not everybody will leave their vehicles, including the physicians who primarily drive to and from work alone to the hospital sites per CPMC's own surveys. Until a world-class transit system is in place with the proper infrastructure to accommodate, there will be congestion problems at not only Van Ness/Market but also at Polk/Geary as mentioned below. In fact, we are a "Transit First" city that will have a transit impact during the construction of and at full build-out of this project. This project will impact the most heavily

used transit line in the City, the 38/38L-Geary line. The more transit is impacted, the less people will rely on it. If the plan is to get SFMTA to run more buses on the impacted lines without fixing the traffic throughput, that will mean there will be more buses sitting in the traffic jam. Congestion will be a big issue and will get worse as indicated by the DEIR 2030 projection. Congestion causes air quality to decline and is therefore going to affect many sensitive receptors when this project gets underway. 30-34 TR 30-35 AQ

In addition, other transportation impacts to Van Ness/Market are TR-6 (Two-way Post St. Variant with "significant impact" with no mitigation measure, TR-12 (MOB Access Variant), TR-20 (Cathedral Hill Campus project implementation + Van Ness & Geary BRTs), TR-23 (Two-way Post St. Variant + Van Ness & Geary BRTs), TR-26 (MOB Access Variant with Cathedral Hill Project implementation + Van Ness & Geary BRTs), TR-99 (Implementation of Cathedral Hill Campus project), TR-105 (Cathedral Hill Campus project +Two-way Post St. Variant), TR-111 (Cathedral Hill Campus project MOB Access Variant), TR-118 (Cathedral Hill project + Van Ness & Geary BRTs cumulative and significant impact), TR-121 (Two-way Post St. Variant + Van Ness & Geary BRTs + Cathedral Hill Campus project) and TR-124 (MOB Access Variant, Van Ness & Geary BRTs + Cathedral Hill Campus project).

In addition there are transit impacts at Polk/Geary including 2-way Post St. option, MOB access option (see Pages S-43-59,TR-2, TR-7, TR-13, TR-17 (MOB access option possible traffic hazard on Geary St.), TR-19 (Cathedral Hill Campus project implementation + Van Ness & Geary BRTs), TR-22 (Geary and Van Ness BRT projects commencing at same times), TR-25, TR-101 (Cathedral Hill Campus project implementation cumulative impacts), TR-108 (Cathedral Hill Campus project with Two-way Post St. Variant), TR-113 (MOB Access Variant), TR-117 (cumulative impacts from combined Van Ness and Geary BRT projects), TR-120 (two-way Post St. + combined cumulative Van Ness and Geary BRT projects) and TR-123 (MOB Access Variant + Van Ness and Geary BRT projects). 30-36 TR

With all these transit impacts, it would be helpful to commence traffic calming measures in the areas of all 5 campuses – Cathedral Hill, Davies, California, St. Luke's and Pacific on the residential streets and especially on streets with schools for sensitive receptors such as elementary children.

A few areas not considered at all by the DEIR are the impacts of traffic and congestion and shuttle system impact to the areas outside of the CPMC project sites such as the Western Addition neighborhood, and specifically Japantown; the Richmond District (specifically mid-Richmond Geary merchant area, Jordan Park, Laurel Heights), Presidio Heights and Pacific Heights. CPMC shuttles will be running frequently through Japantown, mid-Richmond, Jordan Park, Laurel Heights, Presidio Heights and Pacific Heights on neighborhood streets to get to outlying parking structures such as the Japan Center Garage on Post Street and the use of the Kabuki Hotel area at 1625 Post Street for convenient pickups and dropoffs. Japantown is a heritage cultural center. It should not be used as a transportation mitigation measure for CPMC. In the Richmond District, the shuttles drop off and pick up people at the Geary & 16th Avenue Garage so the workers take up parking from people who want to shop the Geary Street merchants and cannot because the mid-Richmond is one of the hardest places to find parking nowadays. The shuttles running to the California Campus where workers already use the parking structures mentioned in Item 18 above (Cherry St., etc.) from the Pacific Campus will cause parking and congestion issues in Laurel Heights, Jordan Park, Presidio Heights and Pacific Heights. The DEIR has not addressed the greater issue of the moving impacts of CPMC's vehicular use and leasing of spaces in various 30-37 TR

neighborhoods throughout San Francisco. This traffic study has not been done for the CPMC users and its impact on the residents and shoppers who cannot use the parking spaces because CPMC has them reserved. CPMC cannot create new parking at the new site sufficient for its proposed plan so it will be taking up more spaces in the neighborhoods? 30-37 TR

What I believe is occurring is that CPMC has created its own "bus service" instead of having its workers use Muni. It has taken over the neighborhood streets with all of its shuttles that do not even stick to fixed routes on streets that are transit use streets. They have created their own van/shuttle/bus service and is probably also impacting the SFMTA Muni revenue stream. Why would the City cater to a private for-profit entity and allow the neighborhoods to be overtaken basically by a transit service that does not put in to the City's coffers? The least they can do is to be good neighbors and stick to the streets that Muni presently runs on vs. zigzagging all over town even down strictly residentially-zoned streets. They should especially stay off of streets with schools for young children.

MITIGATION MEASURE: I think all the shuttles should be staged outside of the City at the BART stations so that the workers will be forced to take public transit (BART, Muni) if coming in from out of town. They can get off at the Van Ness Station or the Civic Center Station to get to work on the Cathedral Hill projects. All those who live in the City should take Muni. CPMC should learn from UCSF which has shuttles on routes that stick as much as possible to the large streets that already carry Muni bus traffic. UCSF has a good neighbor policy in place that allows a transportation manager to get input on rogue shuttles going off course without any transit blockage on their regular fixed route. And this is also necessary for the CPMC shuttles which do not always travel on the large main streets or those on which Muni already runs. 30-38 TR

Granted, CPMC is not the only one running its own "bus service" as so is Genentech, Google, etc. However, there must be a trade-off to the community for increased greenhouse gases, congestion, noise and vibration and the negative impacts to sensitive receptors for these institutions that use their own transportation services. Perhaps an ordinance is required to curb institutions and "bus service" on neighborhood primarily residential streets unless they have a pickup or drop-off of disabled patients on the particular streets. Otherwise, these shuttles and vans become all day cut-through traffic to the neighbors. 30-39 TR

If CPMC does not wish to relinquish all the parking spaces they take up from City lots that could be used by people who actually shop and live in the City and keep the businesses viable, the prices of the parking spaces should not be increased because of the currently artificial demand that is created by CPMC for the local public. (See Item 64 below.) In addition, with the number of projected FTEs to CPMC being 10,720 (See Item 91), more CPMC personnel will use the parking facilities to squeeze out those who wish to conduct business at the associated shopping center garages but cannot and cause the residential streets to become congested and overburdened with traffic. 30-40 TR

Please reference the following CPMC shuttle information and use of public garages for their 8 shuttle lines:

C-Line: California Campus - Pacific Campus
- Every 15 minutes 6:30 am - 6:15 pm
- Courtesy stops on California St.: Walnut, Locust, East Campus
- Courtesy stops all day: Maple and Sacramento

D-Line: Davies Campus - Pacific Campus
- Every 15 minutes 6:15 am - 6:15 pm
- Services Japan Center parking lot 6:25 am - 8:55 am
- Courtesy stops: Post and Pierce (before 9:00 am); Sutter and Scott (after 9:00 am)
- Courtesy stops all day on Scott St: O'Farrell, McAllister, Hayes, Haight

F-Line: Pacific Campus - Folsom building
- Every 30 minutes 7:15 am - 5:30 pm
- Pick up and drop off will be in the white zone at 633 Folsom, except after 3:30 pm, when pick up and drop off will take place on Hawthorne.

JC-Express: Japan Center - Pacific Campus
- Every 10 minutes 5:05 am - 10:55 am
and 2:40 pm - 8:50 pm

GMG Line: Geary Mall garage at 16th Ave - California Campus
- Every 15 minutes 6:15 am - 9:30 am
- Every 15 minutes 3:15 pm - 6:15 pm

BV-Line: Civic Center BART Station - Pacific Campus
- Every 15 minutes** 5:35 am - 7:05 pm
**Every 10 minutes 6:30 am - 9:30 am
and 3:30 pm - 5:30 pm

St Luke's Shuttle: Davies Campus - St. Luke's Campus
- Every 30 minutes 8:30 am - 3:45 pm (no service from 12:15 to 1:15 pm)
- Davies first service at 8:30 am and last Davies service at 3:30 pm
- St. Luke's first service at 8:45 am and last St. Luke's service at 3:45 pm

K Line: Pacific Campus To - Hotel Kabuki (1625 Post) To - Cathedral Hill Office Building (1255 Post) To - 1825 Sacramento To - 1700 California Street
- Every 20 minutes from each location between the hours of 6:30 am to 6:20 pm
- Departures occur at the same time each hour from each location: Pacific at :10, :30, :50; Kabuki at :13, :33, :53; Cathedral Hill at :15, :35, :55; 1825 Sacramento at :00, :20, :40; and 1700 California at :05, :25, :45.

Source: http://www.cpmc.org/visiting/shuttle.html (as of Sept. 21, 2010)

30-40 TR

21. The "Better Streets Plan" to be adopted by the City with a "Mitigated Negative Declaration" discusses the creation of safe and non-conflicting spaces for pedestrians and vehicles. It will be an adopted plan of the City of San Francisco; and this CPMC DEIR will be in violation on certain portions of it. I think that TR-17 with the pedestrians on the sidewalk coming and going and having the traffic come from in back of the pedestrians is going to cause not only a traffic jam on Geary but possible injuries of pedestrians. Traffic should not be allowed to cross the sidewalk there unless there is a

30-41 TR

separate lane or island made for pedestrians only. Under CEQA, the situation with TR-17 will be violating "g" in that it will be in conflict with a City-adopted plan. I think more study and alternatives need to be considered prior to having this approved. On Page S-44, per MM-TR-17, flashing yellow lights for pedestrians to cross will not be enough nor will an audible signal for those who are both deaf and blind. An additional vibrating device may need to be installed for the blind and deaf. When traffic starts to extend into adjacent intersections, the mitigation measure will not be working. The situation here will become as bad as that already seen at Geary and Divisadero with the Kaiser vans and westbound Geary traffic coming to a standstill because people will double-park next to the vans and drop off passengers since they cannot get into the garage because the queue is backed out to the street or there are no more spaces to park on the street because the parking spaces in the structured garages are all taken. Then one sees the vans double-parked next to other vans. Geary at that spot turns into a one-lane (only open lane is the leftmost lane) from a three-lane thoroughfare. I think it will be worse on the narrower section of Geary at the CPMC site.

30-41 TR

22. For the same reason, there could be pedestrian and vehicle conflict at the Loading Dock on Franklin St. On Page S-47, Impact TR-44 (Implementation of the Cathedral Hill Campus project and subsequent operation of the Cathedral Hill Hospital off-street loading facility could result in potentially hazardous conditions on Franklin Street.). The mitigation measure, MM-TR-44 (Loading Dock Restrictions and Attendant) that places restrictions on trucks longer than 46 feet to use the Loading Dock only between 10 p.m. and 5 a.m. and for CPMC to monitor and document truck deliveries between 10 p.m. and midnight for 6 months after full building occupancy and to have an attendant present to stop on-coming traffic for delivery trucks to maneuver into the Loading Dock will cause all three lanes of northbound Franklin St. to come to be blocked and people will start cutting through the neighborhood to get around. Traffic may flow down Laguna St. next to the Japantown Peace Plaza, the first northbound street west of Franklin and continue north on Laguna or a right turn made at Post Street eastbound back to Van Ness to bypass the "loading dock gridlock." It is not likely that the traffic will divert east since Geary only goes westbound at that location. Westbound Geary traffic may also start to pile up if vehicles do not go around to Laguna St. Laguna will start to back up into the Geary/Laguna intersection until the drivers start cutting through the other streets in Japantown I think this mitigation measure will impact Japantown businesses and residents along Laguna St. and Post St. and does not take into account that due to the one-way (in the wrong direction) nature of the streets adjacent to Franklin, people will go west towards Japantown when the Loading Dock blocks traffic on Franklin. The mitigation measures do not address how the traffic will be resolved going into Japantown.

30-42 TR

In addition, when pedestrians are walking along Franklin, what safety measures will be in place when the vehicles are going across the sidewalk into the Hospital? People walking northbound on Franklin will have their backs to traffic. With 3 curb cuts on Franklin St., the measures taken to protect pedestrians must be more than just blinking lights and audible signals. The proposed plan to use a fulltime attendant to watch and guide pedestrians in an area that could have a high incidence of pedestrian and vehicular conflict may or may not work. Having the ambulances drive to the Emergency Department on Franklin also poses a threat to pedestrians and to possible stacking up of ambulances in the emergency zone that may cause blockage of the easternmost traffic lane of Franklin.

30-43 TR

30-44 TR

According to Page S2-77, the Loading Dock is in the southwest corner of the proposed hospital building at Geary St./Franklin St. The loading dock door is also located at the most southerly portion of the Loading Dock, closest to the Geary/Franklin corner. I think having this loading dock door at the very southwest location closest to the Geary/Franklin corner is worse than having the loading dock door farther north on Franklin because vehicles that want to make a right turn off of westbound Geary will be blocked by the truck getting into or out of the Loading Dock and cause Geary to get congested as well as Franklin at the same time. Moreover, if the Geary BRT is running westbound in the lane closest to the Hospital, it can be blocked by a truck maneuvering into or out of the Loading Dock. An unsafe situation is probable where the vehicular traffic flows around the stuck BRT or those who want to make a right off of Geary onto northbound Franklin. 30-45 TR

There are 4 building posts/piers within the Loading Dock parking area for the large trucks. Per Page 2-21, the DEIR states that there are going to be 6 spaces for the loading dock at the proposed Cathedral Hill Hospital in addition to the 14 spaces for vans and 2 loading spaces for the MOB. If all 6 spaces at the loading dock were to be occupied for deliveries, and another truck shows up at the Hospital, how will the traffic jam on Franklin St. be resolved? Will the trucks double-park on the nearby residential areas waiting for their turn to get into the loading dock?

In addition, both the Two-way Post St. Variant and the MOB Access Variant of the Cathedral Hill Project will cause a "significant" and "potentially hazardous" condition on Franklin St. as described in Impact TR-46 and Impact TR-48. Both of these impacts are also suggested to be mitigated by hiring an attendant and having him/her direct the oncoming traffic when trucks are in the service loading area. The mitigation measure is also to possibly modify the deliveries of trucks longer than 46 feet in length (MM-TR-44, Page S-47).

23. Impact TR-75 on Page S-52 states that there will be a "significant impact" at the intersection of Church/Market/14th Street that would operate at LOS F under the 2020Modified Baseline No Project conditions. LOS (level of service) "F" is the worst case with bad congestion, and there is no mitigation measure associated with this impact. What transportation changes have been studied that would change the LOS to a better grade with the "2020 Modified Baseline No Project" conditions? Traffic circles? Other? 30-46 TR

    In addition, TR-127 (Davies Campus implementation will have significant impact at Church/Market/14th Street under both the 2030 Cumulative No Project and 2030 Cumulative Plus Project conditions to a LOS F. No mitigation measure for this either. 30-47 TR

    What are some of the assumptions made to conclude that this intersection will operate at this poor level?

24. Page S-43, Impact TR-8 (Cathedral Hill Campus implementation with Two-way Post Street Variant will have a "significant impact" at the Franklin/Bush intersection. Bush is a major commute street that runs in the west-to-east direction. There is no mitigation measure for this issue. When one lane of Post Street is blocked off between Franklin and Van Ness, drivers who cannot avoid congestion at Geary/Franklin and Van Ness will turn north on Laguna to Bush eastbound. If you make Post a two-way street and close one lane (one side of the street), you end up with one lane in only one direction. So what is the point of making Post a two-way street when the trucks will be taking up the parking lane (and probably one lane of traffic for safety reasons) for almost 6.4 years (332 weeks) per the Administrative documents that accompany the CPMC DEIR by Herrero-Boldt? 30-48 TR

25. Page S-54, Impact TR-100 (Cathedral Hill Campus project implementation results in significant and cumulative impacts to Van Ness/Pine intersection). There not being a mitigation measure from this will result in the commuter traffic to eke out onto the adjacent smaller streets. 30-49 TR
26. On Page S-54, Impact TR-107 states that the Two-way Post St. Variant will result in significant project and cumulative impacts at Van Ness/Pine. Again, no mitigation measure is in place. 30-50 TR
27. Earlier in my comments, I mentioned the "Transit First" policy that the Planning Department believes will be the way most everyone will get around the City. I think that it is very "family unfriendly" for the Planning Department to promote "family-sized housing" and presume that these same families will take transit all over the City instead of driving. Not only does the Planning Department promote such development but it also allows them to be built without realizing that more families will leave after building these so-called "family sized units" with no parking. 30-51 TR
    If one really wants to eliminate vehicles in the City to get people to take Muni, a taxicab or shared rides, perhaps street parking should be prohibited after 11p.m., for example, just as is done in Golden Gate Park.
    One caveat is that people who are seniors and disabled may not be able to take public transit so these people may be given an exception.
    With all the long loading zones for the CPMC projects, parking spots that used to exist for nearby merchant visitors or for residents near Polk Street, Cedar and Sutter Street, e.g., will be eliminated. How are these merchants supposed to attract customers during and after the CPMC construction project? By the time the Cathedral Hill Hospital, MOB and Tunnel are built, most of the customers would be gone as the merchant may not have been able to remain in business during the demolition and building of the CPMC campus. 30-52 PH
    If the transit lines will be impacted as stated in the DEIR, not many people will be relying on the buses to get places – not the families, not the workers. This City will only become more congested and fewer families will stay in the City.
    The recourse for the transit delays caused by the CPMC projects is to solve it through financial payouts to the SFMTA. This is what seems to be stated in Mitigation Measure MM-TR-29 as stated on Page S-45. This mitigation measure only allows for a "financial contribution" between CPMC and the SFMTA to resolve the increase in travel times on the Muni bus routes. 30-53 TR
    Any amount of money paid to SFMTA to get more buses to run on already clogged streets only adds more buses being stuck in traffic. Will Muni be running shuttles around the project areas? What other mitigation measure will be used to ensure that transit will not be impacted?
28. Page S-46, Impact TR-30 states how the 38/38 L-Geary lines will be impacted with increased travel times. Again, only a "financial contribution" mitigation measure is mentioned with a "Transit Mitigation Agreement" to be entered into to bring the level of service to a proposed level as stated in Mitigation Measure MM-TR-29, Page S-45. What proposed level would that be? What are these financial contributions supposed to pay for? Will more buses be run? Where will they go? Will they be allowed to go off route? If so, on what streets? If no additional buses will be run, will there be alternate solutions that this "financial contribution" will pay for? If so, what would these be? Impacting the City's most-used 38/38-L Geary bus line is a bad idea that will get worse. Will people be routed over to streets that parallel Geary 30-54 TR

and be shuttled in the north-south direction in some loop route? That will minimize having to run extra buses (conserve fuel) and only have to run short loop services.

The 38/38L-Geary line will also be impacted by the Two-way Post St. Variant because it will increase ridership along Geary per Impact TR-33. 30-54 TR

The 38/38L-Geary line will also be impacted by the MOB Access Variant adding to the congestion and travel times as per Impact TR-36.

This same page says the same impact to the 19-Polk line. This is a major line for people from the southeast portion of the City to the northeast portion of the City. With all the impacts to the bus lines being resolved with the "financial contribution" mitigation measure mentioned earlier, perhaps there could be an outline of a foreseeable new transit re-routing/addition of buses or shuttles to mitigate the lengthened travel time people will be experiencing. 30-55 TR

The Two-way Post St. Variant would also cause a problem on Polk St. adding to the 19-Polk line travel time as per Impact TR-34 on Page S-46.

29. Per Impact TR-133, Page S-57, the impact on the 49-Van Ness Muni line will be "significant" and "unavoidable" (SU) but will be addressed again by MM-TR-29 as mentioned earlier.
30. Per Impacts TR-134 through TR-147 (Pages S-57 through S-59), bus lines 47-Van Ness, 38/38L-Geary, 19-Polk, 3-Jackson, and 49-Van Ness will all be "significantly and unavoidably" (SU) impacted with all the mitigation measures for each of these the same as MM-TR-29 which involves the financial "Transit Mitigation Agreement" between CPMC and SFMTA. Each of the mitigation measure numbers assigned to the impact may be different but it is all the same solution by way of this financial arrangement. Also, if the 3-Jackson is impacted, so would the 2-Clement line. The 2-Clement has not been written up as being impacted in the executive summary. Perhaps I missed it. 30-56 TR
31. For the 4 variants of the Cathedral Hill Project mentioned -- Impact TR-55 on Page S-48 and Impacts TR-56 through TR-58 on Page S-50 – there will be a "significant and unavoidable" (SU) impact due to "construction vehicle traffic and construction activities that would affect the transportation network." In order to bring this impact to a "less-than-significant" impact, the DEIR states that Mitigation Measure TR-55 will be implemented. This calls for a "Construction Transportation Management Plan (TMP) which will "disseminate appropriate information to contractors and affected agencies with respect to coordinating construction activities to minimize overall disruptions and ensure that overall circulation…pedestrian, transit, and bicycle…program would supplement and expand, rather than modify or supersede, any manual, regulations, or provisions set forth by Caltrans, SFMTA, DPW, or other City departments and agencies." 30-57 TR
It goes on to say that the remedy would include, "identifying ways to reduce construction worker vehicle trips through transportation demand management programs and methods to manage construction work parking demands," "identifying best practices for accommodating pedestrians, such as temporary pedestrian way-finding signage or temporary walkways," "identifying ways to accommodate transit stops located at sidewalks slated for closure during construction," "identifying ways to consolidate truck delivery trips, including a plan to consolidate deliveries from a centralized construction material and equipment storage facility," and "identifying best practices for managing traffic flows on Van Ness Avenue during the nighttime hours for the period when tunnel construction would involve surface construction activities."

On Page 4.5-150, Table 4.5-29 states average (37) and maximum (72) number of workers per shift with 3 shifts stated for the Cathedral Hospital work (weekdays 7 a.m.-4 p.m., 4 p.m.- 12 a.m. (midnight), 7 a.m.- 5 p.m. on Saturdays); and with 2 shifts for the Cathedral MOB work (weekdays 7 a.m.- 5 p.m. and 7 a.m. - 5 p.m. on Saturdays) with an average of 9 workers per shift and a maximum of 11 workers per shift. The Administrative documents that accompany the CPMC DEIR indicate in the "Biology Section, #7, "CPMC Cathedral Hill Campus EIR – Construction Data" that there will be a maximum of 35 workers from October 2011 through August 2012, with an average of about 25 people from July 2013 through Feb 2014 according to the chart. Have the number of workers that will be working the tunnel portion of the project changed since this publication? 30-58 PD

In these same Administrative documents that supplement the CPMC DEIR, the table mentioned in this "Biology Section, #7, shows that there will be a maximum of about 680 workers from July/August 2012 through October 2014 with an average of about 550 workers from July 2012 through October 2014 to build the Cathedral Hill Campus Hospital; and for the MOB the "maximum number of workers on site per day" is 158 from May 2013 through August 2014 with an average of about 100 workers from October 2011 through August 2014. Will they park other than at 1375 Sutter, 855 Geary, 1600 Geary and CH MOB? If so, how many more parking spaces will be leased as part of this "transportation demand management program"? 30-59 TR

What is not stated in this section appears on Page 2-40. It states that tunnel construction workers will be working from 7 p.m. – 5 a.m. during the week and on Saturdays. This time slot is selected because the traffic volume on Van Ness Avenue is low (Page 2-43). How many more workers for these 7 p.m. – 5 a.m. shifts for the tunnel construction? 30-60 PD

For the Cathedral Hill Hospital project, with 55 trucks per day during demolition, 220 trucks per day during excavation, 152 trucks for the foundation work, 110 trucks per day for the building of the structure, and 25 trucks each per day for the exterior and interior work, there will be a problem with trucks queuing up at the site. These trucks need to be told in advance of approaching the work site that no more trucks can get into the area until a truck has left or the gridlock in the area will be exacerbated. In fact, adding the Cathedral Hill MOB project at the same time, for each of the above categories (e.g. demolition, excavation, etc.), there will be a total of 95 trucks per day for demolition, 320 trucks for excavation, 312 trucks for foundation work, 240 trucks to build the structure, 50 trucks for exterior work and 40 trucks for interior work per Page 4.5-151. 30-61 TR

With the sheer number of trucks coming and going, and with just the one statement on Page 4.5-152 -- "if trucks begin to stack, other trucks would be advised to return to their construction yard by the contractor's logistics superintendent" – it did not seem like a good plan was in place. However, after reading the Administrative document by Herrero-Boldt dated May 27, 2009, "CPMC Cathedral Hill Hospital EIR – Construction Data Version 2.x," it appears that a better explanation was given to allay any issues with the smooth operation of the arrivals and departures of the construction trucks that will be at this site. Per this document, the "Logistics Superintendent will be in constant radio contact with the jobsite to coordinate deliveries continuously during all hours of operation." It explains that "there is planned room for a total of 8 trucks at the site while only 3 are planned to be offloaded at a time. This will allow for 3 trucks to be off-loaded while 5 are queued. If a truck cannot reach the site in a reasonable amount of time or not at all, the truck will return to the construction yard by the most plausible alternate route based on the current circumstances. The use of

technology (GPS, traffic reports, police scanners) and constant communication between construction yard, drivers, and construction site will help to reduce difficulties in trucking."
In addition, this document states that "schedules for the cranes and hoists will be coordinated with the delivery schedule in order to make the most efficient use of the equipment." When, according to this document, the construction yard locations will be at:

- 550 Townsend
- 450 Toland
- 2020 Cesar Chavez
- 2065 Oakdale Avenue
- 955 Cesar Chavez

And the materials will be trucked in from warehouses in:

- Mission Bay
- Central Waterfront
- Bayview District

In order not to pollute these areas as well as the construction yard areas due to a wasted truck run or to trucks idling to wait for their green light to deliver to the Cathedral Hill project, such a system of keeping in constant contact via this Logistics Superintendent is an excellent idea to minimize the impact on air quality and sensitive receptors in these areas.
As part of the effort to assist pedestrians during construction, way-finding signage may be OK for the sighted, but how will the blind and deaf be guided in this area? I suggest any way-finding signs to be posted at a good distance away from the construction site so that people do not end up walking unnecessarily only to find that the sidewalk is closed or that they have to walk out into traffic.
How many more trucks for the tunnel excavation portion of the Cathedral Hill Project?
On Page S-50, there is mention of "consultation with other Agencies, including Muni/SFMTA and property owners on Cedar Street, to assist coordination of construction traffic management strategies as they relate to bus-only lanes and service delivery on Cedar Street. CPMC should proactively coordinate with these groups prior to developing their Plan to ensure the needs of the other users on the islands addressed within the construction TMP for the project." What islands?

32. Gough/Geary will be impacted by the Two-way Post St. Variant with no mitigation measure available. Some of the traffic may go southbound or northbound along Laguna St. when Gough at Geary gets clogged up. During the evening and morning commutes, this will impact Japantown.
33. The intersection of Franklin/Bush will be affected with the Two-way Post Street Variant per Impact TR-106 on Page S-54. Again, Laguna Street may get cut-through traffic which may need to be mitigated for the Japantown area.
34. Van Ness/Pine will result in significant and cumulative impacts with the implementation of the Cathedral Hill Campus project MOB Access Variant as per Impact TR-112 on Page S-55.

30-61 TR
30-62 AQ
30-63 TR
30-64 PD
30-65 TR
30-66 TR

In general, for some of these impacts, there is the assumption in this DEIR that if there were the Van Ness and Geary BRTs already running, the various alternatives to the CPMC campus build-outs will be "less than significant." For example, on Page S-55, Impact TR-119 states that the five intersections around the Cathedral Hill project (Franklin/Geary, Franklin/Pine, Van Ness/Bush, Van Ness/Pine, and Polk/Sutter) are at LOS "D" and are "less than significant impact" and five intersections (Gough/Geary, Franklin/O'Farrell, Van Ness/Fell, Van Ness/Hayes, and Van Ness/Broadway) will be at LOS "E" or "F" with the Two-way Post St. Variant. I think the five intersections at LOS "E" and "F" should have separate "Impact TR-xxx" items in the "Table S-2, Summary of CPMC LRDP Impacts and Mitigation Measures." These 5 intersections for each of the variants should say "significant" impact or "significant and unavoidable" but there could be a mitigation measure that would not make it "unavoidable." These need to be added to Table S-2. See also Pages 4.5-229 – 4.5-230 for details on TR-119 where the intersections are mentioned. The impacts from the BRTs also have to be looked at from intersections farther away from just the project sites because traffic congestion will move into streets at least a half-mile or even up to a mile away. This also will occur when the CPMC project tasks coincide with BRT construction work.

30-67 TR

35. Page S-47, Impact TR-42 states the implementation of the Cathedral Hill Campus project MOB Access Variant would result in a pedestrian hazard impact at the MOB's driveway on Geary St. Again, as per Page S-41, the mitigation measure is MM-TR-17, which, as I mentioned earlier, involves a flashing light and an audible signal to warn drivers and pedestrians of the pedestrian-vehicle conflict at this location. This is in violation of the "Better Streets Plan" to make streets safe for pedestrians. The dangerous condition that will be set up may be better mitigated with either an underground tunnel for pedestrians or a pedestrian bridge. How often will the audible signal and flashing lights be triggered in a given day? I think the pedestrian traffic between the MOB and the Cathedral Hill Hospital will be almost constant so Geary will face considerable congestion. All construction projects should not impact the City transportation system to this degree. One of the "Priority Policies" of the City's "General Plan" is that "commuter traffic not impede Muni transit services or overburden our streets or neighborhood parking." The 38/38L-Geary Muni line travel times will be increased if one lane on Geary is blocked due to pedestrians crossing.

30-68 TR

36. On Page S-59, Impact NO-1 is "potentially significant" and states that "short-term noise generated by project-related construction and/or demolition activities could temporarily expose existing nearby noise-sensitive receptors to substantial increases in ambient noise levels." Mitigation Measure M-NO-N1a for Cathedral Hill, St. Luke's, Davies and Pacific campuses long-term, contains statements about maintenance of construction equipment, minimization of operation of equipment and construction of barriers with blankets and wood panels. Also Mitigation Measure M-NO-N1b states that a community liaison will be assigned for noise complaints. Mitigation Measure M-NO-N1c states that nighttime noise from construction will be evaluation in a "construction noise management plan" and measurements will be taken. For residences, educational buildings, churches and other sensitive noise receptors, would there be a working number that these people can call 24/7 for noise complaints relating to the construction project? Have all the sensitive noise receptors – "schools, preschools, hospitals, convalescent facilities, hotels, motels, churches, libraries, and other uses where low interior noise levels are essential" – as defined on Page 4.6-10 been determined? If so,

30-69 NO

could there be a list provided for those in the Cathedral Hill project area? Is the list of 10 buildings in Table 4.6-35 on Page 4.6-92 is the all-inclusive list of these receptors? 30-69 NO

37. On Page 4.6-35, Table 4.6-19, it appears that the Cathedral Hill project will be contrary to the "City and County of San Francisco Land Use Compatibility Chart for Community Noise." For "residential, all dwellings," any noise exposure over 65dB means that new construction or development should be discouraged. And for "schools, churches, libraries, hospitals and nursing homes," any project over 65dB should generally not be undertaken. From all appearances, this Cathedral Hill project will be very noisy and leave the neighbors experiencing a high level of annoyance based on the projected dB level exposures. 30-70 NO
38. For the HVAC air handlers, chillers and generators, how many dB above the ambient noise levels will they be operating at the noisiest? 30-71 NO
39. Per an earlier statement in this comments and questions document, please add helicopter to Table 4.6-21 if one will be used on this project or any of the other CPMC projects. 30-72 PD
40. On Page 4.6-66, how often will the generators be run for scheduled testing for the "typical 30 minutes" of testing? 30-73 NO
41. On Page 4.6-68, all noises (e.g. door closures, conversations, vehicle startups, etc.) from patient drop-offs from vehicles and shuttles are expected to not exceed 45dB in the interior of adjacent buildings. Would the audible backup alarms on the shuttles and other delivery vehicles increase the dB measurement higher than 45dB. If so, by how much? 30-74 NO
42. Page S-61, Impact NO-3 states that "operation of stationary noise sources associated with the CPMC LRDP could expose on-site and off-site noise-sensitive receptors to noise levels that would exceed applicable standards, and/or result in a substantial increase in ambient noise levels." This impact is shown as "significant." And various mitigation measures are outlined such as not delivering oxygen tanks during church service hours for Hamilton Square Baptist Church. Perhaps other noisy deliveries could be postponed during service hours as well. 30-75 NO
43. On Page S-61, M-NO-N3c, what is an "Aduromed" operation? 30-76 NO
44. On Page S-62, Impact NO-4 describes "future traffic-related interior noise levels could exceed applicable land use compatibility standards." This is shown to be a "significant" issue and the mitigation, M-NO-N4 for Cathedral Hill campus is to reduce the interior noise level to 45db with insulation, etc. However, no mention is made of reducing the noise level of adjacent properties or those of the sensitive noise receptor category. Even though the interior of the hospital is quieter and shielded from the future traffic noise, the other buildings are not. Do they get upgrades, too? 30-77 NO
45. Page S-62, "Groundborne vibration levels attributable to construction activities could exceed the threshold of significance for exposing noise- and vibration-sensitive land uses to vibration levels that exceed applicable thresholds." For this "significant and unavoidable" impact, the mitigation measure, M-NO-N5, is to make available a community liaison to resolve vibration complaints. It also states that "the pre-existing condition of all buildings within a 50-foot radius and historical buildings within the immediate vicinity of proposed construction activities shall be recorded in the form of a preconstruction survey. The preconstruction survey shall determine conditions that exist before construction begins and shall be used to evaluate damage caused by construction activities. Fixtures and finishes within a 50-foot radius of construction activities susceptible to damage shall be documented (photographically and in writing) before 30-78 NO 30-79 NO

construction. All buildings damaged shall be repaired to their pre-existing conditions." Assuming the construction of the Cathedral Hill campus includes the hospital, the MOB and the conversion of the Pacific Plaza Medical Office Building at 1375 Sutter Street, there are very few buildings that could potentially fall within this 50-foot radius of the construction sites at Cathedral Hill.

30-79 NO

The following are official sidewalk and widths of streets surrounding the Cathedral Hill project:

STREET NAME	BETWEEN WHAT TWO STREETS?	WHOLE STREET INCLUDING SIDEWALK	SIDEWALK WIDTH	CURB-TO-CURB WIDTH
Geary	Van Ness & Franklin	68.75	10.00	48.75
Post	Van Ness & Franklin	68.75	10.00	48.75
Daniel Burnham Ct.	Van Ness & Franklin	35.00	7.00	21.00
Sutter St.	Van Ness & Franklin	68.75	12.00	44.75
Franklin	Geary & Sutter	68.75	9.00	50.75
Van Ness	Geary & Sutter	125.00	16.00	93.00
Cedar St.	Van Ness & Polk	35.00	7.00	21.00

(Source: DPW-BSM-Subdivisions & Mapping)

30-80 NO

If the distance of 50 feet were measured from a spot on the perimeter of the Cathedral Hill project closest to a particular building, it seems there will only be about 12 properties that could fall under the statements of having construction-

related damage fixed if one uses only the "curb-to-curb" width measurements. If not, what number of buildings would be affected and what are their addresses? It should be noted, however, that the Hamilton Square Baptist church falls outside the "50-ft. radius of potential repair" because Franklin Street is 50.75' wide curb-to-curb. Including the sidewalks on both sides of the street, Franklin would be 68.75 feet away from the closest perimeter point from which a 50-ft. radius could be mapped. The church will not fit into this potential repair category. However, if the Hamilton Square Baptist Church on the southwest corner of Franklin and Geary is historic or an older building, it is recommended by Caltrans that there be a limit or threshold for damage to structures of "0.25 in/sec PPV (peak particle velocity in in/sec) for older or historically significant buildings" per CA Dept of Transportation, 2004, "Transportation and Construction-Induced Vibration Guidance Manual," Sacramento, CA, Table 19, Page 27. And, since, as stated on Page 4.6-10, the "more stringent vibration damage thresholds are recommended for these ("historical or lightweight") building types," I would think that some careful surveying and recordation of the structural and cosmetic condition of this old church is required prior to the Cathedral Hill construction job. On Page 4.6-44, the DEIR calculates the source of noise at a point much farther since in Table 4.6-22, for the Hamilton Square Baptist Church, the distance stated is 80 feet. Would you please clarify where the source of the noise on each of the construction sites is calculated for this "50-foot repair radius." Perhaps I missed an explanation of it.

46. The impact of noise and vibration is considered "significant" in that the noise and vibration are annoyances as it relates to the FTA's standard for human response as stated on Page 4.6-91, and as shown in Table 4.6-35 on Page 4.6-92. The remedy proposed in the DEIR is to take a survey and implement the previously mentioned "50-ft. radius repair zone." I think the survey should include all the buildings that have equaled or exceeded the threshold of "human annoyance" for noise and vibration. Specifically, the following buildings:

    (a) Hamilton Square Baptist Church
    (b) Concordia Club (1142 Van Ness Ave.)
    (c) Episcopal Services (1001 Polk St.)

    On Page 4.6-38, it states in Table 4.6-20 that for any ambient noise level >60dB, if there is an increase of 3dB or greater, then that increase is considered "significant."
    For the church listed in (a) above, the increase in dB over the ambient noise level of 70dB is 11dB. This is a 367% increase over the amount of the 3dB change considered to be significant.
    For the Concordia Club, (b), the change in dB over the ambient noise level of 70dB is 17dB. This is a 567% increase over the amount of the 3dB change considered to be significant.
    For the Episcopal Services, (c), the change in dB over the ambient noise level of 66dB is 17dB. This is also a 567% increase over the amount of the 3dB change considered to be significant.
    I do not think that due to the increase in the dB measurements during construction that these people will be able to function without added aggravation in noise and vibrations.

30-80 NO

Getting back to the two streets that may meet the "50-ft. repair radius," if one included the sidewalk widths as part of the street, only the buildings on Cedar St. and Daniel Burnham Ct. would meet the criteria to potentially have any

30-81 NO

construction damage fixed by CPMC if needed. What are the addresses of the buildings that fall within these parameters suggested by CPMC?
I referred to the drawing on Page 2-53 for the Cathedral Hill Campus – Proposed Plan for the three buildings and the surrounding streets but it is unclear.

30-81 NO

47. Page 4.6-91 states that for the Cathedral Hill Campus, the vibration levels would be "from 69 VdB (vibration decibels) to 88 VdB, and up to 0.104 in/sec PPV (peak particle velocity)" and would indicate that it would not exceed Caltrans' threshold of 0.25 in/sec PPV at 25 feet but that it could be a noise annoyance under Federal Transit Administration. Would some of the surfaces of the proposed Cathedral Hill Hospital be made so that the glass would not reflect the noise so much? Use other sound deadening materials for the neighbors.

30-82 NO

I have not analyzed St. Luke's proposed campus street widths, Pacific Campus street widths, or the Davies campus street widths to determine if the same 50-foot radius construction damage zone is being offered to the adjacent building owners of the Cathedral Hill Hospital project by CPMC.

30-83 NO

48. Page S-65, Impact AQ-2 states "Construction activities associated with the LRDP would expose sensitive receptors to substantial concentrations of toxic air contaminants (1999 BAAWMD Guidelines)" and indicates that there will be "significant and unavoidable" impact at the Cathedral Hill Campus projects. The mitigation measure, M-AQ-N2 states that "emission control devices on construction equipment" by "making every reasonable effort to ensure that all construction equipment used at these campuses would use equipment that meets the DPA Tier 4 engine standards for particulate matter and NOx control (or equivalent) throughout the entire duration of construction activities, to the extent that equipment meeting the DPA Tier 4 engine standards is available to the contractor at the time construction activities requiring the use of such equipment occur."

30-84 AQ

On Page 4.7-34, it states that the toxic air contaminants (TACs) from the construction phase of the Cathedral Hill Campus will have a cancer risk of 17 in one million which is 7 over the allowable 10 in one million risk level as determined by BAAQMD's 1999 Guidelines. When new modeling is done beyond the screening level, when would those be available? Will periodic testing be done to protect the most likely person affected – a resident off-site child?
On Page 4.7-35, Table 4.7-5, for the Cathedral Hill Campus cancer risk at the "maximum exposed individual risk (MEIR)" for adults is 9 parts per million. So both the adult and child rates will be in violation of the BAAQMD's 1999 Guidelines. How will some of these toxic air contaminants be cleaned off buildings, vehicles, objects that are within 300 feet of the area? Would the wash water be going into the sewer system?

30-85 AQ

As a note, please define "MEIR" in the Glossary as it is not there but in the small print of the table described above.

30-86 INTRO

49. On Page S-65, Impact AQ-3 states "operation of the LRDP would exceed BAAQMD CEQA significance thresholds for mass emissions of criteria pollutants and would contribute to an existing or projected air quality violation at full build-out (1999 BAAQMD Guidelines). Per Page 4.7-41, the PM_{10} emissions will be 7 tons over the 15 tons (i.e. 22 tons) allowed by BAAQMD for all four campus projects and the Cathedral Hill Campus will have 19 tons out of the total 22 tons projected – 86.4% of the PM_{10} emissions will come from the Cathedral Hill project and there will be no mitigation measures. PM_{10} particulates are those that are "respirable with an aerodynamic diameter of 10 micrometers or less" per the Glossary in the DEIR. I think that the workers should all be issued respirator masks and any nearby residents

30-87 AQ

adjacent to the building project should also be issued these masks, starting with those with lung ailments and pregnant women. In addition, filters for HVAC systems in immediately adjacent buildings may need to be changed out more frequently due to the project. 30-87 AQ

50. Some of the equipment used today may not be the equipment used when the actual construction takes place. So for Impact AQ-10 on Page 4.7-65 which states, "construction activities associated with the LRDP would result in short-term increases in emissions of diesel particulate matter that exceed the recently adopted (June 2, 2010) BAAQMD CEQA significance criteria and expose sensitive receptors to substantial concentrations of toxic air contaminants and $PM_{2.5}$ (Significance Criteria 7b and 7d)." When more is known about the actual equipment that will be used, a revised analysis of the cancer risk would be helpful for the public. And until such determination, there is no impact mitigation besides the M-AQ-N10a of installing accelerated "emission control devices on construction equipment" per Page 4.7-68. 30-88 AQ
51. Page S-67, Impact GH-3, states "direct and indirect LRDP-generated GHG emissions would have a significant impact on the environment or conflict with an applicable plan, policy, or regulation adopted for the purpose of reducing GHG emissions (Recently adopted BAAQMD Guidelines)". This is a "significant and unavoidable" impact for all 4 projects and does not have any mitigation measure associated with it. Per Page 4.8-31, the BAAQMD's efficiency criterion is 4.6 $MTCO_2e/SP/yr$. and on this page, it refers to Table 4.8-2 on Page 4.8-20 that there will be a "net increase in GHG emissions resulting from Proposed LRDP (year 2030)" of 22,503 $MT/yr\ CO_2e$. On Page 4.8-32, the DEIR goes on to state that "several sustainability attributes would serve to reduce GHGs that were not accounted for because of the unavailability of sufficient methodologies to accurately account associated GHG emission reductions." What are these "sustainability attributes"? 30-89 GH
52. Page S-69, Impact BI-1 states, "tree and shrub removal and vegetation clearing required at most of the CPMC campus sites during project construction may potentially disturb nesting birds and could result in destruction of bird nests, a potential violation of the California Fish and Game Code or the Migratory Bird Treaty Act," and mitigates this with mitigation measure M-BI-N1 which describes the nesting season as "January 15 through August 15." In another DEIR I read, the nesting season for San Francisco was different. Why these dates for this DEIR? On Page 4.13-16 in the "Biological Resources" section, the DEIR states that across all 5 CPMC sites, bird nests have been found and field surveys included rock dove (Columba livia), American crow (Corvus rachyrhynchos), American robin (Turdus migratorius), white-crowned sparrow (Zonotrichia leucophrys), Anna's hummingbird (Calypte anna), and house sparrow (Passer domesticus). As well, the DEIR states that "birds may use the secluded ornamental grounds and vegetation on the sites." 30-90 BI

Wildlife does not necessarily return to an area that has been severely changed and for which there is not enough mature trees or appropriate landscaping for them. It took ten years for any mourning doves to return to a site adjacent to a residential demolition job which clearly was not as massive a job as this CPMC job will be. A project as big as the 4 campuses for CPMC may likely keep many wildlife away for years subsequent as well and may have an impact on their breeding cycles if they cannot find appropriate breeding grounds. From what I have seen, in birds, living in mature trees is not the same as living in the small plantings on the rooftops of buildings because humans are too close to them. Birds tend to not nest in greenery that are close to humans or if they do because there is no other available mature tree 30-91 BI

around, they will attack the humans. Some birds such as California quail live in the underbrush and these birds will not roost in highrises. 30-91 BI

In relation to this biological impact, what about the wild parrots of Telegraph Hill? They are very frequently seen on the tall buildings in close proximity to the Cathedral Hill Hospital/MOB area. Parrots are very intelligent birds and usually will not nest in areas that appear to be hazardous; however, if they have already found trees for nesting, I am not so sure they will take to re-nesting elsewhere if disturbed and especially if there are not enough days left in the breeding season when disturbed. If a tree with a parrot's nest is taken away, the parrot will have to find another tree. They use the tree trunk itself as a nest and they do not build flimsy nests like other birds. They do not nest in any kind of tree either. The cherry-headed conures have a nesting season around the first day of summer and the little ones may not fledge until September, perhaps around the autumnal equinox, so the CPMC "nesting period" that ends on August 15 would be problematic for these avian ambassadors of San Francisco. 30-92 BI

In addition, Page 2-27 states "The hospital's exterior design would be primarily composed of metal and glass. Various glass materials at the hospital façade along Van Ness Avenue and Post Street would be used to create a composition intended to be intriguing both during the day and at night." Also, on Page 4.2-188, the DEIR states, "…exterior building materials, such as low-reflection metals and glass, would be used in construction of the new buildings at the Cathedral Hill Campus site. When installed properly, these types of exterior building materials are not considered reflective." Although not reflective, perhaps birds are attracted to them, and although, as stated on Page 4.2-188, "mirrored, highly reflective, or densely tinted glass except as an architectural or decorative element" is allowed, perhaps it should be determined where to place them so there will be no bird-strikes. 30-93 BI

The parrots of Telegraph Hill have crashed into glass and become stunned so my concern is about the safety of the glass used for these and other wildlife and as well the lighting of the glass at night that may be problematic for some of the higher altitude wildlife. Sure, the parrots are not "endangered species" or "migratory birds" but they do migrate across the length and breadth of the City to forage for food and to find nesting sites. So that is a concern I would like to see mitigated/resolved. The purpose here is not to provide nesting sites. The point is that when trees that are known to be used by certain birds are destroyed and similar species are not reintroduced in the same area, these birds will have to go elsewhere and they may not breed so that will lead to fewer of them being able to survive in this city. Although it is the standard practice for the San Francisco Planning Department's Major Environmental Review Section to only concern itself with the California Department of Fish and Game's stated breeding timeframes, I think people will think that in this City some consideration should be given to these special birds that are a huge tourist draw. 30-94 BI

As far as the species of trees on the campuses, what is the inventory of trees at each of the CPMC construction sites? The Administrative documents that supplement this CPMC DEIR showed a diagram of the trees (round circles on a map) but I could not find what trees exactly were on the campuses. I could not find a list for each campus. Is it available? 30-95 BI

53. Volume 3, Section 4.5: TRANSPORTATION AND CIRCULATION:
Page 4.5-1 indicates that 81 intersections over the 4 proposed project locations were studied for transportation impacts. On Page 4.5-2, Figure 4.5-1 entitled "Cathedral Hill Campus – Study Area and Project Location" shows a ½-mile radius around the campus but the parking study area only extends from Eddy to Pine between Laguna and Hyde. 30-96 TR
The parking study needs to include the intersections that fall within the ½-mile radius so that Webster and Buchanan as well as Leavenworth and Jones between Washington and Fulton are included for cut-through traffic which may occur during construction and after full build-out.
It should be noted that transportation and circulation will be impacted on the Japantown streets due to the one-way configuration of the streets around the Cathedral Hill project which also includes the MOB project and the pedestrian tunnel.
Another important note is that the Japantown streets will be impacted twice because of the Pacific Campus construction that is part of the long-term project list. I believe that because Japantown is within the ½-mile radius of both projects and sits within both areas of the project radii, that Japantown will be cumulatively impacted. I thought cumulative impacts were a CEQA item and needed to be mitigated. 30-97 TR
When the Pacific Campus project is done sequentially to the Cathedral Hill project, Japantown streets are impacted for a longer duration. The Cathedral Hill project (all levels) is estimated to go from 2011 through mid-2015 per Page 2.5, Table 2-1. Then the Pacific Campus project starts with renovations from the beginning of 2015 through 2019. In effect, the Japantown streets will be impacted to varying degrees from 2011 through 2019, a total of 9 years straight or possibly even up to 10 years per Page 4.7-29, "Near-Term Projects – Cathedral Hill, Davies, and St. Luke's Campuses." When the smaller residential streets in Japantown get clogged, such as Laguna, traffic will try to find alternate routes to avoid the congestion that was discussed earlier to be at a very bad level of service for transit and for congestion.
Furthermore, with the Van Ness BRT construction anticipated to be running by 2014 (Page 4.5-67), the construction of that project would impact the streets of Japantown. Consecutively to the Van Ness BRT, SFMTA will begin the Geary BRT construction and it is anticipated to be running by 2015-2016 (Page 4.5-67). The Geary BRT project occurring simultaneously with the Cathedral Hill Campus and Pacific Campus projects will further impact negatively the streets of Japantown. With the Van Ness BRT project coinciding with the CPMC project at Cathedral Hill and the Geary BRT following the Van Ness BRT project and also coinciding with the CPMC Cathedral Hill project, Japantown and the streets even a mile away from the construction sites will have very bad congestion problems. This will hurt the Japan Center area as well as traffic circling in surrounding streets. So there needs to be a study of the transportation and circulation impacts on the Japantown streets and how they are impacted from not only Cathedral Hill but also the Pacific campus and both the Van Ness and Geary BRT projects as that analysis is not in this DEIR. 30-98 TR
54. In regards to the California Campus Study Area that is shown in Figure 4.5-3, Page 4.5-4, the DEIR shows only the transportation impact intersections between Arguello Blvd. and Laurel St. between Euclid Ave. and Pacific Ave. Only 12 intersections were studied with the farthest intersection studied to be only one block away. Intersections farther out from any proposed project on the California Campus need to be analyzed as well, up through the ½-mi. project radius. 30-99 TR

The current California CPMC campus traffic impact goes well beyond these parameters out at least through the ½-mile radius shown for the project. The transportation analysis needs to go as far as well. This is particularly important when there are big vehicle trip generating services being provided in the area such as the United States Post Office on Geary and Parker and the University of San Francisco which has lessened its on-campus parking spots so more of their students are parking on the street in the Jordan Park and Laurel Heights areas. There are also at least 4 schools catering to the pre-kindergarten through 8th grade levels among them with many parents showing up with vehicles to drop off and pick up their children on neighborhood streets that have a high capacity utilization of rather limited street parking. The current California Campus as it is today adds many vehicles that cannot be accommodated by the limited number of parking spots in the Jordan Park, Presidio Heights and Laurel Heights neighborhoods.

30-99 TR

55. Both "Alternative 3B" and "Alternative 2" which would demolish 3-, 4-, and 6-story buildings at 3905 Sacramento Street MOB, 3901 Sacramento Street residential building, and 460 Cherry Street parking garage (Page 6-177) and increase some of the building services at the California Campus and retain other services and increase the size of the existing buildings to the extent they desire will add too much congestion to the streets around Jordan Park and Laurel Heights. The automobile trips generated will overwhelm these nearby residential streets that are not meant for the volume of traffic generated from more capacity at the California Campus. Increasing the California Campus services from the level provided today would be a bad situation for the neighborhood and ruin the character of a primarily residential area. If CPMC implemented "Alternative 3B" and build a 6-story, 100-foot tall, 420,000-sq. ft. building for a Women's and Children's Center at the east side of the California Campus that will attract an even greater number of visitors and without the parking garage structure in place for them (356 parking spaces at the Cherry Street MOB/parking garage (Page 6-177) will not be sufficient for this neighborhood if this alternative were carried out, especially without the "world class" public transportation system in place. The residents in the area will suffer even more aggravation and potential health impacts from vehicle congestion and cut-through traffic on these streets. This "Alternative 3B," as described on Page 6-273 should not be seriously considered. CPMC will need to cut back on this alternative should it decide to carry it out. The same goes with "Alternative 2." The Jordan Park area cannot take on additional traffic and congestion on its smaller residential streets with the accompanying degradation in air quality for many sensitive receptors in the area especially near schools. In addition, Laurel Heights and Presidio Heights will be impacted negatively with the proposed scale of the build at 3698 California Street.

30-100 ALT

30-101 ALT

If or when a new buyer comes in for the California Campus, the transportation and congestion needs to be addressed not only on the 12 intersections in this DEIR but also farther out as stated earlier. Even with current CPMC operations at the California Campus, the hospital staff persons are running out to move their vehicles in hospital scrubs. Visitors are constantly blocking residential driveways or double-parking in the area. And, there is not a lot of enforcement on these adjacent streets. Jordan Park is made of many single-family homes or duplexes and its streets were not meant to play the role of transit corridor vehicular arterials that they are being forced to become as unintended consequences of a transportation study that did not encompass a great enough distance from the proposed construction site and from expanded services at the California Campus.

30-102 TR

30-103 TR

I also do not believe that traffic enforcement of parking regulations will be the solution to mitigating congestion when a project sponsor builds something in a primarily residential area and cannot accommodate the vehicular trips generated from its business.

The traffic that is forced down these residential streets is going against the San Francisco General Plan which includes provisions that traffic should be on the main corridors, not on the residential streets adjacent to them.

And, if the building will continue to be used for women's and children's health services, most of the visitors will arrive by private vehicles rather than on public transit. The area of Jordan Park and Laurel Heights, along with other development projects in the pipeline such as 3657 Sacramento Street and its 18 new residential condominiums planned as a mixed-use building and with the construction of 2 new condominiums at 331 Arguello Boulevard, the level of traffic congestion circulation will fall to an "F" level of service with all the vehicle trips generated. 30-104 TR

Not only that, but the Jordan Park area also has a very high number of children as well as schools for little children up to middle school age. Having too much traffic congestion and cut-through traffic will endanger their lives. We have already had to resort to traffic calming measures which are being circumvented in this area. 30-105 TR

Furthermore, "Alternative 3B" wants to build a structure at 3698 California/Parker Avenue that is at least 100 feet tall which is against building code of Height/Bulk District "80-E" per Page 2-125. Again, "Alternative 3B" and "Alternative 2" are not viable propositions for the Jordan Park area. 30-106 ALT

56. The other reasons for not attempting the rehabilitation of the California Campus is the high cost of retrofitting as well as the hazards that are still at this campus per the Administrative documents accompanying this CPMC DEIR. Per Treadwell & Rollo's "Phase I/II Environmental Site Assessment Marshall Hale Hospital 3698 California Street," there exists the following potentially hazardous issue:
    - 550-gallon underground storage tank removed in 1989 that release petroleum hydrocarbons to the soil and SFDPH considers this an active investigation case
    - Transformers in the basement and the doctors' parking lot may contain dielectric fluid with PCBs, although this is considered unlikely. The composition of the fluids in these transformers should be determined prior to demolition during the development of the site (Page 10 of 12, "Table 1: Summary of Phase I ESA Information, Marshall Hale Hospital, 3698 California Street") 30-107 HZ

    And 3698 California Street is also the problem of demolishing a potential historic resource. 30-108 CP

    Further, at 3700 California Street, there are the following issues:
    - 15,000 gallon active, double-wall underground storage tank containing diesel fuel located in the planter near the intersection of California and Maple Streets…100 feet west and equal to the lowest elevation of the site
    - 4,000 gallon single wall underground storage tank…previously contained diesel fuel…120 feet west of the site beneath the walkway of the cafeteria near the intersection of California and Maple…closed in place in the 1990s
    - 1,000 gallon single-wall underground storage tank…previously contained diesel fuel…150 feet west…equal or higher in elevation relative to the 3698 California Street site…closed in place in the 1990s. 30-109 HZ

    As the report states the existence of "possible presence of petroleum hydrocarbon contamination in ground water, and possibly adjacent soil, in the four identified groundwater monitoring wells" and the "possible groundwater contamination

that may be associated with possible contaminant migration from the off-site dry cleaner on Sacramento Street,…environmental contingency plan should be prepared to be followed during excavation if unknown environmental issues are encountered," it appears that demolition and rebuilding on a potentially problematic hazardous substances containing site should be foregone. At most, there could be a less impactful remodeling of the interior and exterior for seismic compliance.

30-109 HZ

57. Page 4.5-31 speaks of the existing CPMC shuttle service. It states that the shuttles run from 5 a.m. to 9 p.m. about every 20 minutes per day. I believe this has changed from that to start around 6 a.m. and run until about 6 p.m. or 7 p.m. and only once every 30 minutes instead of 20 minutes. On Page 4.5-32, Table 4.5-8 shows the shuttle service daily capacity utilization for the Japan Center Garage to have 381 riders daily. The California Campus has 414 riders daily with a daily capacity utilization of 62%. The Civic Center BART and Van Ness/Market shuttle has 503 daily riders with a capacity utilization of 56%. How many of these riders will still have to rely on the shuttles for their daily commute when the new campuses are completed? How many of the 381 riders from the Japan Center Garage will have to still use the Japan Center Garage after CPMC completes its projects? How many riders out of the 82 that use the Geary Mall Garage will need to use that garage after the completion of the CPMC projects?

30-110 TR

58. On Page 4.5-80, Table 4.5-13 ("Parking Demand by Campus") shows that for the Cathedral Hill Campus for all 3 projects (hospital, MOB and 1375 Sutter), there will be a net demand of 1,389 spaces assuming the California Campus does not have any new demand. The Pacific Campus is shown to have less demand by 229 spaces, the Davies Campus shows new demand of 264 spaces and the St. Luke's Campus shows net new demand of 240 spaces. In total, there will be a demand of 1,664 parking spaces (1,389+264+240-229). Will there be sufficient parking spaces for the physicians and the other staff and visitors at all the campuses?

30-111 TR

59. Page 4.5-81 speaks of service vehicles and truck loading and unloading demand. It states in Item 3 that "some service deliveries would be eliminated due to operational changes at the campuses." Yes, where the campus would be closed or operations moved to Cathedral Hill, e.g., that is true. But when the operations get moved to Cathedral Hill, would the number of trucks be more? Would there be larger service trucks to accommodate larger deliveries since there will be a heavier concentration of departments in one building?

30-112 TR

60. How often will trash be picked up between 4AM and 5AM at Cathedral Hill (Page 4.5-82)? What is the difference between "trash pickup" and "trash haulers" who would be scheduled before 7a.m. or after 7 p.m. (Page 4.5-82)?

30-113 TR

61. On what days will the streets be mechanically swept around Cathedral Hill? Will neighbors hear more noise on days other than their garbage and street-sweeping days? Will the schedule be such that every day of the week there will be some maintenance noise from either the garbage collection or the street sweeping or loading and unloading of service trucks?

30-114 NO

62. On Page 4.5-84, Table 4.5-15 ("Peak Hour Passenger Loading/Unloading Zone Demand by Campus"), it shows that the peak-hour demand in the AM would be 60 linear feet and the loading demand is 75 feet. If the vehicles arrive on the Geary side, the vehicles may start to queue up in the hospital "drop-off" zone depending on the activity going on in the drop-off zone. Sometimes a disabled person is dropped off and these people require more time than others so the "drop-off" zone itself appears to be a total of about 200 feet for both sides of the island (Page 2-75). How long is it?

30-115 TR

This area needs to be very well-lit, have pedestrian-triggered lights and sound and a vibrating pole or other device for people who are both deaf and blind.
Are there disabled ramps in this "passenger drop-off" zone (Page 2-75)?
In addition, a vehicle may block the proposed Geary BRT lane which is located closest to the hospital if it queues into the lane. The BRT will have to wait for the vehicle to get out of the BRT lane before proceeding so there could be a transit impact. If the BRT is blocking the entrance to the hospital "drop off" zone, the vehicles will start to double up next to a 38/38L-Geary bus until it passes. This will cause the traffic in the lane the vehicle is in to come to standstill because it will become a double-parked vehicle for the time it takes for the bus to clear. For these instances, the 3 lanes of Geary will turn into 1 lane and cause traffic to back up across the intersection of Geary and Van Ness. One must also account for the right turning vehicles off of Van Ness onto Geary who want to go to the hospital. They will also be affected in that they will not be able to turn so the backup grows on Van Ness down to Post St. and possibly farther north to Hemlock St. and Sutter St. This is similar to the commuter traffic at Laguna and Geary where there is a "no right turn" sign so the traffic southbound on Laguna and the traffic turning from Post St onto southbound Laguna gets backed up. I think this hospital traffic scenario will be even worse than that on Laguna. The other example of how this will not work occurs today at Kaiser Permanente Hospital at Geary and Divisadero. The drop-off lanes are filled with parked vehicles so that the shuttles cannot use them and nobody enforces the white zone. So the shuttles double-park on Geary Boulevard westbound and the 38/38L-Geary has to maneuver around the double-parking and swerve almost to the Number 1 (closest to the median) lane and back to the Number 3 lane (closest to the curb). Vehicles are jockeying for position to get around the traffic congestion simultaneously.

30-115 TR

30-116 TR

63. Pages 4.5-84 and 4.5-85 indicate that CPMC will have 14-passenger shuttles running with 8 routes over the 6 routes in existence today. It also indicates that at least 15 shuttles will be required to service the estimated ridership. What is still not determined are the "non-CPMC private shuttle services" that "would be provided by a private garage operator as demand for off-campus parking increases." On Page 4.5-214, there is mention of the "12th Street Garage Shuttle," as a private operated shuttle. The daily passenger demand for this shuttle is 750 riders assuming that a total of 375 staff from St. Luke's and from Davies park in other off-site garages. Which garages would those be?

30-117 TR

64. On Page 4.5-86, Table 4.5-16 ("Daily CPMC Shuttle Demand") shows that the existing demand of the "Cathedral Hill-Pacific/Japantown/BART" shuttle of 172 daily riders will balloon to 1,756 - 2,004 riders daily. And the overall shuttle ridership will go from 2,005 riders daily to 7,542 - 8,001 riders daily. When it is discovered more shuttles need to be procured to accommodate the increase of ridership, is CPMC going to procure more shuttles? If so, where will they be parked without impacting the parking being taken away from the public? And how will these shuttles which could be running almost 24/7 be kept on the main commercial transit corridors without cutting through residentially zoned areas? The DEIR shows that all 14 shuttles will be parked at the Cathedral Hill Hospital when not in service but I think these shuttles should not be parked at the Hospital. Instead, they should lease spaces at other underutilized parking structures throughout the City so that these 14 spaces are made available to the paying public. Overall, if CPMC has to have this many shuttles for this LRDP, the size of all the proposed garages is not sufficient for the workers, visitors and patients that this project is going to attract. It is also telling that this many shuttles are necessary because the

30-118 TR

transit in the areas will not accommodate these visitors in a timely fashion or be able to support the sheer number of people who will be accessing these campuses. 30-118 TR

Also, when the shuttles select a garage such as the Japantown Garage, it is not only the taking up of the spaces for merchant and Japantown users but also a problem because all the shuttles will be frequently circling to and from Cathedral Hill and the BART station. The Japantown garage, a City-owned garage, should not be assisting a private company (CPMC) with running its business at the detriment of the private businesses at Japantown who have been able to sustain business despite past development impacts. Some other garages and lots owned by the City such as those listed below should be considered that are underutilized:

- Yerba Buena Gardens Garage – maybe 50% utilized
- Ellis-O'Farrell Garage
- Sutter-Stockton Garage
- Union Square Garage
- Other City-owned surface parking lots
- Port properties
- City public school parking lots (when not being used)

30-119 TR

If the City wants to assist CPMC in their project, it would only be fair that the City provide parking in places that do not impact the financial viability of the merchants in the nearby areas of the projects.

Also, in the Administrative documents that accompany this CPMC DEIR, the consultant, Herrero-Boldt, indicates that 70-75% of the construction workers on the Cathedral Hill Hospital and MOB projects are lone drivers. And these drivers will be parking in one of the 400 parking spaces at Japantown and the merchants cannot get customers who arrive from the East Bay, Peninsula and North Bay communities to visit and shop at Japantown because of the lack of parking in this historical resource area. It is difficult to get construction workers to "truck-pool" but perhaps this needs to be done for these workers to leave their vehicles outside of San Francisco. This would be one mitigation measure. (See also Item 20 above.) 30-120 TR

65. Page 4.5-87 states that the "Geary Boulevard parking garage curb cut permit would be revocable, and this condition would be recorded as a Special Restriction on the deed of the Hospital." If the Geary Boulevard parking garage curb cut is revoked, all traffic to the hospital for drop off of visitors will be on the Post Street side. Post Street is one-way eastbound (inbound to downtown). For people to get to Post Street, they will cut through Japantown due to the traffic patterns in the area. See Figure 2-4 on Page 2-53 for the "Cathedral Hill Campus – Proposed Site Plan" which shows traffic directions around the Hospital but not the Japantown streets immediately adjacent to these streets. 30-121 TR

If or when Post Street is turned into a two-way street, there will be traffic congestion on the Post Street side. This will add to the congestion and air quality in this area. Again, this DEIR does not study the impacts on Japantown and it should.

66. On Page 2-53, one also sees a potential traffic obstruction point at the Geary St. Parking Entrance of the MOB. On Page 2-101, Figure 2-37, the curb cut is shown with 3 lanes on Geary, the lane closest being the "diamond bus only" lane. Figure 2-37 does not show the proposed Geary BRT lane. This BRT lane will be closest to the Hospital. 30-122 TR

If people are walking on the sidewalk by this curb cut, the vehicular traffic will have to stop for the buses and the pedestrians, potentially causing a traffic jam that could leave only one lane of westbound traffic moving because a second lane next to the BRT lane will have traffic stopped for the conflict. Not only would this curb cut be almost as bad as the one at the Hospital Geary Boulevard revocable curb-cut but this cut at the MOB will have traffic flowing out of it which will not be for emergency exits only. So with the additional vehicular traffic in and out of this opening, one may think that this cut would also be revocable; however, the traffic patterns will shift to Post Street if that is done and, again, the Japantown streets will likely see cut-through traffic. Polk Street will also see cut-through traffic due to the surrounding one-way streets in the area. And with the added off-street Loading Facility and Emergency Department, with ambulances using the Post Street entrance, it is likely that Post Street in the Japantown shopping area will become congested. The CPMC shuttles will also be using the Post Street driveway. 30-122 TR

When the shuttles start to stack up along with the vehicular traffic, ambulance traffic and the 38/38L-Geary buses in the BRT lane and the vehicles waiting to get in on the Geary Street side, one will get congestion on both Geary and Post. The "Two-way Post Street Variant," described on Page 4.5-89, may exacerbate the cut-through traffic if people are allowed to go into Japantown westbound on Post Street. This is going against the City's General Plan. The Plan says to keep the vehicle traffic on the major corridors but since during construction the corridors will be blocked up, people will go to the smaller arterial streets with negative impacts. People will try to park in Japantown and go to the hospital and take parking spaces in the Japantown garage and on-street in Japantown by people who are not going to help the Japantown businesses. If Japantown gets overrun by hospital visitors, even the regulars who used to shop at Japantown will not visit it as often and business in Japantown will be negatively impacted. Japantown is the last of 3 Japantowns in the United States and the economic viability of Japantown has been tested in past history. 30-123 TR

It is hoped that this CPMC LRDP will not impact such a culturally identified historical area. 30-124 PH

67. Per Page 4.5-93, the Cathedral Hill Campus project would result "in an increase of 593 vehicle trips during the a.m. peak hour (598 inbound and 85 outbound trips), and 609 vehicle trips during the p.m. peak hour (42 inbound and 567 outbound trips). On Page 4.5-94, Table 4.5-17, and on Page 4.5-95, Table 4.5-18, the tables do not say what the LOS will be on Post or Sutter, e.g., in Japantown would be. The LOS grades are for the 26 intersections on the study but do not analyze the Japantown streets. 30-125 TR
68. On Page 4.5-123, Impact TR-30 states, "Implementation of the Cathedral Hill Campus project would increase congestion and ridership along Geary Street, which would increase travel times and impact operations of the 38/38L-Geary bus routes. (Significant and Unavoidable with Mitigation)." As discussed earlier in this document, the mitigation measure is to compensate SFMTA for the "cost of providing the service needed to accommodate the project at proposed levels of service." Although some people may get on the bus to visit the Hospital, the MOB and 1375 Sutter Street Building areas, the vehicular traffic may not diminish by much because the drivers are not all visiting the hospital area. They are on their way to some other place but are still using Geary. When the LOS of Geary falls to "F," people will find the neighboring streets to get to their destination. This is what is happening to the California Campus as it is today. The small residential streets surrounding the California Campus get as much traffic as one direction of traffic on Geary in a few cases such that the neighborhood association had to install and pay for speed humps. It was not all 30-126 TR

CPMC and the California Campus as there were also the UCSF shuttles almost continuously traversing the residential streets of Jordan Park. This was mitigated by having the UCSF shuttles become "good neighbors" and not overburden the residential streets and adhere to the street Muni already runs on (more commercial streets) on a fixed route transit basis. CPMC needs to let the public know what routes will be used in the neighborhood. This was never addressed in the DEIR. 30-126 TR

It is one thing to build a world-class for-profit hospital but not at the expense of the adjacent residents, homeowners and merchants within a ½-mile radius of the campus. (See Item 20 and Item 64 above.) 30-127 OTH

69. On Page 4.5-143, Franklin St. has 3 curb cuts, one for Emergency Department Drop-off, one service entrance for trucks that use the loading dock and an additional service exit for these trucks. A "porte cochere" is shown on Page 2-101. I do not see how the vehicular and pedestrian circulation will work here in the porte cochere area at the Emergency Drop-off even when looking at Page 2-77, Figure 2-19. Will there be pedestrian islands? With all the traffic on this Franklin Street side, I am concerned with this area. Even the shuttles would be allowed in the Emergency Drop-off area per Page 4.5-143. Would there be a more detailed diagram of the pedestrian and vehicle flow? 30-128 TR

In the "Project Description" section of the CPMC DEIR, Chapter 2, on Page 2-35, an explanation is given that "portes cocheres" would "create inviting entries for hospital users and other pedestrians. The proposed Emergency Department drop-off zone (off of Franklin Street) would be designed to be more like a pedestrian plaza than a vehicular drive-through area. Similarly, the Cathedral Hill MOB would have passenger drop-off zone on Cedar Street near Van Ness Avenue." There will still be pedestrian and vehicle conflict in these "portes cocheres." Again, the safety of the pedestrians may need to be mitigated by not just flashing lights and audible signals as proposed in MM-TR-17. 30-129 TR

70. Per Page 4.5-149, Figure 4.5-22, when one lane of Geary westbound will be closed (the bus-only lane), all the traffic will try to get around the construction activity using only 2 available lanes left. 30-130 TR

71. In looking at Table 4.5-29, Page 4.5-150, how many construction workers will be parking at the Japantown Garage? Based on the workers expected to be on site per day at the Cathedral Hill Hospital, MOB and Tunnel projects, and according to the "Biology Section, #7" report in the Administrative documents, if the maximum workers at the site per day is per the following: 30-131 TR
    - 680 at Hospital
    - 158 at MOB
    - 35 at Tunnel

    The total of workers maximum per day equals 873 workers.

72. Table 4.5-29 lists only 1375 Sutter, 855 Geary, 1600 Geary and the Cathedral Hill MOB as potential parking areas for the workers. The "Biology Section, #7" report states the following number of parking spaces for the above: 30-132 TR
    - 1375 Sutter 175 parking stalls for the construction workers
    - 855 Geary 200 parking stalls for the construction workers
    - 1600 Geary 400 parking stalls for the construction workers

    This gives a total of 775 parking stalls for the construction workers with almost 100 spaces short. Even if, as the Administrative document shows, CPMC will be running 4-5 shuttles to hold 30-workers and be running continuously for

2 hours, the workers will still bring their private vehicles as close to the shuttle pickup places as possible; and that would indicate that they will be parking at the above 3 bulleted addresses. If we assume that 400 workers will use, e.g., the 1600 Geary garage in Japantown, people who want to visit the Japan Center will not shop because at least 400 spaces are taken by construction workers who are not conducting business or shopping in Japantown; and during construction, people cannot park on street either since there will be displaced vehicles that will encroach into the on-street parking spaces around Japantown. I think this will take away from the business from Japantown, a cultural center. I also think the same thing will occur at the other 2 addresses for the local merchants near them.
Also, if the construction workers are riding these shuttles, what measures will be taken to mitigate the potentially hazardous effects of construction debris or dust on the workers from being spread onto the shuttles and into the enclosed structured garages?

30-132 TR

30-133 PH

30-134 AQ

73. On Page 4.5-156, "Van Ness Avenue Tunnel Construction" is discussed. Since Post and Van Ness will also be affected during the tunnel construction, and if Post is turned into a 2-way street, Japantown may end up taking much of the traffic. There needs to be a mitigation measure for the Japantown street intersections between Geary and Pine. Even the analysis provided takes into consideration only the p.m. hours of a mid-day of the week. I think the analysis for the streets already studied should also be done for a whole week rather than just one day mid-week. The sample week should be a week without a holiday in it and the study should go for a whole week.

30-135 TR

74. Overall, I do not think that the "transportation and circulation" section, and consequently the "noise" and "air quality" sections are analyzed thoroughly enough in respect to "Alternative 3B" nor to the vehicular impact on Japantown streets that falls within both the ½-mi radii of the Cathedral Hill Project as well as the Pacific Campus Project.

30-136 ALT

75. Some Saturdays will also be work days for the CPMC construction. For the Pacific Campus, will there be renovation work on Saturdays near the Congregation Sherith Israel Synagogue (Page 4.1-12)? According to Page 2-5, the renovation of 2018 Webster Street will start in 2015 and last approximately 6 months. On Page 2-121, although the synagogue is not listed as a "sensitive receptor" for the Pacific Campus project in Table 4.6-36 on Page 4.6-95 because 2018 Webster is not a "demolition," I think that the synagogue is a sensitive receptor. Organizations in synagogues usually have Saturday as their religious day. Would the 2018 Webster renovation work not be done on religious service days at the synagogue?

30-137 NO

76. When the Cathedral Hill Hotel and the 1255 Post Street buildings are demolished, there will be physical noise and vibration impacts to the Hamilton Square Church (Franklin & Geary, northwest corner), the First Unitarian Universalist Church (Geary & Franklin, southwest corner), and the Church Office on Sutter Street and Van Ness, northwest corner (Page 4.1-2). And, when the demolition and construction phases are in full swing, will there be enough parking for the church members? Even though the churches have parking lots, some of them may have used street parking which will be eliminated during the CPMC project. Has this been taken into consideration? Will people from churches/synagogues from Cathedral Hill Hospital project area migrate to the north and take street spaces away from church-goers in the northern streets such as at the Buddhist Church of San Francisco bounded by Pine, Gough, Austin and Octavia (Page 4.1-11)?

30-138 NO

30-139 TR

77. On Page 4.7-50, Table 4.7-11, "Diesel Particulate Emissions from Emergency Generators – St. Luke's Campus" shows that after 3 new generator units are installed, compared to what exists today, there will be a net decrease by 15 "diesel particulate matter (DPM)" lb/yr. The problem with this argument is that the 2 old units combined put out less at -29 DPM lb/yr. It appears from the data that the old units were more efficient at -9 DPM lb/yr. and at -20 DPM lb/yr.
A new generator proposed to be installed in 2018, puts out 0.2 DPM lb/yr. 2 other generators combined will put out 13 DPM lb/yr. The result is a positive 13.2 DPM lb/yr.
The new generators put out more DPM lb/yr. than the old model generators which were 250 kW and 600 kW rated generators installed in 1969.
This argument of the BAAQMD trigger thresholds not being exceeded because the old generator emissions will cancel out the additional DPM lb/yr of the new generators does not make sense, especially because the old generators are going to be removed. Any emissions from the new generators will only be additive emissions. 30-140 AQ
78. As a general comment, in relation to the generators spoken of on Page 4.7-50 in Table 4.7-11, what are the greenhouse gas emissions produced by the new generators? What type of diesel fuel will be used? 30-141 GH
79. On Page 4.7-67, the Cathedral Hill Campus will have an excess cancer risk of 111 per million. I believe on Page 4.7-68, it states that the threshold is 10 per million for the "maximally exposed individual receptor (MEIR)" of a child. The Cathedral Hill Campus will also exceed the fine particulate matter with an aerodynamic diameter of 2.5 micrometers or less ($PM_{2.5}$) of 0.4 microgram/m^2. 30-142 AQ
80. On Pages 4.8-31 – 4.8-32, a summary of the Greenhouse Gas Emissions for all CPMC campus projects except for the California Campus are explained. The DEIR states that the total greenhouse gas (GHG) emissions will be about 22,503 $MTCO_2e$/yr. The BAAQMD's threshold is 1,200 $MTCO_2e$/yr. This is almost 19 times the threshold allowed by BAAQMD. It was my assumption that CPMC, with adherence to the City and County of San Francisco's Green Building Ordinance which states that "buildings over 5,000 square feet, residential buildings over 75 feet in height, and renovations on buildings over 25,000 square feet to be subject to an unprecedented level of required Leadership in Energy and Environmental Design (LEED) Green Building Rating System certifications," per Page 4.8-11, does not make the new CPMC campuses spew out fewer $MTCO_2e$/yr. but rather more. 30-143 GH
81. This "Greenhouse Gas Emissions (GHG)" section also goes on to state on Page 4.8-32 that "several sustainability attributes would serve to reduce GHGs that were not accounted for because of the unavailability of sufficient methodologies to accurately account associated GHG emission reductions" such as those on Page 4.8-16 and on Page 4.8-47 as the following:
    - the proportion of total water consumption attributed to irrigation was not available to quantify the reduction in GHG emissions
    - the green roof would increase the site's carbon sequestration capacity relative to current conditions…insufficient data are available to quantify this
    - the volume of cooling tower water requiring treatment was not available to quantify the GHG impacts of this feature

30-144 GH

In addition, the DEIR states that allowances for the reduction of "embodied energy" by diverting "at least 75% (and up to 90%) of construction debris from the site of the proposed Cathedral Hill Hospital…the associated GHG reductions were not deducted from the development's operational emissions inventory." Finally, the DEIR mentions that due to the "reduction in use of steel building materials by 25%" and it not being "deducted from the development's operational emission inventory," that the total GHG emissions for the CPMC campuses could not be calculated. Then the DEIR is not adequate and cannot be adopted. 30-144 GH

82. It is surprising that a hospital does not know how much water is used in irrigation at its campuses. A green roof engineer should be able to provide the water and carbon sequestration data for current conditions. The cooling tower water volume could be calculated by a water treatment specialist who knows cooling tower loops. The chemicals used to treat the water can be estimated fairly accurately knowing the volume of the closed loop cooling system water. This should be a foreseeable impact that can be calculated. Perhaps a thorough analysis of the above missing data categories for this GHG emissions section was not done because the outcome would still be that the GHG threshold level will far exceed the BAAQMD's guidelines. If not, there should be an analysis done as an addendum to this DEIR or it is inadequate and cannot be adopted. 30-145 GH
83. Page 2-37 states that the lighting on Van Ness will be removed and replaced and new fixtures will be installed on Van Ness that are slated for the Van Ness BRT project. What happens to the historical vintage lighting (the ornamental ones that remind people of Europe) in the area? 30-146 PD
84. On Page 3-6 in the "Recreation and Open Space Element" section, reference is made to "Map 4 of the Recreation and Open Space Element." This should be "Map 2." 30-147 LU
85. On Page 3-24, under "3.2.12, Japantown Better Neighborhood Plan," the goals of the Plan were not accepted by the community and a new plan is being considered at the present time. Critical to the Japantown plan is the retention of historic and cultural character in the area. The Japantown plan will not apply to CPMC projects but the CPMC projects will impact the Japantown streets as far as traffic congestion, circulation and maybe even a business impact. As the DEIR states, "the plan area is in the vicinity of two CPMC campuses – one block west of the proposed Cathedral Hill Campus and directly south of the existing Pacific Campus." As such, and although the Cathedral Hill and the Pacific campus projects will not occur concurrently, they are expected to overlap in 2015 so there is a cumulative effect to the Japantown area. 30-148 LU
86. On Page 4.2-6, under the "Aesthetics" section, the DEIR states that "An additional row of trees and shrubs, contained in large planters, is located above street level, along the hotel's entrance drive off Geary Boulevard and elsewhere on-site." I think it is fine to put greenery for a pleasant visitor environment but I am concerned about planters that cause a visual block for vehicles and pedestrians because of their size or placement that may cause a safety issue. So while creating a pleasing look for the project, please consider the safety issues. 30-149 AE
87. On Page 4.2-108, the "types and species of trees proposed to replace the existing trees are detailed in Section 4.13, "Biological Resources." The specific section should be "Section 4.13-24" wherein the species for replacement plantings are London plane (Platanus x acerfifolia) on Geary and Brisband box (Tristania conferta) on Van Ness 30-150 BI

Avenue. It would be helpful to see the schematic of the project with these trees drawn in. In another section, reference was made to having broad-leafed trees such as maple planted. Where will those be located? 30-150 BI

88. On Page 4.2-130, the DEIR states that the following streets will have trees planted on them:
    - Van Ness Avenue, east side between Geary & Cedar
    - Van Ness Avenue, west side between Geary and Post
    - Van Ness Avenue median
    - Geary Blvd. between Van Ness & Franklin
    - Franklin between Geary & Post
    - Post between Franklin & Van Ness
    - Geary between Van Ness & the eastern edge of the campus (to where?)
    - Cedar Street between Van Ness & the eastern edge of the campus (to where?)

    I would like to know if the canopy coverage of the trees that will be removed will be equivalent to the canopy coverage of the trees that will be planted. And while the trees are young and do not have as large a canopy, perhaps there could be other greenery installed to make up for the loss of canopy until the trees mature. 30-151 BI

89. On Page 4.2-187, the DEIR states, "The Cathedral Hill Hospital and Cathedral Hill MOB would include lit signage, entry lighting, wayfinding lighting, roof terrace lighting, other accent lighting, street-level lighting, entry lighting, and parking entry lighting. Exterior lighting would include shielded fixtures to reduce light trespass or spillover." Perhaps add, except for areas that will be designed to have spillover, and name these areas. 30-152 AE

90. On Page 4.3-19 of the DEIR, it states that "…the net increase of approximately 1,280 new CPMC employees at the Cathedral Hill Campus would result in approximately 630 CPMC new workers that would choose to live in San Francisco. These workers would generate approximately 370 new city households and 830 new city residents…" I do not see how with a certainty that one can determine with such certainty that that is what people will do. And basing the development on such unguaranteed premises is speculative and will create a project with significant impacts that could have been avoided since it is not necessarily the case that these workers would live in San Francisco. 30-153 PH

91. On Page 4.3-31 in the "Population, Employment, and Housing" section, the following statistics for the year 2030 are given:
    - 5380 FTEs at Cathedral Hill Campus
    - 2060 FTEs at Pacific Campus
    - 1750 FTEs at Davies Campus
    - 1530 FTEs at St. Luke's Campus

    10,720 FTEs at above campuses… 30-154 TR

It states, "The total number of personnel at all CPMC campuses would grow to approximately 10,720 by 2030. This would be a net new growth of 4,170 FTE personnel for CPMC system-wide between 2006-2030 (See Table 4.3-10 on Page 4.3-16.). In 2006, there were 5,801 FTEs. For 2015, the FTE count is expected to be 8,350. For 2030, the projection is 10,730 FTEs. With a total of 3,890 parking spaces for all projects, parking will be severely inadequate for all the staff, patients' visitors, users of the medical facilities. That is again the reason CPMC has all the extra leases with several garages. (See Item 20.)

Some garages used by the CPMC California Campus, e.g., like the 17th & Geary Garage, are causing a big problem with vehicles circling in the area and causing more vehicle/pedestrian conflicts. In addition, having streets in the Richmond District that allow free parking all day need to be metered if we are all going to the "Transit First" mode of operation; however, not while allowing favorable uses to a for-profit entity at the expense of the neighbors.

The total of the above equals 10,720 FTEs. The additional 10 FTEs to arrive at the 10,730 FTE figure are from the California Campus that is not described with the above bullet points under the "CPMC LRDP Projects at Full Build-out (2006-2030)" section; rather, they are on Page 4.3-29.

30-154 TR

30-155 TR

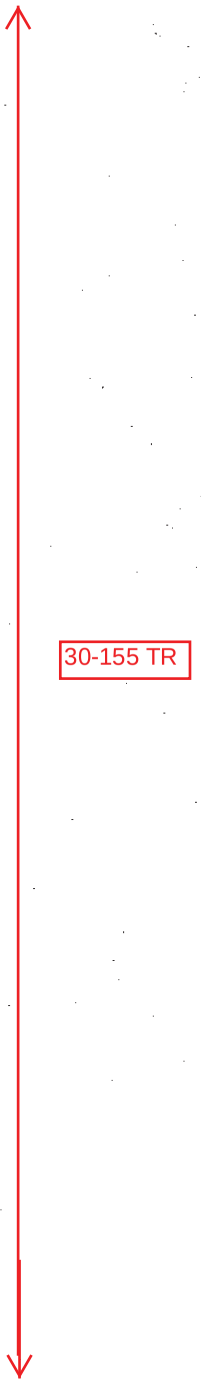
Attachment of Parking Spaces Chart:

CPMC Parking	**LRDP**	**ALT 1**	**ALT 3A-3B**			
		NO PROJECT	REDUCED PROJECT			
CATHEDRAL HILL						
New CH Hospital	513	275				
(14 van spaces excluded - Page 6-39)						
New CH MOB	542					
Existing 1375 Sutter	172	172				
Existing 1255 Post	demol'n	130				
TOTAL	**1227**	**577**	**1005**	existing = **405**	(Page 6-271)	
	(p.6-270)					
CALIFORNIA - Alt 3B						
New 100-ft 3698 Calif St.		PROPOSED				
	460 Cherry	290	existing			

	3838 Calif	120	existing			
	3698 Calif	197	new - 100-ft bldg			
	SUB-TOTAL	**607**				
	3905 Calif	25	(Page 6-277)			
	TOTAL	**632**				
		EXISTING				
	3698 Calif	81				
	3700 Calif	7				
	460 Cherry	290				
	3838 Calif	120				
	3773 Sac'to	36				
	3905 Sac'to	25				
	TOTAL	**559**				
PACIFIC		**PROPOSED**				
	Web-Sacto Garage	248	new			
	No of Clay	440	new			
	2100 Webster	400				
	2333 Buchanan	27				
	???					
	TOTAL	**1115**	sh/b **1510**			
		EXISTING				
	2100 Webster	400				
	2333 Buch	11				
	2405 Clay	411				
	2200 Webster	25				
	SUB-TOTAL	**847**	structured	(NO PROJECT, Page 6-45)		
	2300 Calif	41				



	ClaySt Tunn	10				
	2333 Buchanan	32				
	2329 Sac'to	9				
	SUB-TOTAL	**92**	surface			
	TOTAL	**939**				
		ALT 2				
	ACC N/S Twrs	728				
	Clay Web Garage	248				
	2405 Clay	411				
	TOTAL	**1387**	(Page 6-175)			
ST. LUKE'S		LRDP	1A - Page 6-62	1B - Page 6-63	3A - Page 6-281	3B - Page 6-287
	St. Luke's MOB	220				
	Duncan St. Garage	215				
	St. Luke's surface	15				
	TOTAL	450	329	541	702	541
	Additional 600 spaces					
	(Page 6-271)					
		EXISTING				
		329				
DAVIES	PROPOSED	EXISTING				
	626	496				
FULL LRDP BUILDOUT	3662	struc pkg				
	228	surf pkg				
	3890	**TOTAL**				



	18	loading spaces				
	14	van spaces	not included in			
			count for CU			
PUBLIC PARKING GARAGES/LOTS	more public spaces used	neighborhoods	impacted			

30-155 TR

And the argument that because ABAG's population projections, the city's vacant housing supply of approximately 17,100 units and the capacity to build 34,100 new units according to the 2004 Housing Element will accommodate the 10,730 workers at CPMC is looking at the picture idealistically as well as assuming that the housing will be available to CPMC workers vs. other company workers and prospective housing unit buyers or renters. Each year, ABAG's numbers get larger so no matter how many units are built, just because it matches ABAG's numbers and the projected Housing Element numbers, one cannot say that such a population surge has "No Impact" or "Less than significant" impact per Page 4.3-32.

30-156 PH

92. In regards to trees on the campuses…under the "Biological Resources" section, on Page 4.13-8 (and in the "Aesthetics" section on Page 4.2-34), the DEIR states that for the Pacific Campus, 177 trees including a buckeye will be removed. Although none of the trees are considered significant when the survey was done in 2004, perhaps some have grown in the last 6 years to the point where they are now considered significant. Table 4.13-3 on Page 4.13-8 shows that 86 of the 177 trees will be removed. Is the buckeye one of them? The species listed for the Pacific Campus include the following but it is not clear which are being removed:

    - buckeye
    - incense cedar
    - pittosporum
    - California sycamore
    - New Zealand Christmas tree

30-157 BI

93. On Page 4.13-7, Table 4.13-2, the DEIR states that 77 trees exist at the Cathedral Hill Hospital site with 7 trees to be considered significant. Of these, all 77 trees including the significant trees will be removed.
In this same table, the Cathedral Hill MOB site has 7 trees of which 0 are significant. All 7 are to be removed.
Also, for the 1375 Sutter MOB site, 22 trees and 22 street trees exist, with none being surveyed as being "significant" and 0 to be removed. In total, there are 106 trees of which 7 are significant. Out of the 84 that will be removed, all 7 significant trees will be removed.
It would be helpful if the DEIR identified at least the species of trees of significant trees that will be removed from the Cathedral Hill projects in this DEIR rather than having to make a separate trip to the Planning Department to read the "Cathedral Hill Campus and MOB Tree Inventory" that was prepared by AECOM of Oakland, CA, in August of 2009. It appears that on Page 4.13-23 through Page 4.13-24, 7 significant trees "are all junipers on the east end of the proposed hospital and 5 in the median between Van Ness Avenue and the front drive of the existing hotel north of the

30-158 BI

parking lot entrance and the other 2 south of the parking lot entrance between the building and the sidewalk. The junipers range in height from approximately 15 feet to 30 feet."
It is hoped that the amount of pollution/carbon sequestration of the proposed trees will not be less than that taken out but sufficient to mitigate the air quality and other environmental impacts that are left unmitigated. Leaving it unmitigated should not be an option.

30-158 BI

94. On Page 4.13-8, Table 4.13-4 states that 248 trees exist at the California Campus and 0 are proposed to be removed. However, in Alternative 3B, if there were to be a 10-story building built on the east side of the campus, how many trees would be removed?

30-159 ALT

95. On the Davies Campus, out of the 287 trees, 42 of which are street trees and 81 of which are significant trees, 111 will be removed and 26 of these are significant trees that will be removed. What species will be removed?

30-160 BI

96. On Page 4.13-10, Table 4.13-6, shows that out of the 112 trees on the St. Luke's Campus, 9 are street trees, 37 are significant trees and 28 trees of which 14 significant trees will be removed. What are the species of trees slated for removal? It is not clear in the Administrative documents. Will the Moreton Bay fig tree, a landmark tree (Page 4.13-14), on St. Luke's campus be felled?
In the Administrative documents that accompany the CPMC DEIR, it was noted that the Moreton Bay Fig landmark tree at St. Luke's had a branch failure after a storm; the branch has been cabled.

30-161 BI

97. In the Administrative documents (Biology -- #5, CPMC Davies Campus) that accompany the CPMC DEIR, there was a note about manzanita (Arctostaphylos sp.) existing in the East Parking Lot of the Davies Campus. The manzanita is in "fair overall condition," its age is "semi-mature" and it is noted that its "relative abundance" is "rare" in the August 2006 report by by James Clark of HortScience. All the landscape vegetation will be eliminated in this East Parking Lot for the new Neuroscience building.
It is very troubling that CPMC would consider killing this "rare" species of manzanita rather than allowing it to be saved and having it contribute to the perpetuation of the genes of this species that used to grow in the area. It is not very large and should not take much to move it. The plants will add to the biodiversity of the San Francisco manzanita genotypes which are being found less and less as time goes on due to larger development projects.
In the whole scheme of things, it is slated to be destroyed anyway so why not save it for the sake of this native species and to educate future generations?

30-162 BI

98. The DEIR states that there will be "significant" issues with water runoff at the CPMC Cathedral Hill Hospital project. The mitigation is to use green roofs, cisterns, etc. to remedy the excess runoff. In the City's Greening Ordinance, there are guidelines for using permeable landscaping materials. What kinds of landscaping for open areas and sidewalks will be used?

30-163 PD

99. Are there automatic fire sprinkler fuel pumps used in the old Cathedral Hill Hotel? If so, for the demolition phase, will there be an environmental mitigation plan for it?

30-164 HZ

100. For the entire CPMC new construction projects, what environmental contingency plan will be in place to address surprise findings of hazardous waste?

30-165 HZ

101. Per the Planning Department, it was explained that the paleontological information was not available to the public under California State Public Disclosure Law. Although the DEIR states that whether or not any significant archaeological resources are encountered, the inspector will make a written report to the Environmental Review Officer (Bill Wycko?), if as was explained to me the disclosure of information on paleontological and archaeological findings is closed to the public, the public will never know for sure if this project had a significant impact on such resources and any real confidence that notification to appropriate people were made or if a report was generated. The DEIR states that the CPMC projects will have a "potentially significant" impact. It is very likely there will be Native American and other paleontological findings (e.g. in the Colma Formation) when the earthmoving activities start up.

30-166 CP

Thank you for your time and attention to these issues.

Rose Hillson
Member, Jordan Park Improvement Association

cc: Chelsea Fordham (via email)
Devyani Jain (via email)

Letter 31



CPMC TALKING POINTS

The E.I.R's ignores the project's traffic impacts in the Uptown Tenderloin. CPMC plans turn the Tenderloin streets into speedways, bringing thousands of cars rushing through the community each day to reach the new hospital. 31-1 TR

- So while CPMC worsens the quality of life for residents like me, it also plans to deny health services to me and other low-income people who live near the planned facility.
- Does this make sense? Is this in the best interest of me – a neighborhood resident or the City? I DON'T THINK SO 31-2 HC
- So is CPMC saying that low-income Tenderloin residents like me will be denied access to a hospital only blocks from my home? THAT'S NOT RIGHT!
- 10,000 new jobs will be created. Will I be considered for one? Not if CPMC has its way 31-3 PH

CPMC can address these issues by:

- funding the recommendations of the Tenderloin-Little Saigon Transit Study. This will not only slow traffic through the neighborhood, but also divert traffic away by reducing the time drivers can save by using Larkin and Leavenworth Streets rather than Van Ness 31-4 TR
- CPMC can also easily grant health services access to nearby residents 31-5 HC
- Neighborhood residents get priority hiring
- CPMC has a choice to pursue a "win-win" approach 31-6 PH
- CPMC can be a good neighbor if it chooses to be

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2005.0555E
CPMC - DRAFT EIR

Letter 32

Good afternoon. My name is George Mayer. I live at 2660 Great Highway, out in Carmen Chu's district. But I spend most Sunday mornings attending religious services at the Unitarian Universalist church on Cathedral Hill.

For more than four years I have chaired a task force at the church focused on CPMC's construction plans and developments with a special focus on protecting our historic sanctuary and minimizing the negative impacts on congregational and neighborhood life.

32-1 NO

Our task force has met frequently with CPMC representatives: Geoffrey Nelson, Ralph Marchesse and their associates. We sincerely appreciate their help in addressing many of our concerns and correcting some of our misunderstandings. One of the issues that remain unresolved is of serious concern to me. That issue is the Loading Dock and the noise it will generate.

The Loading Dock will be a concrete structure shaped like a band shell; noise from inside this band shell will echo through the neighborhood. The U. U. sanctuary, diagonally across the intersection, has huge stained glass windows that will, unfortunately, transfer this noise quite effectively into the church.

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CPMC-DEIR
JAIN

I had been most concerned about back up beepers on delivery trucks that will go BEEP, BEEP, BEEP during our religious services. I learned from the Draft EIR that two other processes will be even worse: a medical waste trash compactor called Adouromed and the repetitive revving of engines to off-load oxygen. Mitigations listed in this EIR for reducing these horrible impacts seem quite inadequate.

32-1 NO

I also learned from the Draft EIR that Alternative 3A would be the Environmentally Superior alternative. Reducing the size and operational scope of this hospital would help reduce many negative impacts including loading dock noise. Mandating that wall and ceiling surfaces inside the loading dock be covered with a reverberation reducing coating would help. Requiring coordination with neighborhood churches when scheduling these and other noisy operations would seem appropriate. Restricting deliveries during religious services would be environmentally and ethically responsible.

32-2 ALT3A

32-3 NO

Thank you.

Letter 33

SEIU UHW United Healthcare Workers WEST

RECEIVED AT CPC HEARING 9-23-10
2005.0555E
CPMC - DEIR
[JAIN]

An Open Letter from the SEIU-UHW Bargaining Team at CPMC

Our future depends on Cathedral Hill. We need hospitals that are earthquake safe and provide more and better services to our patients and our community. We write to you today because we need your support to make that happen. If CPMC is not permitted to build seismically compliant hospitals by 2015, the majority of the Medical Center will be forced to close, we will lose our jobs and the community will lose critical access to healthcare. 33-1 HC

We are proud to announce that after 21 months of bargaining we won a new contract with unprecedented **job security at the newly rebuilt Medical Center.**

- **Jobs guaranteed:** Our new contract guarantees that all current regular full-time and part-time benefited employees affected by the Cathedral Hill building project will have jobs at the Medical Center with no cuts in wages.
- **Job training:** If an employee's current position is not available, employees will be offered a comparable job, access to funding for retraining opportunities ($100,000 for affected employees) and up to 120 days of on-the-job training.
- **Jobs protected for seven years:** CPMC has guaranteed these job protections well beyond the life of the contract through January 1, 2017. 33-2 PH

This is an important victory for us. Now we need you to stand with us to protect the safety of our workplace and our ability to provide quality affordable patient care to our community.

We support the Cathedral Hill building project because it will:

Improve Safety: Our new hospitals will nearly **double the number earthquake safe beds** in the city. San Francisco currently only has 600 of the 1,500 earthquake safe beds that the city requires on a daily basis.

Ensure Quality Patient Care: Our new hospitals will improve patient care by incorporating the **medical advancements that reduce infection, shorten overall hospital stays and increase access for patients with disabilities**. The new facility will also **centralize high acuity services** at Cathedral Hill and Davies campuses, which will prevent sick patients from having to shuttle from one campus to another to receive the services they need. 33-3 HC

Enhance Community Access: CPMC will **expand services most utilized by the community**. This includes a 25% increase in overall ER capacity and an overall increase in the number of staffed acute care beds throughout the Medical Center.

To **make healthcare more affordable** for the community, CPMC has committed to the City to increase contributions to charity care by 79% and will increase its uncompensated care for Medi-Cal patients by 22% in the next five years. Additionally, the St. Luke's rebuild and the new Cathedral Hill will provide **access to state-of-the-art acute care for the underserved Mission, Tenderloin and Western Addition neighborhoods**.

Build a Stronger Local Economy: In the midst of cut-backs and layoffs, the building project will serve as an **economic stimulus for the city**, creating 1,500 new construction jobs, preserving 6,500 healthcare jobs and encouraging new business around our new hospitals.

33-4 PH

While the city struggles with an immense budget shortfall, CPMC's plan will be **paid for almost entirely through private funds** and will require no public financing.

Absent these improvements, most of the Medical Center will be forced to close in 2015. The resulting loss of jobs and access to quality healthcare for San Franciscans would be simply devastating.

We urge you to join us in making the plan to rebuild CPMC a reality. Our jobs, our patients and our community depend on your support.

Sincerely,

The SEIU UHW Bargaining Committee at CPMC

Letter 34

CPMC's nephrologists and nurses saved my daughter's life 4 years ago and have continued to do so.

I am here to tell you that allowing CPMC to sell its dialysis units to DaVita will cause imminent, irreparable harm to dialysis patients and the people and city of San Francisco.

Neither federal nor state case law supports the idea that a non-profit community hospital such as CPMC can, without serious legal consequences, sell its patients to a for-profit company such as DaVita, which has a track record of causing harm and injuries to patients.

Several lawsuits have been filed about DaVita's Gambro dialysis machines causing deaths and Hepatitis B. In one typical case, the federal court DENIED DaVita's motion to exclude the testimony of the patients' expert witness, who is an MD. The court also DENIED DaVita's motion for summary judgment that would have thrown the case out of court.

34-1 HC

In another PENDING case, the United States of America has accused DaVita of patient endangerment and fraud, committed in several states, INCLUDING CALIFORNIA:

DaVita stands accused of over-using an anemia drug without regard to medical necessity, good medical practice, or patient need and "WITH RECKLESS DISREGARD" for FDA Labels and guidelines by the Department of Health and Human Services and CMS, thereby putting dialysis patients in danger of bacterial infection, pyrogenic reactions, strokes, fatal cardiovascular events and impaired survival. DaVita knowingly and fraudulently submitted claims and was paid hundreds of millions of dollars.

DaVita allowed the manufacturer of Epogen to review confidential patient charts without patient's knowledge or consent, in violation of privacy rights granted by federal and state laws.

Directors of Nursing, Doctors and "other higher-up authorities" working under DaVita's authority were implicated in the above violations. Patient safety, quality of care, minimizing mortality, etc. are NOT a matter of the number of chairs that a vendor, with the track record at issue provides.

Until DaVita has answered the above and other charges to the satisfaction of federal courts, CPMC should not be allowed to proceed with this sale.

Thank you.

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CPMC - DEIR
(JAIN)

Letter 35

I am one of 350 dialysis patients. CPMC wants to sell our care to a for-profit company with a history of litigation over patient safety issues. We are all concerned about our own safety by being transferred to DaVita, and over 100 of us signed a petition in protest. The EIR is incomplete because it does not consider the cumulative effects on city services or traffic resulting from unsafe conditions (like 911 calls) caused by this sale. Also, CPMC submitted a plan that included providing dialysis, and before that plan was even approved they cut the service. CPMC cannot be trusted to provide the services they say they are going to provide. We ask you to hold their feet to the fire to ensure that our lives are not put in danger by this plan.

35-1 HC

35-2 HC

35-3 HC

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2005.0555E
CPMC - DEIR
(JAIN)

Letter 36

Rebuild CPMC Questions, Concerns and Comments for the City and County of San Francisco

by

Barbara Ann Berwick

Barbara Berwick for District 2 Supervisor 2010

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2005.0555E
CPMC-DEIR
(JAIN)

1. Have the needs for water, gas, electricity, sewer, garbage and public transit been adequately addressed? 36-1 UT

2. Sutter Health is in litigation with Marin General. Good relations with our sister county need to be maintained, therefore, this litigation needs to be resolved. 36-2 HC

3. It is foreseeable that the five campuses collective could falter to foreseeable wrongful death litigations due to the failure of Rebuild CPMC to acquire an experienced nursing staff. Both the government and Rebuild CPMC have a duty to promote public safety. Rebuild CPMC needs to secure a working relationship with CNA for a project of this size and importance. Additionally, any and all Health Department recommendations should be adhered to. I would prefer to have both the City and Rebuild CPMC not depend upon Sutter Health as a safety net. 36-3 HC

4. While the mega-hospital plan enhances productivity thereby reducing potential costs to patients, it offends local residents who have environmental concerns. Cathedral Hill Neighborhood Association of District 2 is most affected by this project in District 2; they need to be listened to and their concerns addressed. They don't want building variances granted and they don't want to live in the shade. Additional capacity could be maintained at sites where that capacity already exists. There are other neighborhood associations in many other Districts that need to be listened to as well. 36-4 OTH

5. St Luke's is our southernmost hospital. It serves the needs of a great number of City residents and therefore needs to be staffed at current/historical levels diminished only by lay offs of nursing staff for patients whose needs would better be served by in-home care rather than in-hospital care. Failure to do so would result in addition uninsured and indigent patients being treated at SF General at the city's expense. 36-5 HC

6. The City has a duty to address public safety issues. A major quake or other disaster could produce a situation where rubble from neighboring structures could block ambulance access to the proposed mega-hospital. Putting all of our "eggs in one basket" with respect to hospital emergency room locations is unwise. Emergency rooms that already exist should therefore be kept open. This is a foreseeable health care disaster. It is a must to keep as many emergency rooms open as possible to diversify our downside risk. 36-6 HC

7. The graying of our population dictates that we need more hospital services, but let's do this right, let's make as few people unhappy as possible. Cleary the seismic tolerance issue is present, legislated by the State and needs to be addressed. Time is running out. As a point of fact, there is a 2/3 chance of a catastrophic earthquake within the next 30 years. We are at war with Al Qaeda.

Thank you very much for your efforts in addressing these matters. I understand that there are conflicts and that your job of addressing the concerns of everyone will necessarily make a large number of people unhappy. You have my sympathy and understanding and I hope that the public will grant you sympathy and understanding as well. Thank you and bless you. 36-7 OTH

Letter 37

September 23, 2010

CPMC General Points – for Sept. 23, 2010 Planning Commission Meeting

Please refer to my detailed document dated same sent to Planning staff & given to Planning Commission.

1. **CEQA** violations
2. City's **General Plan** violations
3. **Better Streets Plan** (soon to be adopted) violation
4. Projection of FTEs based on licensed beds or staffed beds?
5. The CPMC DEIR analyzes **transportation circulation impacts** in the immediate vicinity -- intersections located at very short distances from the project sites -- but when the proposed CPMC campuses project alters the number of parking spaces at these newly built buildings totaling 3,890 spaces and continues to use the existing parking spaces at various other CPMC owned sites and leases parking spaces from neighborhood garages, it has an impact in all the neighborhoods with these facilities.

   In the Richmond District, we have impacts on the Laurel Village Shopping Center because currently there are not enough parking spaces at CPMC garages and nearby lots. This spills over into the Jordan Park residential neighborhood and the Laurel Heights neighborhood. Then you have CPMC using the Geary & 16th Avenue Garage by the Rite-Aid. When CPMC takes the parking spaces in that garage as they have been for years, nobody can shop along Geary and this hurts the Geary Blvd. Merchants. And, the residents are circling since they cannot even find parking as far away as 21st Avenue and as far north as Fulton and as far south as Lake Street sometimes when CPMC uses up the spaces at this 16th & Geary garage. CPMC is mitigating its parking problems by infiltrating these neighborhood garages and putting additional burdens on the residents. Why are the neighbor-residents in the Richmond having to suffer parking and congestion issues for a hospital that cannot meet its parking demand? And the idea of taking away residential parking zones by SFMTA will hit even harder on the Richmond residents with CPMC people parking all day in "free zones" in the Richmond.
6. The **California Campus**, depending on the extent of the remodel options, will cause more traffic congestion for the Laurel Village shopping center, Laurel Heights and Jordan Park if the parking is not remedied.
7. So when the parking demand at the new CPMC project is changed so that it cannot support the projected FTEs (10,700+ by 2030) + (see 2008 figures below for reference) and visitors that will utilize the services, the impact is not only a block or two away but on neighborhoods. The resulting congestion in traffic in the neighborhood is a serious concern. Part of the problem is with all the people working at CPMC who drive and take up the spaces in the neighborhood lots so that the local merchants have less business and people will circle around looking for street parking which also is becoming increasingly rare.
8. When the **major streets** such as Van Ness, Franklin and Geary have their lanes blocked depending on construction conditions, the cut-through traffic into adjacent areas will be impacted. So even the parking at St. Luke's and Davies will have an effect on the other areas because it is all dependent on how many people CPMC employs who will drive to work. As a "Transit First City," it does not mean to drive in and then take up neighborhood or merchant parking and shuttle it in to the campuses. **MITIGATION MEASURE**: Shuttles to stay out of SF. Perhaps those CPMC workers should BART it in and take the Muni if they live out of town and those living in the City should take the bus unless they are 24-hour on-call/emergency personnel.

   Reference: 31,000 acute discharges (33% of SF total)
   7,300 births (50% of SF)
   74,300 Emergency Department visits (32% of SF)
   541,200 Outpatient visits
   1,200 medical staff (largest in SF)

37-1 LU

37-2 HC

37-3 TR

37-4 TR

37-5 TR

37-6 TR

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9. **Cumulative effects** of Pacific Hts & Cathedral construction on J-town; cumulative effects for Richmond area with other campus buildouts, Bernal Heights area, Castro areas impacted. 37-7 TR
10. Additional analysis needed for greenhouse gas emissions, air quality impacts when lanes of traffic and parking closed and unknown number of parking spaces removed from existing conditions for construction as well as the proposed 3,890 overall number of parking spaces total proposed that will be inadequate for all CPMC campus parking lots with the projected number of almost 800+ construction workers at peak and existing patient visitor and staff parking without considering future FTE hiring projected to hit over 10,700+ by 2030. As a note the **CU asks for 513 parking spaces at the CH Hospital but the 14 van spaces are not included in this total…so it sh/b 527.** 37-8 AQ
11. **Very few buildings** fall within the CPMC offer to fix damage caused by vibrations near the construction site. Covered in more detail in larger document. 37-9 NO
12. **Tree issues**, rare manzanita species at Davies, nesting period for wild parrots, birdstrikes & materials, e.g. are issues for mitigation. 37-10 BI
13. **I cannot comment** today on the sparse information on the paleontological and archaeological portions of this CPMC DEIR which basically outlines procedures used by the professionals in the event something is found. I respectfully wait for these documents that I requested and was originally denied but Sunshined on September 16, 2010. ----------Rose Hillson 37-11 CP

Letter 38

San Francisco Tomorrow

Since 1970, Working to Protect the Urban Environment

Bill Wycko,
Environmental Review Officer Planning Department
1650 Mission Street, Suite 400
San Francisco, CA 94103
Re: Public Hearing on CPMC DEIR

Dear Mr. Wycko

San Francisco Tomorrow firmly believes that the long term importance of CPMC and major hospital development transcends short term benefits, such as professed job creation or political deal-making. It is incumbent upon the city and the developer to demonstrate legal commitment and secured means before approval of the DEIR regarding the following issues:

The development's context within an overall Master Plan for health care, emergency and disaster relief: To this end, the combined efforts of all the city's health providers need to pool sustainable resources, assuring 24/7 acute care is available and evenly distributed where geography and population most require them. 38-1 HC

Demonstrated means of mitigation of the long-term impacts of each development on the affordability of housing, community services and business: As economic speculation weakens community diversity, the developer and city is obliged to apriori provide a means of sufficient committable resources and means. The onus of institutionalizing such salutary means lies with the city and not with those affected by the negative impacts. 38-2 PH

Demonstrated commitment and means of mitigation of interim construction phase impacts: For example, construction parking and staging areas will very likely impair each site's livability and commercial viability. Japan town could face commercial disaster. 38-3 TR

Thank you for your leadership on this issue.

Sincerely, Jennifer Clary
President

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2005.0555E
CPMC draft EIR
(JAIN)

Letter 39

Cathedral Hill Neighbors

CHNA
Cathedral Hill
Neighbors Association

Board of Directors

Marlayne Morgan, President
Bertie Campbell, VPresident
Melinda LaValle, Treasurer
Karen D'Isola, Member at Large
Jack Scott, Member at Large
Lois Scott, Member at Large
Teresa Schnabel, Member at Large
Allen Soong, Webmaster

September 21, 2010

RECEIVED AT CPC HEARING 9-23-10
2005.0555E
SPITC draft EIR
(JAIN)

San Francisco Planning Department
Attn: Mr. Bill Wycko
1650 Mission Street, Suite 400
San Francisco, CA 94103
Bill.Wycko@sfgov.org

Re: Case 2005.0555E –CPMC Long Range Development Plan

Dear Mr. Wycko:

Cathedral Hill Neighbors (CHNA) asserts that the DEIR on this project is incomplete, is lacking in supporting documents and evidence and does not include feasible mitigation measures and alternatives. We will be submitting detailed comments on these issues at a later date. 39-1 OTH

The DEIR does conclude that **Alternative 3A is the environmentally preferred alternative** (pages 6- 263 to 6-349, volume 4, DEIR) to the CPMC proposal to build an unsafe 555 bed hospital on Cathedral Hill and an 86 bed unsustainable hospital at the St. Luke's site. We support the concept outlined in **Alternative 3A** of distributing beds and services more equally between the proposed Cathedral Hill and St. Luke's sites, **PLUS** we urge additional study and recommendations on the appropriate placement of medical specialties on each site. 39-2 ALT3A

The Long Range Development Plan as proposed would have *devastating impacts on health care* provided to underserved communities located south of Market Street, and *devastating environmental impacts on the communities* near the proposed monster Cathedral Hill hospital. **Alternative 3A PLUS** would reduce these impacts on health and the environment by: 39-3 HC

- Redistributing services between St. Luke's and Cathedral Hill to create two approximately equal-sized hospitals. **Alternative 3A** would relocate 160 beds from the California Campus to the St. Luke's campus, creating two sustainable hospitals; 39-4 ALT3A

- Alternative **3A** limits development on Cathedral Hill to that permitted by the City's current height restrictions;

- **And** reduces impacts on Muni operations (now at capacity), traffic congestion, overflow neighborhood parking, decreases in pedestrian and bicycle access and walkability in the neighborhood, accessibility to emergency vehicles, accessibility in a disaster;

- **And** reduces effects of massive increase in building height, including shadows, wind, views and urban design;

- **And** reduces the effects of a "Pill Hill" on local-serving businesses and neighborhood character, conversion of the area to a medical monoculture while improving the long-term viability of existing businesses, residences, churches and community facilities;

- **And** reduces noise caused by emergency sirens, traffic, construction, loading dock and mechanical equipment;

- **And** reduces construction impacts: dust, noise, vibrations, truck deliveries and effects of excavations

39-4 ALT3A

Therefore, we urge the Planning Commission to support **Alternative 3A (PLUS additional mitigations) as the most viable alternative** to the proposed CPMC LRDP, which would significantly reduce the devastating impacts on our central city communities.

Very truly yours,

Marlayne Morgan
President

c. Planning Commissioners, Members, Board of Supervisors



Letter 40

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2005.0555 E
CPMC - DEIR
(JAIN)

Cathedral Hill Neighbors

S.F. Planning Commission Hearing

September 23rd, 2010

We represent the neighbors of Cathedral Hill and strongly object to the construction of the mammoth hospital project planned by CPMC on the proposed site. 40-1 OTH

The project proposed is NOT good for the city and not good for the residents of the Southeast section of the city. Reduction of services at St. Luke's would further overload those of San Francisco General. 40-2 HC

The current plan proposes to construct 2 separate parking garages one for the hospital and one for the medical office building. Combined they would represent +/- 1,000 spaces. 1,000 spaces equal 1,000 cars and approximately 10,000 **ADDITIONAL** vehicle trips per day to the already congested Van Ness corridor. 40-3 TR

Most residents understand the construction process, with certain mitigation issues adhered too, the project will start and commence to completion.

The problem is size, the reduction of local services, noise, traffic, emergency vehicles, spot zoning violations, disregard for the planning department /planning commission's established zoning restrictions and among other issues, interfering with the success of established small businesses currently in operation along the Van Ness corridor. The impact that this project will have on the, already overextended, Muni system. 40-4 ALT3A

We urge you to study the recommendation of the planning staff and act on adopting the environmentally sound and workable alternate 3A.

40-4 ALT3A

Thank you for your indulgence and understanding,

The neighbors of Cathedral Hill.



Letter 41

Good ~~Afternoon~~ Evening.

Planning Commissioners

~~Terrence Valen, Director~~ Tina Shauf, Co-Chairwoman of Babae - San Francisco of GABB - USA Advocating for Rights and Welfare of Filipinas

FCC- Good Neighbor Coalition – National Alliance for Filipino Concerns (NAFCON), NorCal

Stand in solidarity w/

Also, a now Growing Coalition - more than 40 orgs and individuals – including Filipino Community, ~~C~~church, Labor, and Student leaders and other community supporters,

esp. ~~including~~ basic rights including access to jobs

These groups represent thousands of Filipinos concentrated in the SOMA, Tenderloin, and Excelsior neighborhoods of SF, and also the larger SF Bay Area Filipino working community that are employed or may be potentially employed by CPMC.

We stand firmly w/ those in the community and in this room who are expressing alarm and outrage over a very serious socioeconomic and health impact of the CPMC's development project and the planned downsizing of St. Luke's Hospital.

The issue we are raising today is specifically related to the permanent jobs that will be created by CPMC's plans for healthcare in SF, and in particular the permanent jobs of Registered Nurses.

41-1 PH

You all may be as alarmed as we were to find out that there is evidence of an alleged practice of racial discrimination and discrimination based on national origin against hiring Filipino and foreign graduate nurses at St. Luke's hospital.

Through Signed Declarations by 3 Nursing Manages and Supervisors, we have learned that Diana Karner, the Sutter West Bay VP of Nursing, ALLEGEDLY told these supervisors and managers:

QUOTES: - See CNA Piece qualified

When we found out about this in the Filipino community, we interviewed nurses and one of the supervisors to verify what was said and we also reviewed data provided to us by the California Nurses Association indicating a severe drop in the rate of hiring of Filipino nurses since the beginning of 2008 when these discriminatory statements were made.

Any of us who have been to hospital facilities in SF and around the U.S. know 2 things:

- One, that Filipinos are over-represented in the health care industry at rates upwards of 10, 30, 60% in some areas, and
- Two, that Filipinos provide a high quality of care, which no one here disputes.

Hospitals like St. Lukes have been actively recruiting Filipino nurses from the Philippines for the last half century, so a statement not to hire "Foreign Graduate" nurses essentially equates to a ban on hiring Filipino nurses because of the hundreds of

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Philippine nationals trained and recruited to work at healthcare facilities across the US, sometimes by US hospitals themselves.

We have since submitted a letter to Sutter-CPMC's CEO Warren Browner and Diana Karner, asking them to meet with us in a month's time to account for these credible and serious allegations, but until this time, they have not agreed to a meeting time with a representative group of the Filipino Community coalition. I have copies for all commissioners, here.

We have since also created with the NAFCON an online petition which has generated more than 600 signatures from Filipinos and non-Filipinos alike, all outraged across the U.S. and internationally that in this day and age, especially in the City of San Francisco, that something like this could possibly be happening.

Zenei Cortez, a Registered Nurse, and the first Filipino Co-President of the CA Nurses Association has been invited to a Philippine medical school to speak about the experiences of Filipino Health Professionals in the U.S.

I'm invited to keynote a speech to Kaiser Filipino Association and their youth group –

– this can not be the story that we have to tell them.

41-1 PH

Our demands are straightforward and require that Sutter-CPMC take seriously the HEALTH and socio-economic impact – Really the INJUSTICE, that discrimination against Filipino RN's by Sutter-CPMC will create. We ask that they take this issue seriously and stop attacking CNA and dismissing the data in this issue.

Those demands are:
-Within a month's time, we asked for both Warren Browner and Diana Karner to meet with a representative cross-section of our community, not just a one-on-one meeting with me and Dr. Browner – to this day, they haven't given us a meeting day or time.

~~We also support~~ the Good Neighbor Coalition's …

OTHER DEMANDS:

We can not turn the clock back to the 1930's when signs like this fronted hotels and stores in places like Stockton, CA

The hiring offices of Sutter-CPMC can not look like this, and all we're asking for is equal employment opportunity for the jobs created by CPMC, ~~and accountability for any~~ we monitor.

On behalf of the Fil. Community orgs
I'm here, and hope to schedule the meeting with Dr. Browner and Diana Karner asap.

Filipino Community Center (FCC)
4681 Mission Street
San Francisco, CA 94112
Phone: (415) 333-6267
Fax: (415) 333-6495
Email: info@filipinocc.org
Web: www.filipinocc.org

August 19, 2010

Warren Browner, Chief Executive Officer, California Pacific Medical Center (CPMC)
Diana Karner, Sutter West Bay Vice President of Nursing
2333 Buchanan Street
San Francisco, CA 94115

To: Warren Browner, CPMC CEO and Diana Karner, Sutter West Bay Vice President of Nursing
RE: Community Complaint vs. Sutter-CPMC Discrimination against Filipino Registered Nurses

Today, Filipino community groups and the California Nurses Association (CNA) filed a complaint with the San Francisco Human Rights Commission to shed light on an apparent pattern of discrimination by Sutter Health's California Pacific Medical Center (CPMC). We, the undersigned church, community groups and leaders, are deeply concerned that Sutter Health's CPMC has a practice of discrimination against hiring Filipino Registered Nurses.

Representatives of CNA and nurses from St. Luke's Hospital, part of the Sutter CPMC system, recently shared with us their concerns about unequal treatment of Filipino RNs. Three former CPMC nurse managers have made written statements that the Sutter West Bay Vice President of Nursing Diana Karner specifically directed them not to hire Filipino or foreign graduate nurses. We have also met with a Filipina RN who applied for a nursing job, but was told there were no positions, while white nurses were hired.

Based on hiring patterns at St Luke's, these directives from Diana Karner appear to have begun around February 2008. While approximately 65% of St Luke's RNs hired before 2008 were Filipino, only 10% of those hired after February 2008 were Filipino.

Additionally, we are alarmed that CPMC continues to pay lower wages to the majority Filipino nursing staff at St Luke's despite the fact that they do the same work as other CPMC RNs in San Francisco. At the same time, CPMC has already taken away several benefits won by nurses at St Luke's over the years that were better than what CPMC provided elsewhere. These include better retiree health and vacation benefits. All this has occurred while CPMC proposes to downsize services at St Luke's, a hospital that serves our community concentrated in the Excelsior and SOMA neighborhoods of San Francisco. We strongly suspect that others in the community will come forward as they learn of the courageous efforts of the nurse managers and others outraged by the discriminatory hiring directives targeting Filipinos.

41-2 PH

Across America Filipinos are well-represented in healthcare industry jobs, exceeding 10% (and in some areas 30%) of the health care workforce, but too often we continue to face discrimination at work. From language discrimination to labor trafficking, Filipino nurses in the United States have been unjustly fired, denied jobs, receive lower pay and benefits, are overworked, abused and exploited because of blatant discrimination based on race and national origin. The recent case of 4 Filipina nurses illegally terminated this year for speaking their native language at a hospital in Maryland is just one example of the injustice that healthcare professionals in our community regularly face. As a community we stood up against such actions to ensure that an atmosphere of discrimination against Filipino health professionals does not take root.

Sutter Health employs hundreds of highly qualified and well-trained Filipino nurses and other health professionals and serves the Filipino community of more than 420,000 across Northern California. We call upon Sutter Health to stand with us against racial and national origin discrimination, both in policy and in practice.

As representatives of thousands of Filipino community members and health professionals, we propose the following remedies:

- We urge the SF Human Rights Commission (HRC) to conduct an immediate and thorough investigation of the apparent pattern and practice of discrimination by Sutter CPMC against Filipino Registered Nurses.
- We request Sutter CPMC's full and prompt cooperation with the HRC investigation.
- We demand a meeting with CPMC CEO Warren Browner and Vice President Diana Karner within one month to discuss discrimination against Filipino RNs and specifically the alleged discriminatory hiring directives by Vice President Karner.
- We further demand that CPMC publicly renounce this discriminatory practice and issue a public apology to Filipino nurses and the Filipino community.
- Lastly, we demand that CPMC provide equal opportunities and treatment for all job applicants regardless of race, national origin or any other protected status.

41-3 PH

We also ask that CPMC work with us to ensure that permanent job opportunities and healthcare access for the community are incorporated into CPMC's future plans as Sutter CPMC seeks to rebuild its hospitals in San Francisco.

41-4 HC

Signatories:

Terrence Valen, Organizational Director
Filipino Community Center (FCC), San Francisco
Lillian Galedo, Executive Director
Filipino Advocates for Justice (FAJ), Oakland
Zenei Cortez, Co-President
California Nurses Association (CNA)
Philippine Nurses Association, Inc. (PNA)
Stephanie Sayo, Regional Coordinator
National Alliance for Filipino Concerns, Northern California (NAFCON-NorCal)
Reverend Israel Alvaran, Interfaith Organizer
Clergy and Laity United for Economic Justice of California (CLUE-CA)
Reverend Dante Tangonan, Pastor
Geneva Avenue United Methodist Church, San Francisco
Tina Shauf and Bean Rabino, Co-Chairs
Babae, San Francisco
Rachel Redondiez, Chairwoman
GABRIELA-USA
Angelica Cabande, Organizational Director
South of Market Community Action Network (SOMCAN), San Francisco
Bernadette Herrera, Organizer
Samahan ng mga Kababaihan (SAMAKA), San Francisco
Mara Ibarra, Executive Director
Filipino Community Support (FOCUS), San Jose
Dazeo Lamparas
Asian Pacific American Labor Alliance (APALA), San Francisco Chapter
Lourdes Tancinco, Esq., Board President
Veterans Equity Center (VEC), San Francisco

Luisa Antonio, Executive Director
Veterans Equity Center (VEC), San Francisco
Lyra Ibarra, Coordinator
Active Leadership to Advance the Youth (ALAY), San Francisco
Ryan Leano, Secretary General
SanDiwa National Alliance of Filipino-American Youth
Katie Joaquin, Chair
Anakbayan East Bay (AB East Bay)
Joal Vargas, Program Coordinator
Kalayaan School for Equity (KSE), Daly City
Sheryl Carrillo-Abad, Board President
Liwanag Kultural Center (LKC), Daly City
Charles Ramilo, Organizational Director
Liwanag Kultural Center (LKC), Daly City
Jessica Antonio, Chairperson
League of Filipino Students, San Francisco State University (LFS-SFSU)
Roy Recio, President
Manilatown Heritage Foundation (MHF), San Francisco
Joe Julian, Ph.D., President
San Francisco Filipino American Democratic Club (SF-FADC)
Giuliana Milanese
Jobs with Justice (JwJ), San Francisco
Rhonda Ramiro, Secretary General
Bagong Alyansang Makabayan-USA (BAYAN-USA)
Abenir Tumonong, Chair
Peoples' Association of Workers & Immigrants (PAWIS), Oakland
Beth Byrne, Member At-Large
Young Workers United (YWU), San Francisco

Jeremias David, Social Chair
Stanford Pilipino American Student Union (PASU), Palo Alto*
Michael Tayag, Issues Chair
Stanford Pilipino American Student Union (PASU), Palo Alto*
Marienne Cuison
Filipino Student Association of UC Santa Cruz (FSA-UCSC), Santa Cruz*
Karen Muktayani Villanueva, RN, BSN; Executive Director
Center for Transformative Change (CXC), Berkeley*
Magdalena De Guzman, Executive Board Member,
United Educators of San Francisco*, San Francisco Labor Council*
* For Identification Purposes Only

Organizational Endorsements:
Kappa Psi Epsilon, San Francisco State University, San Francisco
Chinese Progressive Association (CPA), San Francisco
People Organizing to Demand Environmental & Economic Rights (PODER) San Francisco

Cc: San Francisco Human Rights Commission, 25 Van Ness Ave., Room 800, San Francisco, CA 94102

Attachment to Letter 41

Here's what CPMC has to say about hiring Filipino nurses...

"You are not to hire any Filipino nurses. The Filipinos are always related, or know each other, and that's not good. You're not to hire them."

Signed declarations from former managers, regarding statements by Diana Karner, CPMC VP of Nursing

"it is hard to understand them and be understood by them."

"Do not hire foreign graduate nurses."

The Sacramento Bee
California nurses union accuses Sutter of not hiring Filipinos
August 20, 2010

AP Associated Press
Calif hospital Filipino nurse discrimination suit
August 20, 2010

SFGate
Nurses accuse Pacific Medical Center of bias
August 20, 2010

Los Angeles Times
California Nurses Assn. files suit alleging discrimination against Filipinos at Bay Area hospital
August 19, 2010

This pattern of racial discrimination is outrageous. As members of the Filipino community, and supporters of San Francisco's nurses, we call on Sutter/CPMC to:

- Immediately and fully comply with the Human Rights Commission investigation
- Cease all discriminatory hiring practices
- Issue a public apology to all Filipinos
- Provide equal opportunities and treatment for all job applicants regardless of race, national origin or any other protected status.

Honor San Francisco Values. Tell CPMC to stop the Racial Bias! Call CEO Warren Browner at 415-600-7484.

Active Leadership to Advance the Youth
Anakbayan East Bay
Asian Pacific American Labor Alliance, San Francisco Chapter
Babae
Bagong Alyansang Makabayan-USA
California Nurses Association
Chinese Progressive Association
Clergy and Laity United for Economic Justice of California
Filipino Advocates for Justice
Filipino Community Center
Filipino Community Support
GABRIELA-USA
Geneva Avenue United Methodist Church
Jobs with Justice-SF
Kalayaan School for Equity
Kappa Psi Epsilon, San Francisco State University
League of Filipino Students, San Francisco State University
Liwanag Kultural Center
Manilatown Heritage Foundation
National Alliance for Filipino Concerns
People Organizing to Demand Environmental & Economic Rights
Peoples' Association of Workers & Immigrants

Letter 42

RECEIVED AT CPC HEARING 9-23-10
2005.0555E
CPMC - DEIR
JAIN

Good Afternoon.

My name is Flávio Casoy and I am a psychiatrist working at San Francisco General Hospital. Today I am here on behalf of the members of the Physician Organizing Committee to share our concern over the Long Range Development Plan proposed by California Pacific Medical Center. Principally, the Plan calls for consolidation of Sutter-CPMC's acute care facilities in a 555-bed hospital in Cathedral Hill with a concurrent reduction in services at the St. Luke's facility to an 80-bed hospital, a reduction of 180 beds. I am here today in large part because the Physician Organizing Committee members who work for Sutter at St. Luke's do not feel safe to testify on the impact of further cuts to St. Luke's hospital. I am here today bearing their words.

42-1 HC

A priori, the Ph Org Cmte is not opposed to the new hospital in Cathedral Hill, we are very concerned about the reduction of services to the highly vulnerable population that is served by St. Luke's. This proposed 180-bed reduction at St. Luke's comes in the heels of recent closure of St. Luke's occupational medicine clinic, closure of the occupational therapy program, closure of the 32-bed inpatient psychiatric unit, closure of the neo-natal intensive care unit, dramatic reduction in number of medical ICU and

42-2 HC

medsurg beds, and closure of all outpatient psychiatric services. This has been a blow to this patient population. Further reduction of services would be catastrophic. It is critical to note that St. Luke's is one of only two hospitals that serve communities south of market street, primarily patients from Bayview Hunters Point, Mission, and Excelsior. These communities disproportionately carry a burden of poverty and underservice in San Francisco. Relocating services to Cathedral Hill, which for many patients would be require three busses to arrive, would make it impossible for these very vulnerable patients to continue getting the care they need.

42-2 HC

As a psychiatrist working at SFGH, I am painfully aware of the impact of service cuts in other facilities. Our volume of patients are increasing at a time of severe budget constraints and staffing cuts. I worry that further cuts in St. Luke's would result in an increase in the volume at SFGH which would certainly compromise the quality of care received by SFGH patients. Sutter's actions at St. Luke's stands not only to harm St. Luke's patients, but negatively impact many more people who depend on the C&C's health delivery system. I am terrified. I ask the Planning Commission to look carefully into this matter and uphold it's mission to (quoted from SF General Plan Policy 7.2.1) "Promote the continued operation of existing human and

42-3 HC

health services that serve low-income and immigrant communities in the Eastern Neighborhoods."

42-3 HC

Thank you.

Letter 43

GAYNER ENGINEERS

Transmittal

DATE: September 27, 2010

JOB NO. G.O.

TO: San Francisco Planning Department
1650 Mission Street, Suite 400
San Francisco, CA 94103

PROJECT: ---

RE: ---

RECEIVED

SEP 27 2010

CITY & COUNTY OF S.F.
PLANNING DEPARTMENT
M E A

ATTENTION: **MR. BILL WYCKO**

We are sending herewith:

- ☐ Prints
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- ☐ CADD Files
- ☐ Correspondence
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- ☐ Memorandum
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- ☐ Overnight
- ☐ UPS (Ground)
- ☐ Hand Deliver
- ☐ Pickup
- ☐

CC:

Sincerely Yours,

Nick Mironov

GAYNER ENGINEERS

1133 Post Street • San Francisco, CA 94109 • Telephone 415.474.9500 • Fax 415.474.1363

September 26, 2010 File No. 35465

San Francisco Planning Department
1650 Mission St., Suite 400
San Francisco, CA 94103

Via mail

(Total no. of pages: 1)

Attention: Bill Wycko – Environmental Review Officer, San Francisco Planning Department

Re: Draft Environmental Impact Report for California Pacific Medical Center Long Range Development Plan

Dear Mr. Wycko:

Gayner Engineers is a business located at 1133 Post St. with the rear access at 140 Cedar St. (between Van Ness and Polk). Our rear access includes a garage which houses 17 vehicles. I estimate that we have 40 to 60 daily in/out trips on a typical day, and sometimes more.

43-1 TR

I have reviewed the CPMC LRDP Draft EIR. The emphasis of my review was on the MOB garage Cedar Alley traffic effect on Gayner Engineers' business. Although I saw the two Cedar alley traffic options, I did not see any detailed analysis how either option will affect the two delivery truck locations (Concordia Club and the homeless shelter) as well as Gayner Engineers' garage access and the other 7 garages along the north side of Cedar. During previous presentations to the community by CPMC and the design team, I understood that a number of mitigation measures were being considered, such as stacking incoming cars within the MOB garage (to minimize backing up into the street), metered intersection stoplight controls at Post/Polk, Cedar/Polk, Geary/Polk to maintain flow and avoid street jams, not allowing a left turn from Cedar onto Polk, diversion to the Geary exit if the Cedar exit is backed up, etc., but I did not find these mitigation measures mentioned, analyzed, or discussed in the EIR. I am further led to believe that the only MOB entry/exit option that the City is interested in is the one where all MOB garage traffic is via the Cedar Alley (no entry/exit at Geary).

43-2 TR

43-3 TR

Having all MOB garage entry/exit via the Cedar Alley, no analysis of the effects on the Concordia Club and homeless shelter delivery truck locations, no analysis of the traffic effects on Gayner Engineers' garage access and the remaining 7 garages, no analysis of the MOB loading dock/delivery effects, no mitigation measures of how traffic is to be managed at the MOB garage entry/exit and street intersections, and no mitigation measures of the MOB loading dock effects, is not acceptable to Gayner Engineers. This will surely result in a significant negative impact on Gayner Engineers to effectively do business from our location.

43-4 TR

Gayner Engineers insists that a complete analysis of the Cedar Alley traffic (during construction and in the finished configuration) be performed and that appropriate mitigation measures that meet Gayner Engineers' and our neighbors' needs be studied, reviewed with and approved by Gayner Engineers and our neighbors, and approved mitigation measures be implemented into the project.

43-5 TR

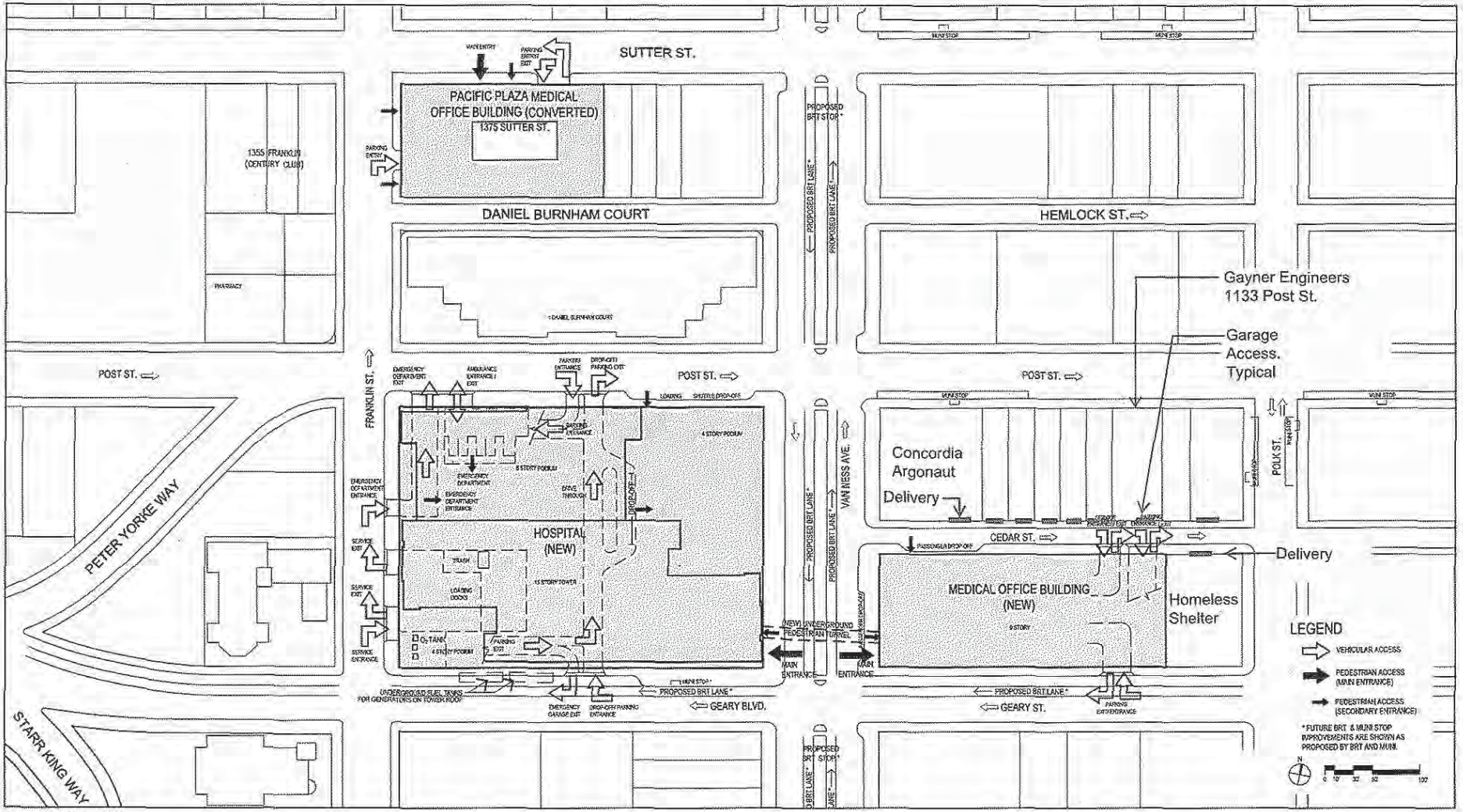
Very truly yours,

GAYNER ENGINEERS

Nick Mironov

Nick Mironov

Attachment to Letter 43



Source: SmithGroup 2010

Cathedral Hill MOB—MOB Access Variant

Figure 2-6

Letter 44

The First Unitarian Universalist Society of San Francisco
1187 Franklin Street, San Francisco CA 94109-6893
415.776.4580
uusf.org

October 4, 2010

RECEIVED
OCT 05 2010
CITY & COUNTY OF S.F.
PLANNING DEPARTMENT
M E A

Mr. Bill Wyco
Environmental Review Officer
San Francisco Planning Department
1650 Mission Street, Suite 400
San Francisco, CA 94103

Re. Case 2005.0555E – CPMC Long Range Development Plan

Dear Mr. Wyco:

We wish to do our part to support quality health care for all San Franciscans. However, we have serious concerns about the environmental impacts of the Long Range Development Plan. In addition, there are sections of the Draft Environmental Impact Report that are remarkably brief and inadequate; there are also some obvious errors. 44-1 OTH

Vibration levels. Volume 3, Chapter 4, Page 15, Table 4.6-17, "Summary of FTA-recommended Ground borne Vibration Impact Criteria." In the table there is the following sentence regarding acceptable vibration levels: "vibration-sensitive manufacturing or research will require detailed evaluation to define the acceptable vibration levels." It does not address the methodology for how such an evaluation will be carried out. 44-2 NO

Gas lines. Volume 4, Section 4.17.2. A more thorough description of the type of gas lines under and around the Cathedral Hill campus is needed, specifically referring to the type of pipes that will be used to direct gas in underground lines. 44-3 ME

Traffic impacts, public transportation. Volume 3, Chapter 4, Number 3, Page 4.5-54: "Planned transportation improvements **assumed** to be implemented by the City of San Francisco, and included in the impact assessment." This is a fallacious assumption given that SF MUNI has recently reduced service city wide and has recently made a slight modification in evening service. 44-4 TR

Traffic impacts, public transportation. Volume 3, Chapter 4.5, Page 4.5-62: Regarding the 3-Jackson, the information printed is erroneous. The 3-Jackson is still in service and there are no plans to remove it from service. Regarding the 4-Sutter, this line **is** out of service but the report says it is in service. 44-5 TR

Gregory L. Stewar
Senior Minist
J. Rabidou
Pastoral Care Minist
Jeremiah Kalend
Beyond Sunday Minis
Kay Jorgense
Community Minist
Ivson Jad
Minis
Neris Pa
Commun Minis
Margot Cunnigell Gra
Minister Emer

Traffic impacts, Parking, Cathedral Hill: Volume 3, Page 4.5-72 & 73: "Additional Travel-Related Criteria." On page 4.5-73 the report says that parking analysis data included "inbound and outbound vehicle counts at the parking garage at the Cathedral Hill Hotel." This is like comparing apples to oranges. We need a parking impact report that approximates the number of people coming to CPMC by car and who will have to park on the street. Traffic impacts, Parking, Cathedral Hill: Volume 3, Page 4.5-77: "Although the CPMC LRDP development plans assume an increase in parking supply with the construction of new garages, it is assumed that similar transportation management strategies to those that exist today would be in place when such facilities are opened to act as disincentives to driving by employees, patients, and visitors despite the increase in the supply of off-street parking " This is a false assumption that the majority of CPMC employees would resort to public transportation when the Cathedral Hill facility opens. 44-6 TR

Regarding Air Quality: we read on page 4.7 - 46 that CPMC's own medical patients were identified as the "sensitive receptors." The hazards were then determined to be "insignificant" because their stay is temporary. Why not consider the 110 children at the Montessori School year round, usually 8 am to 6 pm, and only 250 feet away, or the many neighborhood residents? Impact AQ-3 on page S-65 reiterates that "the operation of the LRDP would exceed BAAQMD CEQA significance thresholds for mass emission of criteria pollutants" and offers no mitigations. 44-7 AQ

Regarding Hazardous Waste as discussed on pages 4.16 - 58, again there is no mention of the Montessori school, where young children use the playground and work and nap in classrooms that rely on open windows for ventilation, every week of the year. Was the impact on our Montessori children considered? 44-8 HZ

Regarding Traffic, how can there be 152 "significant and unavoidable" traffic impacts listed in the Summary on pages S42 – S57 but no negative effects for pedestrians, especially given the preponderance of senior housing in the area? Already existing traffic problems will be exacerbated by drivers circling for parking and back ups on Franklin Street accommodating the loading dock. 44-9 TR

Noise created by the loading dock is of special concern to us. The loading dock will be shaped like a concrete band shell and is located just across the intersection from our sanctuary, with its large stained glass windows which will transfer noise easily. We have specific concerns about the mitigations proposed on pages 4.6-71 and 4.6-72. M-NO-N3b calls for a noise absorptive material to be applied to the interior of the loading dock area only if bay doors are open during Aduromed operation. Yet Geoffrey Nelson, CPMC's Director of Enterprise Development, has assured us that loading dock wall surfaces will be coated with a reverberation reducing material as part of the construction process. Why not include that in your mitigations? M-NO-N3e states that "delivery of oxygen to the proposed Cathedral Hill Campus shall not be scheduled during hours when church activities are typically taking place" and calls for communication between CPMC 44-10 NO 44-11 NO

and the adjacent churches to determine a mutually acceptable time for oxygen delivery. Why not apply that standard to the Aduromed activities, too? According to a technical report prepared by SM&W, as noted on page 4.6-69, Aduromed medical waste equipment would "dominate the loading dock's noise environment during use." In fact, why not include those requirements, or the pursuit of them, for all deliveries?

44-11 NO

We do believe there is a better option presented in the EIR, and that is Alternative 3A. Alternative 3A helps distribute healthcare throughout the City while significantly reducing some of the negative environmental impacts on Cathedral Hill. Alternative 3A reduces the height of the new hospital on Cathedral Hill, keeping the height within the current zoning height limit of 130 feet. This reduction in height decreases the negative effects of increased wind and shadows in the area. Another important reduced impact of 3A for the UU location is the reduced usage of loading space: same number of loading spaces, significantly fewer deliveries. Alternative 3A is the environmentally superior solution; it reduces many negative environmental impacts on Cathedral Hill including hazardous waste, traffic with its related pedestrian safety issues, other noise intrusions, and air quality.

44-12 ALT3A

At this point, we ask that the Draft Environmental Impact Report be considered a work in progress due to errors and inadequate mitigations. There need to be additional and stronger mitigations along with further review of Alternative 3A, perhaps including studying additional alternatives.

44-13 ALT3A

Sincerely yours,

The Unitarian Universalist CPMC Task Force:

Ben Bear, Bill Wise, David Jones, Merle Easton, Nancy Evans, Paulett Taggart, Wally Cleland, and George Mayer, chr.

Letter 45

DATE: October 5, 2010
TO:

Devyani Jain
(devyani.jain@sfgov.org)
Planning Department
City of San Francisco

1650 Mission St Ste 400
SF 94103

RE: CPMC Hospital construction plan

FROM: Madlyn Stein, President, Seniors of Cathedral Hill

This letter is in response to the Environmental Impact Report filed with the Department of Planning on the Construction of a new hospital by CPMC between Post St and Geary Blvd and Van Ness and Franklin Streets in San Francisco

Our organization was formed to voice the concerns of the many seniors (60% of the population) living in the area just west of the proposed construction on Cathedral Hill. Our concern is with the size, bulk and plan of the proposed hospital and the lack of open space in the plan and the traffic patterns that the plan would generate as well as increased noise, all of which have a negative impact on our neighborhood and on our lives. We request that consideration be given to a new plan that would adhere to the following: 45-1 LU

-reduction in bulk and height of the hospital and its tower 45-2 LU
-lower the height to consistency with city guidelines and with the neighborhood
-reduce the bulk by providing open space along Post Street and Franklin Streets
-decrease the number of beds at the Van Ness site 45-3 ALT
-increase the number of beds at the St Lukes site 45-4 ALT
-have all entrances on Van Ness and Geary coordinated so that traffice flow from the current campus, proposed as an outpatient facility, will come down Van Ness Blvd and NOT ON POST STREET. 45-5 TR
-provide a blinking yellow light at the crossing on Post Street where former Octovia Street crossed so that seniors crossing between two large facilities, the Sequoias and the Carlisle, will not be run over. 45-6 TR

Madlyn Stein

2 10/5/2011

Please include our comments in the Environmental Impact Report and answer our concerns.

45-7 OTH

Print NAME
Madlyn Stein

Sign
Madlyn W. Stein

Sig Freeman

Maria Ivy

Deborah Solomon Deborah Solomon

IRWIN SOLOMON Irwin Solomon

Lois Hyatt

George K. Matsuda

Jim Lemon

Gladys Wagman

Samuel B Aronson MD

Grace M. Scribner

Marianne Liepman

~~Irwin Solomon~~ - duplicate

~~Deborah Solomon~~ - duplicate

Pearl Rapp

Diane Wiersba

~~Gregory Dunkerson~~

Richard Wiersba

Letter 46

RECEIVED
OCT 07 2010
CITY & COUNTY OF S.F.
PLANNING DEPARTMENT
M E A

SAMPLE SUPPORT LETTER

Sending Options (Please send a copy to Marlayne Morgan at http://sfchna.org)

E-mail to Bill.Wycko@sfgov.org
or send to Mr. Wyco's fax at 415.558.6409
or by US post to the address below.

Your address Marianne Liepman
The Carlisle
1450 Post St. #412
S.F. CA. 94109

Date
October 5, 2010

San Francisco Planning Department
Attn: Mr. Bill Wycko
1650 Mission Street, Suite 400
San Francisco, CA 94103

Re: Case 2005.0555E –CPMC Long Range Development Plan

Dear Mr. Wycko:

I endorse the issues and critiques raised by Cathedral Hill Neighbors in their comments on CPMC's Draft EIR.

The Long Range Development Plan as proposed fails to provide local access to care to many areas of San Francisco, fails to consider the broader health care that are part of an integrated provision of health care, and will have *devastating environmental impacts on the communities* near the proposed monster Cathedral Hill hospital. 46-1 HC

In particular, CPMC's dismissal of **Alternative 3A, the environmentally preferred alternative** (pages 6-263 to 6-349, volume 4, DEIR) is based on fallacious arguments, and fails to consider the disadvantages to San Francisco of a too small St. Luke's facility. 46-2 ALT3A

We urge that the Planning Department carefully review CPMC's assertions with unbiased experts in the field of hospital management and health care outcomes, rather than merely accepting CPMC's assertions. 46-3 HC

Very truly yours,
Marianne Liepman

c. SF Planning Commissioners and Board of Supervisors

Letter 47

Devyani Jain/CTYPLN/SFGOV
10/12/2010 02:13 PM

To Chelsea Fordham/CTYPLN/SFGOV@SFGOV
cc
bcc
Subject Fw: 2005.0555E, CPMC Long Range Development Plan: Comments on Draft EIR

FYI-2

DEVYANI JAIN, *Senior Planner*
Major Environmental Analysis

San Francisco Planning Department
1650 Mission Street, Suite 400
San Francisco, CA 94103

P: 415.575.9051 | F: 415.558.6409

----- Forwarded by Devyani Jain/CTYPLN/SFGOV on 10/12/2010 02:13 PM -----

Bill Wycko/CTYPLN/SFGOV
10/12/2010 09:27 AM

To Devyani Jain/CTYPLN/SFGOV@SFGOV
cc
Subject Fw: 2005.0555E, CPMC Long Range Development Plan: Comments on Draft EIR

----- Forwarded by Bill Wycko/CTYPLN/SFGOV on 10/12/2010 09:27 AM -----

Robert Hamaguchi <rehamaguchi@yahoo.com>
10/08/2010 08:40 AM

To bill.wycko@sfgov.org
cc gavin.newsom@sfgov.org, john.rahaim@sfgov.org, linda.avery@sfgov.org, Christina Olague <c_olague@yahoo.com>, Gwyneth Borden <plangsf@gmail.com>, Hisashi Sugaya <hs.commish@yahoo.com>, Katherin Moore <mooreurban@speakeasy.net>, Michael Antonini <wordweaver21@aol.com>, Ron Miguel <rm@well.com>, Rodney Fong <rodney@waxmuseum.com>, Aya Ino <aino@jcccnc.org>, Ben Kobashigawa <bk7585@sfsu.edu>, Bernie Choden <choden@sbcglobal.net>, Bertie Campbell <bertie@yaleusa.com>, Bette Landis <blandis06@att.net>, Cathy Inamasu <nlfchildcare@yahoo.com>, Clint Taura <ctaura@gmail.com>, Dawn Shalhoup <dawn@prpotion.com>, Diane Onizuka <Diane.Onizuka@unionbank.com>, Donna Graves <dgraves3@mindspring.com>, Glynis Nakahara <gnakahara@yahoo.com>, Gregory Johnson <gforce_ginab@yahoo.com>, Hiroshi Fukuda <ninersam@aol.com>, jon osaki <josaki@jcyc.org>, Karen Kai <ruskykai@earthlink.net>, Kathy Reyes <kkreyes@sbcglobal.net>, Kelly Pepper <kelly@townconsulting.com>, Ken Kaji <kennethkaji@yahoo.com>, Ko Asakura <asakura@kinokuniya.com>, Lisa Liu <liu.lisa@berkeley.edu>, Paul Osaki <posaki@jcccnc.org>, Paul Wermer <paul@pw-sc.com>, Paul Lord <Paul.Lord@sfgov.org>, Pierre Gasztowtt

<pierregwt@sbcglobal.net>, Rev Townsend <revtword@hotmail.com>, Richard Hashimoto <rmhashimoto@aol.com>, richard matsuno <matsuno@kinokuniya.com>, Robert Sakai <robertksakai@gmail.com>, Ros Tonai <rtonai@njahs.org>, Rose Hillson <gumby5@att.net>, Rumi Okabe <rumi@plmsf.com>, Rumiko Tauber <rumiko@ichibankanusa.com>, Ryan Kimura <yutalk921@yahoo.com>, Sandy Mori <smori@kimochi-inc.org>, Seiji Horibuchi <seiji@viz-pictures.com>, Seiko Fujimoto <sfdento@yahoo.co.jp>, stephen jordan <sakurasakura@comcast.net>, Steve Nakajo <snakajo@kimochi-inc.org>, Tak Matsuba <takmat2@aol.com>, Teresa Ono <tazono@yahoo.com>, Tony Kim <tony@townconsulting.com>, Yoshiro Tasaka <sa2cg@cgjsf.org>, Bevan Dufty <Bevan.Dufty@sfgov.org>, Carmen Chu <Carmen.Chu@sfgov.org>, Chris Daly <Chris.Daly@sfgov.org>, David Chiu <David.Chiu@sfgov.org>, David Campos <David.Campos@sfgov.org>, Eric Mar <eric.l.mar@sfgov.org>, John Avalos <John.Avalos@sfgov.org>, Michela Alioto-Pier <michela.alioto-pier@sfgov.org>, Ross Mirkarimi <ross.mirkarimi@sfgov.org>, Sean Elsbernd <Sean.Elsbernd@sfgov.org>, Sophie Maxwell <Sophie.Maxwell@sfgov.org>

Subject 2005.0555E, CPMC Long Range Development Plan: Comments on Draft EIR

Mr. Wcyko

I have been asked to send you following letter on behalf of the Japantown Better Neighborhood Plan Organizing Committee.

With best regards

Bob Hamaguchi
Member of the Japantown BNP Organizing Committee
c/o Japantown Task Force, Inc.
1765 Sutter Street
San Francisco, CA 94115

Bill Wcyko
Environmental Review Officer

San Francisco Planning Department
1650 Mission St., Suite 400
San Francisco, CA 94103

SUBJECT: 2005.0555E, CPMC Long Range Development Plan: Comments on Draft EIR

Dear Mr. Wcyko:

After review of the CPMC Draft EIR (2005.0555E), we are concerned that this DEIR fails to consider the impact of construction and operations on Japantown as a cultural resource. In fact, proposed "mitigations" in the DEIR have already been demonstrated to have an adverse impact on Japantown, its merchants and its restaurants.

As recognized by the Planning Department, the Japantown Better Neighborhood Plan' s first goal is to "Secure Japantown's future as the historical and cultural heart of Japanese and Japanese-American community" (p.3, May 2009 Draft Plan), yet the "HISTORIC RESOURCE EVALUATION REPORT For Cathedral Hill Campus" dated Sept 2008, does not recognize Japantown or its cultural significance.

47-1 CP

The risks to Japantown as a cultural resource arise from actions that will damage the financial viability of the merchants who form the core of Japantown, which is the oldest of three remaining Japantowns in the United States. These merchants, and their customers, are critical contributors to this historic and cultural resource.

47-2 PH

Although the immediate effects arising from CPMC's activities are parking and financial, the result is significant damage to an important cultural and historic resource: San Francisco's Japantown

47-3 CP

Specific issues that need to be addressed include:

1) Use of the 1610 Geary (aka Japantown) garage for construction parking, as proposed by the DEIR and the HerreroBoldt analysis (CPMC Cathedral Hill Hospital and Medical Office Building Environmental Impact Report, Construction Data, Version 2.x – February 5, 2010).

This document references the existing 400 spaces CPMC has reserved at this location as available for construction use. However, they are already in use by CPMC staff at the Pacific Campus, and are not available for construction parking. Due to overwhelming demand, CPMC has had to create a waiting list for this popular

47-4 TR

program. The Japantown merchants have experienced the loss of parking spaces from other construction projects – reaching premature capacity, and as a result customers cannot find parking during peak afternoon especially on Fridays and Saturdays. The resulting drop in customers has an immediate and adverse impact on revenues, and hence threatens the future financial viability of Japantown merchants.

We urge you to consider mitigations that focus on leasing space in underutilized garages (e.g. For the month of August 2010, 5th & Mission Garage has 2,585 parking spaces and averaged only 45% peak occupancy Mondays through Fridays; San Francisco Port may well have pier parking available and Candlestick Park may be another resource). We feel that there has not been enough research performed on parking alternatives. San Francisco MTA has data relating to capacity, and perhaps is a resource to help find solutions. San Francisco's Transit First policy is aggressively applied in Planning's review of projects once occupied and operational. We urge that this same diligence in reducing passenger vehicle traffic be applied to the construction phase of projects. In applying the 'Transit First" policy to the construction phase, CPMC could consider shuttles from locations outside of San Francisco. 47-4 TR

2) Japantown is a regional attraction, with many if not most Greater Bay Area residents driving to Japantown. The Cathedral Hill project introduces a significant bottleneck in the standard routes to Japantown, whether arriving from the East Bay or the Peninsula. The project calls for significant construction during evenings and on Saturdays – peak times and seasons for visits to Japantown, and hence peak revenue periods. Traffic and parking problems that discourage visitors have a direct impact on the revenues, and hence the viability, of this cultural and historic resource. This potential threat to Japantown's survival is not even considered in the DEIR. This requires analysis, and appropriate mitigations. 47-5 TR

3) The DEIR also fails to consider the cumulative impact of construction projects affecting transit to, and parking in, Japantown. In addition to CPMC's construction activities detailed in the DEIR, there is likely to be construction on any or all of the following large projects: Geary BRT (2013 to 2014?); Van Ness BRT (2012 – 2013?); 1481 Post. Each of these activities will aggravate the problems related to construction parking and roadway obstructions. This is a significant omission in the current DEIR. 47-6 TR

4) In addition, the DEIR needs to assess whether or not there are potential impacts on Japantown from CPMC's ongoing operations at all proposed CPMC projects from the issues identified above, especially when considered with the cumulative effects of 47-7 TR

other planned major projects within or adjacent to the Japantown Planning Area, such as the Geary BRT, Van Ness BRT, and 1481 Post Street. For example, will CPMC's TDM policy and shuttle services inadvertently increase CPMC staff, patient or visitor demand on the Japantown parking? Will peak p.m. traffic have an effect on evening visitation to Japantown? How long will it take for Japantown businesses to recover from customers that may have been discouraged from patronizing their businesses due to lack of parking during construction?

47-7 TR

47-8 TR

47-9 PH

5) We have serious concerns that the Cathedral Hill and other proposed CPMC projects, and the other major development projects underway in or adjacent to the Japantown Planning Area, may adversely impact Japantown's ability to maintain its unique character "as the historical and cultural heart of the Bay Area's Japanese and Japanese American community." The existing towers and large parcel developments like the Sequoias building, which were implemented during Redevelopment Agency jurisdiction, are not representative of, and are actually inconsistent with, the prevalent, historical, and preferred land use and built forms in Japantown. While recognizing the significance of the Japan Center in the history of Japantown and its significance as a sample of Redevelopment's impact, the mistakes made by Redevelopment in creating large parcels and out of scale buildings should not be repeated going forward. If Cathedral Hill is approved at heights exceeding the current Van Ness height and bulk limits, it should be with the express recognition that this approval is due to exceptional circumstances, and is not to be considered as a precedent or justification for other proposed buildings in or to the west of the Van Ness corridor exceeding existing height limits.

47-10 CP

47-11 LU

We look forward to seeing a detailed analysis of these issues when the response to public comments is available.

Sincerely,

The Japantown BNP Organizing Committee

Letter 48

Devyani Jain/CTYPLN/SFGOV
10/12/2010 02:14 PM

To Chelsea Fordham/CTYPLN/SFGOV@SFGOV
cc
bcc
Subject Fw: California Pacific Medical Center DEIR- Case 2005.0555E

FYI-3

DEVYANI JAIN, *Senior Planner*
Major Environmental Analysis

San Francisco Planning Department
1650 Mission Street, Suite 400
San Francisco, CA 94103

P: 415.575.9051 | F: 415.558.6409

----- Forwarded by Devyani Jain/CTYPLN/SFGOV on 10/12/2010 02:13 PM -----

Bill Wycko/CTYPLN/SFGOV
10/12/2010 09:24 AM

To Devyani Jain/CTYPLN/SFGOV@SFGOV
cc
Subject Fw: California Pacific Medical Center DEIR- Case 2005.0555E

----- Forwarded by Bill Wycko/CTYPLN/SFGOV on 10/12/2010 09:24 AM -----

janescht@comcast.net
10/08/2010 03:15 PM

To Bill.Wycko@sfgov.org
cc rm@well.com, wordweaver21@aol.com, bill.lee@flysfo.com, hs.commish@yahoo.com, c_olague@yahoo.com, plangsf@gmail.com, mooreurban@speakeasy.net, Eric.L.Mar@sfgov.org, David.Chiu@sfgov.org, Ross.Mirkarimi@sfgov.org, Sean.Elsbernd@sfgov.org, David.Campos@sfgov.org, John.Avalos@sfgov.org, Michela.Alioto-Pier@sfgov.org, Carmen.Chu@sfgov.org, Chris.Daly@sfgov.org, Bevan.Dufty@sfgov.org, Sophie.Maxwell@sfgov.org
Subject California Pacific Medical Center DEIR- Case 2005.0555E

Jane Seleznow
1200 Gough St, #22F
San Francisco, CA 94109

October 9, 2010

San Francisco Planning Department
Attn: Mr. Bill Wycko

1650 Mission Street, Suite 400
San Francisco, CA 94103
Re: Case 2005.0555E –CPMC Long Range Development Plan

Dear Mr. Wycko:

I offer these comments regarding the California Pacific Medical Center's (CPMC) Draft EIR. I believe that **Alternative 3A** (pages 6-263 to 6-349, volume 4, DEIR) is the best environmentally preferred alternative and feel that CPMC's dismissal of **Alternative 3A** is based on fallacious arguments. It fails to consider the disadvantages to San Francisco of an inadequate St. Luke's facility. I urge you to carefully review CPMC's assertions with unbiased experts in the field of hospital management and health care outcomes, rather than merely accepting CPMC's assertions.

48-1 ALT3A

The Long Range Development Plan as proposed fails to provide local access to care to many areas of San Francisco, fails to consider the provision of integrated health care throughout the city, and will have ***devastating environmental impacts on the communities*** near the proposed huge and out of scale Cathedral Hill hospital. In particular, any variance in the current planning code would have an adverse impact on the character of the existing residential neighborhood. Zoning should be kept at the current limit of 130 feet. Increased traffic will endanger pedestrians and increased siren noise will have a detrimental effect on those of us who live nearby, especially affecting our sleep.

48-2 HC

48-3 LU

48-4 TR

I do not believe the current DEIR adequately addresses all the issues.

Very truly yours,

Jane Seleznow

Cc: SF Planning Commissioners and Board of Supervisors

Letter 49

Devyani Jain/CTYPLN/SFGOV
10/12/2010 02:14 PM

To Chelsea Fordham/CTYPLN/SFGOV@SFGOV
cc
bcc
Subject Fw: COMMENTS ON CPMC's LONG RANGE DEVELOPMENT PLAN

DEVYANI JAIN, *Senior Planner*
Major Environmental Analysis

San Francisco Planning Department
1650 Mission Street, Suite 400
San Francisco, CA 94103

P: 415.575.9051 | F: 415.558.6409

----- Forwarded by Devyani Jain/CTYPLN/SFGOV on 10/12/2010 02:14 PM -----

Bill Wycko/CTYPLN/SFGOV
10/12/2010 09:17 AM

To Devyani Jain/CTYPLN/SFGOV@SFGOV
cc
Subject Fw: COMMENTS ON CPMC's LONG RANGE DEVELOPMENT PLAN

----- Forwarded by Bill Wycko/CTYPLN/SFGOV on 10/12/2010 09:17 AM -----

"R. K. Wiersba" <rwiersba@sbcglobal.net>
10/11/2010 06:35 PM

To bill.wycko@sfgov.org
cc
Subject COMMENTS ON CPMC's LONG RANGE DEVELOPMENT PLAN

Mr. Bill Wycko:

We are seniors living on Cathedral Hill. Our analysis of the effects of the upcoming Van Ness Avenue CPMC project as proposed by CPMC are all negative.

49-1 OTH

Traffic in this area is already extremely heavy as it includes the intersection of Van Ness and Geary Street and also inbound Post Street and southbound Gough.
We gave up our car about 15 years ago in part because traffic is so heavy and parking is so difficult. To bring such a structure as the originally proposed CPMC to this area, even with adequate parking for the large number of employees necessary to operate such a medical center, would make a dangerous situation much worse, especially

49-2 TR

considering this area has the highest density of seniors in San Francisco . No parking for hospital employees (which we understand is proposed) is foolhardy; parking is already difficult to find in this area. 49-2 TR

Van Ness is a major highly-travelled, US route and placing a traffic-attracting monster hospital on this route is going to exacerbate an already unsafe traffic situation. At first glance, having a hospital adjacent to public transit seems positive but, in thinking of the times we have had to reach a hospital as soon as possible, we realize the use of public transit for this purpose is unlikely. 49-3 TR Effective public transit is affected by traffic conditions and CPMC will be placed right in the middle of an already difficult traffic situation; it will, in fact, be the cause of increased and bottlenecked traffic. Even those being driven to hospital treatment will cause problems, partly due to the confusion of the one-way streets which intersect and parallel Van Ness. 49-4 TR Ambulances will no doubt run into traffic snarls as they try to reach CPMC, also.

We are well aware of the dust, dirt and pollution in the air in this area, primarily due to high-volume traffic. More traffic will definitely affect the quality of life for Cathedral Hill residents. 49-5 AQ

With Mount Zion , California Pacific and St Francis hospitals already in the surrounding area, we have more than our share of noise from emergency vehicles. More sirens won't make this area more livable. 49-6 NO

Overall, we believe that CPMC's Draft EIR expects San Franciscans to ignore such impacts as mentioned above; CPMC appears to completely ignore the area residents' quality-of-life issues and in addition, out-of-hand dismisses the possibility of reducing the CPMC structure down to a reasonable and already-established maximum height for our city. The 25-storey horizon-blocking Sequoias has already been granted an exemption from existing height standards and the neighborhood is battling the proposed excessive height of the 1481 Post Street project. Cathedral Hill will be much better served if the CPMC project and all other future such projects are scaled down to meet existing height standards. 49-7 LU

Having half a thousand patients confined in a single building, in a densely populated area such as Cathedral Hill, would be extremely hazardous in an earthquake. We are both NERT-trained, so we know how city resources would be strained if a fire or quake occurred in our neighborhood. 49-8 HC

We feel that Alternative 3A, the environmentally preferred alternative, is far-and-above the better plan for the CPMC development. 49-9 ALT3A

Sincerely,

Diane & Richard Wiersba
□□□□□□□□ 37.775□, □□□□□□□□□ -122.418□

66 Cleary Court Unit 1308
San Francisco , CA 94109

Letter 50

Devyani Jain/CTYPLN/SFGOV
10/12/2010 01:56 PM

To Chelsea Fordham/CTYPLN/SFGOV@SFGOV
cc
bcc
Subject Fw: 2005.0555E, CPMC Long Range Development Plan: Comments on Draft EIR

For Follow Up: Normal Priority

FYI

DEVYANI JAIN, *Senior Planner*
Major Environmental Analysis

San Francisco Planning Department
1650 Mission Street, Suite 400
San Francisco, CA 94103

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----- Forwarded by Devyani Jain/CTYPLN/SFGOV on 10/12/2010 01:56 PM -----

Bill Wycko/CTYPLN/SFGOV
10/12/2010 12:47 PM

To Devyani Jain/CTYPLN/SFGOV@SFGOV
cc
Subject Fw: 2005.0555E, CPMC Long Range Development Plan: Comments on Draft EIR

----- Forwarded by Bill Wycko/CTYPLN/SFGOV on 10/12/2010 12:46 PM -----

"Matsuno" <matsuno@kinokuniya.com>
10/12/2010 10:37 AM

To <bill.wycko@sfgov.org>
cc
Subject Fw: 2005.0555E, CPMC Long Range Development Plan: Comments on Draft EIR

Mr. Wycko,

I am a member for the Japantown Better Neighborhood and am the property manager of Kinokuniya Building located in Japan Cater. I too support this letter.

Richard
****

Richard W. Matsuno
Property Manager
Kinokuniya Bookstores
1581 Webster Street, Suite #120
San Francisco, CA 94115
415.567.7625; cell 415.794.2997

****

----- Original Message -----
From: Robert Hamaguchi
To: bill.wycko@sfgov.org
Cc: gavin.newsom@sfgov.org ; john.rahaim@sfgov.org ; linda.avery@sfgov.org ; Christina Olague ; Gwyneth Borden ; Hisashi Sugaya ; Katherin Moore ; Michael Antonini ; Ron Miguel ; Rodney Fong ; Aya Ino ; Ben Kobashigawa ; Bernie Choden ; Bertie Campbell ; Bette Landis ; Cathy Inamasu ; Clint Taura ; Dawn Shalhoup ; Diane Onizuka ; Donna Graves ; Glynis Nakahara ; Gregory Johnson ; Hiroshi Fukuda ; jon osaki ; Karen Kai ; Kathy Reyes ; Kelly Pepper ; Ken Kaji ; Ko Asakura ; Lisa Liu ; Paul Osaki ; Paul Wermer ; Paul Lord ; Pierre Gasztowtt ; Rev Townsend ; Richard Hashimoto ; richard matsuno ; Robert Sakai ; Ros Tonai ; Rose Hillson ; Rumi Okabe ; Rumiko Tauber ; Ryan Kimura ; Sandy Mori ; Seiji Horibuchi ; Seiko Fujimoto ; stephen jordan ; Steve Nakajo ; Tak Matsuba ; Teresa Ono ; Tony Kim ; Yoshiro Tasaka ; Bevan Dufty ; Carmen Chu ; Chris Daly ; David Chiu ; David Campos ; Eric Mar ; John Avalos ; Michela Alioto-Pier ; Ross Mirkarimi ; Sean Elsbernd ; Sophie Maxwell
Sent: Friday, October 08, 2010 8:40 AM
Subject: 2005.0555E, CPMC Long Range Development Plan: Comments on Draft EIR

Mr. Wcyko

I have been asked to send you following letter on behalf of the Japantown Better Neighborhood Plan Organizing Committee.

With best regards

Bob Hamaguchi
Member of the Japantown BNP Organizing Committee
c/o Japantown Task Force, Inc.
1765 Sutter Street
San Francisco, CA 94115

Bill Wcyko
Environmental Review Officer
San Francisco Planning Department
1650 Mission St., Suite 400
San Francisco, CA 94103

SUBJECT: 2005.0555E, CPMC Long Range Development Plan: Comments on Draft EIR

Dear Mr. Wcyko:

After review of the CPMC Draft EIR (2005.0555E), we are concerned that this DEIR fails to consider the impact of construction and operations on Japantown as a cultural resource. In fact, proposed "mitigations" in the DEIR have already been demonstrated to have an adverse impact on Japantown, its merchants and its restaurants.

50-1 CP

As recognized by the Planning Department, the Japantown Better Neighborhood Plan' s first goal is to "Secure Japantown's future as the historical and cultural heart of Japanese and Japanese-American community" (p.3, May 2009 Draft Plan), yet the "HISTORIC RESOURCE EVALUATION REPORT For Cathedral Hill Campus" dated Sept 2008, does not recognize Japantown or its cultural significance.

The risks to Japantown as a cultural resource arise from actions that will damage the financial viability of the merchants who form the core of Japantown, which is the oldest of three remaining Japantowns in the United States. These merchants, and their customers, are critical contributors to this historic and cultural resource.

50-2 PH

Although the immediate effects arising from CPMC's activities are parking and financial, the result is significant damage to an important cultural and historic resource: San Francisco's Japantown

50-3 CP

Specific issues that need to be addressed include:

1) Use of the 1610 Geary (aka Japantown) garage for construction parking, as proposed by the DEIR and the HerreroBoldt analysis (CPMC Cathedral Hill Hospital and Medical Office Building Environmental Impact Report, Construction Data, Version 2.x – February 5, 2010).

This document references the existing 400 spaces CPMC has reserved at this location as available for construction use. However, they are already in use by CPMC staff at the Pacific Campus, and are not available for construction parking. Due to overwhelming demand, CPMC has had to create a waiting list for this popular program. The Japantown merchants have experienced the loss of parking spaces from other construction projects – reaching premature capacity, and as a result customers cannot find parking during peak afternoon especially on Fridays and Saturdays. The resulting drop in customers has an immediate and adverse impact on revenues, and hence threatens the future financial viability of Japantown merchants.

50-4 TR

We urge you to consider mitigations that focus on leasing space in underutilized

garages (e.g. For the month of August 2010, 5th & Mission Garage has 2,585 parking spaces and averaged only 45% peak occupancy Mondays through Fridays; San Francisco Port may well have pier parking available and Candlestick Park may be another resource). We feel that there has not been enough research performed on parking alternatives. San Francisco MTA has data relating to capacity, and perhaps is a resource to help find solutions. San Francisco's Transit First policy is aggressively applied in Planning's review of projects once occupied and operational. We urge that this same diligence in reducing passenger vehicle traffic be applied to the construction phase of projects. In applying the 'Transit First" policy to the construction phase, CPMC could consider shuttles from locations outside of San Francisco.

50-4 TR

2) Japantown is a regional attraction, with many if not most Greater Bay Area residents driving to Japantown. The Cathedral Hill project introduces a significant bottleneck in the standard routes to Japantown, whether arriving from the East Bay or the Peninsula. The project calls for significant construction during evenings and on Saturdays – peak times and seasons for visits to Japantown, and hence peak revenue periods. Traffic and parking problems that discourage visitors have a direct impact on the revenues, and hence the viability, of this cultural and historic resource. This potential threat to Japantown's survival is not even considered in the DEIR. This requires analysis, and appropriate mitigations.

50-5 OTH-EC

3) The DEIR also fails to consider the cumulative impact of construction projects affecting transit to, and parking in, Japantown. In addition to CPMC's construction activities detailed in the DEIR, there is likely to be construction on any or all of the following large projects: Geary BRT (2013 to 2014?); Van Ness BRT (2012 – 2013?); 1481 Post. Each of these activities will aggravate the problems related to construction parking and roadway obstructions. This is a significant omission in the current DEIR.

50-6 OTH-CU

4) In addition, the DEIR needs to assess whether or not there are potential impacts on Japantown from CPMC's ongoing operations at all proposed CPMC projects from the issues identified above, especially when considered with the cumulative effects of other planned major projects within or adjacent to the Japantown Planning Area, such as the Geary BRT, Van Ness BRT, and 1481 Post Street. For example, will CPMC's TDM policy and shuttle services inadvertently increase CPMC staff, patient or visitor demand on the Japantown parking? Will peak p.m. traffic have an effect on evening visitation to Japantown? How long will it take for Japantown businesses to recover from customers that may have been discouraged from patronizing their businesses due to lack of parking during construction?

50-7 TR

50-8 TR

50-9 PH

5) We have serious concerns that the Cathedral Hill and other proposed CPMC projects, and the other major development projects underway in or adjacent to the Japantown Planning Area, may adversely impact Japantown's ability to maintain its unique character "as the historical and cultural heart of the Bay Area's Japanese and Japanese American community." The existing towers and large parcel developments like the Sequoias building, which were implemented during Redevelopment Agency jurisdiction, are not representative of, and are actually inconsistent with, the prevalent, historical, and preferred land use and built forms in Japantown. While recognizing the significance of the Japan Center in the history of Japantown and its significance as a sample of Redevelopment's impact, the mistakes made by Redevelopment in creating large parcels and out of scale buildings should not be repeated going forward. If Cathedral Hill is approved at heights exceeding the current Van Ness height and bulk limits, it should be with the express recognition that this approval is due to exceptional circumstances, and is not to be considered as a precedent or justification for other proposed buildings in or to the west of the Van Ness corridor exceeding existing height limits.

50-10 CP

50-11 LU

We look forward to seeing a detailed analysis of these issues when the response to public comments is available.

Sincerely,

The Japantown BNP Organizing Committee

Letter 51

Devyani Jain/CTYPLN/SFGOV
10/12/2010 04:33 PM

To Chelsea Fordham/CTYPLN/SFGOV@SFGOV
cc
bcc
Subject Fw: Cathedral EIR comments

FYI

DEVYANI JAIN, *Senior Planner*
Major Environmental Analysis

San Francisco Planning Department
1650 Mission Street, Suite 400
San Francisco, CA 94103

P: 415.575.9051 | F: 415.558.6409

----- Forwarded by Devyani Jain/CTYPLN/SFGOV on 10/12/2010 04:33 PM -----

Bill Wycko/CTYPLN/SFGOV
10/12/2010 04:30 PM

To Devyani Jain/CTYPLN/SFGOV@SFGOV
cc
Subject Fw: Cathedral EIR comments

----- Forwarded by Bill Wycko/CTYPLN/SFGOV on 10/12/2010 04:30 PM -----

Howard Strassner <ruthow@dslextreme.com>
10/12/2010 03:41 PM

To bill.wycko@sfgov.org
cc
Subject Cathedral EIR comments

Cathedral EIR_Transp-final.doc

Letter 51

SIERRA CLUB
SAN FRANCISCO GROUP

85 Second Street, Box SFG, San Francisco, CA

October 12, 2010

Bill Wyko, Environmental Review Officer
Planning Department, FAX 558-6409
1650 Mission Street, Suite 400
San Francisco CA 94103-2414

Re: California Pacific Medical Center (CPMC) Long Range Development, Case No: 2005.0555E Transportation Comments

Dear Mr. Wycko,

Thank you for the opportunity to comment on the subject DEIR. Working from the website was actually easier than working from a disc, because the table of contents worked well.

The Final EIR should include the addition of an alternative with a greatly reduced total parking supply in order to minimize transportation impacts. We note that an office project of this magnitude would be limited to about 360 parking spaces. A reduced parking alternative is feasible because the site is currently well served by good transit which is proposed for major improvement. 51-1 ALT

Current EIR methodology says that land use determines driving and not the availability of parking. Users of the land, the hospital developer, say if there is not enough parking, not enough people will be able to drive to their facility. The truth is that the availability of parking determines driving. This truth is demonstrated by observation: Throughout the Bay Area over 90% of people drive to work in their own car. However, in downtown San Francisco, where parking is limited and expensive over 50% get to work without their own car. Many of both groups are neighbors and similar people. The difference is the availability of parking and when less parking is available the analysis should show less driving. 51-2 TR

We are concerned that when land use predicts driving and parking is provided to accommodate the driving the City will never reduce driving to meet SB 32 and SB375 requirements. In addition the predicted additional driving may create the political straw that prevents the City from completing the adjacent proposed BRT projects. 51-3 TR

Very truly yours,

Howard Strassner, Emeritus Chair
Transportation Committee
419 Vicente, San Francisco CA 94116, 661-8786, (h,w)
email: ruthow@dslextreme.com

Letter 52

Devyani Jain/CTYPLN/SFGOV
10/12/2010 04:53 PM

To Chelsea Fordham/CTYPLN/SFGOV@SFGOV
cc
bcc
Subject Fw: Case 2005.0555E-CPMC Long Range Development Program

DEVYANI JAIN, *Senior Planner*
Major Environmental Analysis

San Francisco Planning Department
1650 Mission Street, Suite 400
San Francisco, CA 94103

P: 415.575.9051 | F: 415.558.6409

----- Forwarded by Devyani Jain/CTYPLN/SFGOV on 10/12/2010 04:53 PM -----

Bill Wycko/CTYPLN/SFGOV
10/12/2010 04:45 PM

To Devyani Jain/CTYPLN/SFGOV@SFGOV
cc
Subject Fw: Case 2005.0555E-CPMC Long Range Development Program

----- Forwarded by Bill Wycko/CTYPLN/SFGOV on 10/12/2010 04:44 PM -----

theodoreweber@comcast.net
10/12/2010 04:43 PM

To Bill.Wycko@sfgov.org
cc rm@well.com, c_olague@yahoo.com, wordweaver21@aol.com, bill.lee@flysfo.com, mooreurban@speakeasy.net, hs.commish@yahoo.com, Ross.Mirkarimi@sfgov.org
Subject Case 2005.0555E-CPMC Long Range Development Program

The Draft Environmental Impact Report submitted by the California Pacific Medical Center poses many substantial negative environmental impacts---including compliance with the Planning Code and severe traffic problems (both during construction and continuing should the project be completed). 52-1 LU

Even more serious, however, is the fact that CPMC's 52-2 HC

proposal ignores the need for intelligent planning to address the issue of providing access to necessary health care facilities for wide segments of the the city.

52-2 HC

CMPC has summarily dismissed the Planning Department's suggested Alternative 3A which the Department has identified as an "environmentally superior alternative". This alternative would not only provide a more rational distribution of health services throughout the city. It would also result in reducing the height of the Cathedral Hill project to comply with current zoning requirements and it would reduce many of the other negative environmental impacts to the neighborhood.

52-3 ALT-3A

I urge the Planning Department to review CPMC's response to these issues with experts in the field of hospital management rather than simply accepting CPMC's assertions.

52-4 HC

Ted Weber, Jr.
1400 Geary Blvd., Apt 1409
San Francisco CA 94109

Letter 53

Council of Community Housing Organizations

405 Shrader Street, San Francisco, CA 94117 (415) 666-0314 sfic98@pacbell.net

Statement on the DEIR on CPMC
Case No. 2005.0555E
13 October 2010

Introduction

The DEIR on CPMC is neither complete nor accurate and should be amended to:

- more completely address existing conditions in the project area, specifically the requirements of the Van Ness Ave. SUD;
- accurately address current City policy effecting developments of the proposed type;
- specifically re-written to accurately describe the large and unmeasured impacts on the supply of permanently affordable housing required to meet the housing demand created by its new workforce.

53-1 LU

53-2 PH

DEIR's Failure Accurately and Completely Describe the Current Conditions in the Area of the Proposed Development, Specifically the Requirements Van Ness Special Use District.

The DEIR fail to discuss the complete requirements of the Van Ness Special Use District (Section 243 of the SF Planning Code) and how that requirement effects its proposed development on Van Ness Avenue. The DEIR assumes that the developers request for exemption from the requirement of the SUD is currently the case with no discussion of the nature of these requirements in general and specially as they relate to the proposed project on Van Ness Ave.

53-3 LU

Needed is a full accounting of the developers plans for the site, which lays out what footage is exempt from the Van Ness SUD, what footage is covered by the SUD and what the housing requirement is under the current requirements of the SUD. Absent such a complete accounting decision makers and the public have no way of measuring the full impacts of the developers proposed project which seeks to avoid meeting the housing requirements of the SUD. Such a failure renders the DEIR incomplete and inaccurate.

The CPMC DEIR Fails to Discuss in a Complete Manner the Housing Element Policies Effecting the Proposed Development

Key Housing Element policies are ignored in the DEIR and must be discussed and information provided on how the project conforms or fails to conform with these policies. Specifically Polices 1.3, 1.6, 1.9, 2.1, 2.4, 2.5, 7.3 and 11.4 directly apply to projects of this type and are not mentioned, listed or discussed in the DEIR.

53-4 LU

Taken as a whole these policies lay out a preference for large commercial projects to meet their housing demands, not reduce the supply of housing, and not place undue pressures on existing residential uses and neighborhoods. On its face the proposed

project will reduce housing, place stress on existing residential neighborhoods and fail to specifically meet the demand it creates for housing (see item below).

53-4 LU

The DEIR must completely discuss these polices and how the proposed project either meets or fails to meet them. It is impossible to accurately asses the impacts of the proposed project absent this crucial discussion.

DEIR Fails to Accurately Analyze the Specific Impacts of the Projects Workforce on Creating Additional Demand for Affordable Housing

The discussion on page 4.3-7 of the projects expected housing demand is laughable in its incompleteness and inaccuracy. No figures are offered as to the level of payment of the projects workforce therefore making it impossible to determine if current market rate housing available in San Francisco can be afforded by that workforce. Without such proposed workforce income information it is impossible to determine if the assertion of the developer that the current vacancy rate in San Francisco and/or the Housing Element production goals will meet the hospitals workforce housing demand.

53-5 PH

The DEIR must be amended to include a complete and accurate discussion of the projects workforce, what portion of that workforce earns what portion of the median income and what levels of housing payment can be afforded by each portion of the projected new workforce. Without such information the full impacts of the proposed project can not be measured or evaluated.

Statement Submitted for CCHO by Calvin Welch

Letter 54

Devyani Jain/CTYPLN/SFGOV
10/14/2010 12:04 PM

To Chelsea Fordham/CTYPLN/SFGOV@SFGOV
cc
bcc
Subject Fw: Cathedral Hill /Cal Pacific/ Sutter Health Draft EIR

DEVYANI JAIN, *Senior Planner*
Major Environmental Analysis

San Francisco Planning Department
1650 Mission Street, Suite 400
San Francisco, CA 94103

P: 415.575.9051 | F: 415.558.6409

----- Forwarded by Devyani Jain/CTYPLN/SFGOV on 10/14/2010 12:04 PM -----

Bill Wycko/CTYPLN/SFGOV
10/14/2010 11:59 AM

To Devyani Jain/CTYPLN/SFGOV@SFGOV
cc
Subject Fw: Cathedral Hill /Cal Pacific/ Sutter Health Draft EIR

----- Forwarded by Bill Wycko/CTYPLN/SFGOV on 10/14/2010 11:59 AM -----

Nancy Evans <nancyonwindyhill @hotmail.com>
10/14/2010 09:50 AM

To <bill.wycko@sfgov.org>
cc
Subject Cathedral Hill /Cal Pacific/ Sutter Health Draft EIR

October 13, 2010

Mr. Bill Wycko
San Francisco Planning Department
1650 Mission Street, Suite 400
San Francisco, CA 94103

Re. Case 2005.0555E – CPMC / LTDP

Dear Mr. Wycko:

I am writing to ask that the SFPC require Sutter Health/CPMC to build in compliance with all existing codes and regulations, from building height to noise and air quality, etc. Rules are not made to broken; they are made to protect the welfare of human beings. Residents of urban

54-1 LU

areas to not waive their right to a healthy environment. San Francisco should not allow this corporation to build and operate a medical facility which cares for the people inside it while harming those living around it.

54-1 LU

The Draft Environment Impact Report presents a formidable list of unresolved problems – and even then there are areas that are only touched lightly. However, it does appear that option 3A, with additional mitigations, comes closest to providing a sensible approach to development. It also provides the city and Sutter Health with TWO seismically safe structures, allowing twice the number of people to access care in the event of a disaster that made walking or driving difficult.

54-2 ALT3A

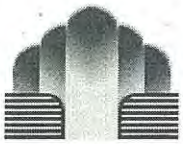
Sutter Health can build what they like, where they like it, but they must be held to established standards. There is nothing in their proposal that benefits our city sufficiently to justify waivers and exceptions.

54-3 LU

Thank you for your vigilant review, and for protecting the interests of San Francisco.

Sincerely, Nancy Evans

Letter 55



Devyani Jain/CTYPLN/SFGOV
10/14/2010 12:04 PM

To Chelsea Fordham/CTYPLN/SFGOV@SFGOV
cc
bcc
Subject Fw: Case 2005.0555E - CPMC Long Range Development Plan



DEVYANI JAIN, *Senior Planner*
Major Environmental Analysis

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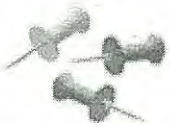
San Francisco, CA 94103

P: 415.575.9051 | F: 415.558.6409

----- Forwarded by Devyani Jain/CTYPLN/SFGOV on 10/14/2010 12:04 PM -----



Bill Wycko/CTYPLN/SFGOV
10/14/2010 11:58 AM

To Devyani Jain/CTYPLN/SFGOV@SFGOV
cc
Subject Fw: Case 2005.0555E - CPMC Long Range Development Plan

----- Forwarded by Bill Wycko/CTYPLN/SFGOV on 10/14/2010 11:58 AM -----



"Galen Workman" <galen@ozdachs.com>
10/14/2010 10:50 AM

To <bill.wycko@sfgov.org>
cc
Subject Case 2005.0555E - CPMC Long Range Development Plan

I am writing to express my concern about the inadequacies of the draft Environmental Impact Report prepared for the CMPC building plans.

55-1 NO

The plan fails to address the impact of construction, operation, and traffic vibration on the historic First Unitarian Universalist Church at 1187 Franklin Street. It fails to address the noise from the loading dock that will disrupt our worship services. It fails to address the impact on street parking in the area – especially for religious services on Sunday mornings and in the evenings when our community activities occur at the church.

55-2 TR

Finally, the report does not adequately address the impact on traffic flow on Franklin. Franklin is

55-3 TR

already a completely clogged mess for most of the weekday daytime hours. We cannot add ANYTHING to the configuration without negative impact to the already dismal congestion. (And, unless a new building is dropped fully formed from the sky, north-south traffic will be significantly disrupted during the construction period.)

55-3 TR

I fully support the concerns and suggestions sent to the Planning Department by the First Unitarian Universalist Society of San Francisco in their October 4th letter. I urge the City to adopt Alternative 3A .

55-4 ALT3A

Galen Workman

4066 23rd Street

San Francisco, CA 94114-3214

(415) 647-8829

Letter 56

Devyani Jain/CTYPLN/SFGOV
10/19/2010 04:10 PM

To Chelsea Fordham/CTYPLN/SFGOV@SFGOV
cc
bcc
Subject Fw: 2nd Request : Graffiti and trash at CPMC Geary/Van Ness Project

DEVYANI JAIN, *Senior Planner*
Major Environmental Analysis

San Francisco Planning Department
1650 Mission Street, Suite 400
San Francisco, CA 94103

P: 415.575.9051 | F: 415.558.6409

----- Forwarded by Devyani Jain/CTYPLN/SFGOV on 10/19/2010 04:10 PM -----

Emeric-Goodman Associates <editeur@earthlink.net>
08/07/2010 05:00 PM

To "Loving, Alan" <LovingAH@sutterhealth.org>
cc Gavin Coombs Building Manager <gacx@earthlink.net>, "Emeric-Goodman Assoc.@jps" <emgoodman@mindspring.com>, "Massehian, Vahram" <MassehV@sutterhealth.org>, >, <marlayne16@gmail.com>, >, <george.mayer@att.net>, <cathedralhillneighbors@gmail.com>, <bill.wycko@sfgov.org>, <devyani.jain@sfgov.org>
Subject 2nd Request : Graffiti and trash at CPMC Geary/Van Ness Project

EMERIC-GOODMAN ASSOCIATES
1109-1121 Geary Blvd. San Francisco, CA 94109
Mail to: POB 2210, San Francisco, CA 94126
Office: 415.512.7242 Fax: 415.292.6594
e-mail: editeur@earthlink.net & emgoodman@mindspring.com
East Bay Office: Phone 510.482.3677 - 510.666.1150 Fax

August 6, 2010

Dear Alan,

You did nothing the whole week to deal with the graffiti and debris at your property on Geary between Franklin and Van Ness . The graffiti has now expanded and the debris is still there. In your various PR presentations to the public, CPMC said you would be vigilant in not letting the the site degrade.

56-1 OTH

Attached are a few cell phone pictures from this week.

The City is now reviewing your environmental impact report. If you cannot even maintain your property now, the City certainly needs to have stringent and enforceable conditions for the futures.

Yours,

Alan Wofsy
CEO

From: "Loving, Alan" <LovingAH@sutterhealth.org>
Date: Mon, 2 Aug 2010 12:25:01 -0700
To: <emgoodman@mindspring.com>, "Massehian, Vahram" <MassehV@sutterhealth.org>
Cc: Emeric-Goodman Associates <editeur@earthlink.net>, Gavin Coombs Residential Leasing <gacx@earthlink.net>
Conversation: Graffiti and trash at CPMC Geary/Van Ness Project
Subject: RE: Graffiti and trash at CPMC Geary/Van Ness Project

Alan,
We appreciate your letting us know about the graffiti and trash problems at our property on Van Ness and Geary. We make every effort to stay on top of these problems and our crew will address them as soon as possible. In the future, please contact me with your concerns rather than Vahram as he no longer is responsible for Cathedral Hill issues. Thank you.

56-1 OTH

From: Emeric-Goodman Associates [mailto:emgoodman@mindspring.com]
Sent: Sunday, August 01, 2010 8:25 AM
To: Massehian, Vahram
Cc: 'Emeric-Goodman Associates'; Loving, Alan; 'Gavin Coombs Residential Leasing'
Subject: Graffiti and trash at CPMC Geary/Van Ness Project

Dear V,

There is graffiti on the Geary side of the Van Ness Campus. Please remove this now so it does not spread.

The delivery entrance on Geary is full of trash and is unsightly and a possible health hazard. Please keep this area clean.

Yours,
Alan Wofsy
GM

From: Emeric-Goodman Associates [mailto:emgoodman@mindspring.com]

Sent: Tuesday, July 13, 2010 3:54 PM
To: 'Massehian, Vahram'
Cc: 'Emeric-Goodman Associates'; 'Loving, Alan'
Subject: RE: Status of CPMC Geary/Van Ness Project

EMERIC-GOODMAN ASSOCIATES
1109-1121 Geary Blvd. San Francisco, CA 94109
Mail to: P.O.B. 2210, San Francisco, CA 94126
Building Office : 415.776.0776 Management Offices: 415.512.7242 or 510.482.3677
Fax: 415.292.6594 Website: http://www.live-work.us/cgi-bin/artbooks/san_francisco.html
<http://www.art-books.com/cgi-bin/artbooks/san_francisco.html>

Dear V,

Let me help you with the mitigation measures.

Yours,

Alan Wofsy

56-1 OTH

From: Massehian, Vahram [mailto:MassehV@sutterhealth.org]
Sent: Friday, July 09, 2010 11:38 AM
To: Emeric-Goodman Associates
Cc: Emeric-Goodman Associates; Loving, Alan
Subject: RE: Status of CPMC Geary/Van Ness Project

Hi Alan,

Sorry for not getting back to you yesterday, this EIR has us all working into the night. Please see my responses below. I've been focused on St. Luke's so if you have Van Ness and Geary related questions please contact Alan (contact info below).

Regards,

-V

-----Original Message-----
From: Emeric-Goodman Associates [mailto:emgoodman@mindspring.com]
Sent: Thursday, July 08, 2010 10:53 AM
To: Massehian, Vahram
Cc: Emeric-Goodman Associates; Emeric-Goodman Associates
Subject: Re: Status of CPMC Geary/Van Ness Project

EMERIC-GOODMAN ASSOCIATES

1109-1121 Geary Blvd. San Francisco, CA 94109
Mail to: P.O.B. 2210, San Francisco, CA 94126
On-site Manager: 415.776.0776 Office: 415.986.3030 Fax: 415.512.0130
East Bay Office: 510.666.1150 Fax: 510. 482.3677
e-mail: emgoodman@mindspring.com <mailto:emgoodman@mindspring.com> &
editeur@earthlink.net <mailto:editeur@earthlink.net>

Dear V,

Is this (Oct. 6, 2009) your last communication to me? Yes, I believe so.

What is the status of the EIR and demolition schedule? The City is trying to get the draft of the EIR published this month. No exterior demolition activity can commence until the EIR is certified and authorizations are granted by the Planning Commission and Board of Supervisors.

Could any of your team members use a 1142 sq. ft. ground floor office across the street from the project at 1121 Geary? Once we get the necessary approvals to actually break ground, there will be dozens of small to medium sized trade partners (along with our large general contractors for the hospital and medical office building) vying for space immediately adjacent to the job sites. I'm not aware of any need yet since the project is not yet approved.

56-1 OTH

Due to the negative impacts of your large vacant bulding and impending demolition and construction, we have not found a tenant for that space. I had asked CPMC to rent the space in conjunction with your project to mitigate the damages we are suffering, and as an efficient quid pro quid. We're not in a position to rent space until we have approvals to support the demand that a project of this size will warrant. Please contact my colleague Alan Loving at 415-600-7639 to discuss your particular concerns with our project and how it may affect your property.

Yours,

Alan Wofsy
CEO

----- Original Message -----

From: "Massehian, Vahram" <MassehV@sutterhealth.org
<mailto:MassehV@sutterhealth.org> >

To: <emgoodman@mindspring.com <mailto:emgoodman@mindspring.com> >

Sent: Tuesday, October 06, 2009 3:43 PM

Subject: CPMC Institutional Master Plan Informational Hearing

Alan,
Good speaking with you today. Please see the attached Planning Department notification about the hearing next week. Give me a call when you get back from your trip.
Regards,
-V

Vahram Massehian
Sr. Project Manager
Enterprise Development
California Pacific Medical Center
P.O. Box 7999
San Francisco, CA 94120
415.600.7325 Land
415.595.2898 Cell
415.600.7660 Fax

Thursday, Oct. 15th 2PM (approximately)
Planning Commission Chamber
City Hall Room 400

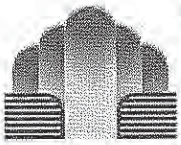

Debris @ CPMC Geary.jpg


CPMC Graffiti 8-5-10.jpg


Still Life with Dead Pigeon @ CPMC Geary.jpg

56-1 OTH

Letter 57



Devyani Jain/CTYPLN/SFGOV
10/19/2010 04:14 PM

To Chelsea Fordham/CTYPLN/SFGOV@SFGOV
cc
bcc
Subject Fw: CPMC



DEVYANI JAIN, *Senior Planner*
Major Environmental Analysis

San Francisco Planning Department
1650 Mission Street, Suite 400
San Francisco, CA 94103

P: 415.575.9051 | F: 415.558.6409

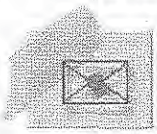
----- Forwarded by Devyani Jain/CTYPLN/SFGOV on 10/19/2010 04:14 PM -----



Bill Wycko/CTYPLN/SFGOV
08/16/2010 01:18 PM

To Devyani Jain/CTYPLN/SFGOV@SFGOV
cc
Subject Fw: CPMC

----- Forwarded by Bill Wycko/CTYPLN/SFGOV on 08/16/2010 01:18 PM -----



Bevan Dufty/BOS/SFGOV
08/01/2010 11:30 PM

To "ryanjbresnick" <ryanjbresnick@hotmail.com>
cc "Bill Wycko " <bill.wycko@sfgov.org>, "Boe Hayward" <boe.hayward@sfgov.org>
Subject Re: CPMC

Thanks Ryan I appreciate your encouragement that we carefully assess assertions about environmental benefits.

I am asking that Planning advise us as to how they are analyzing the proposed project.

We will follow up.

Best
B

From: [ryanjbresnick@hotmail.com]
Sent: 08/01/2010 08:25 PM MST
To: Bevan Dufty
Subject: CPMC

To:bevan.dufty@sfgov.orgEmail:ryanjbresnick@hotmail.comNAME:Ryan Bresnick
PHONE:347 210 9011
EMAIL_VERIFY:ryanjbresnick@hotmail.com
COMMENTS:Dear Supervisor Dufty, I am writing you in regards to CPMC's proposal to build a new hospital on Van Ness Street. As an employee at CPMC, I realize the need for improved and modern facilities, and ultimately I hope the new structure is approved. My concern is CPMC's ability to follow through with its promises of caring for the community and the environment. Since I have worked in the Pacific campus, I have seen no steps to lower the environmental impact of the hospital (except when for economic gains, that is then touted as "green"). Right now there is a public relation blitz, with PR people coming to work and telling us how great the new building will be and how environmentally friendly it is. They then want us to sign a petition of support. I hope the city looks at these claims seriously and doesn't except them at face value. I am one of a hand full of people who bicycle to work everyday. The hospital seems to give no mind to cyclist, and I think many of us feel marginalized. The only real bicycle parking is the city-mandated spots they put in the parking garage that is over a block away from the main hospital. Posted up around this bike rack are grainy photos of people in the process of stealing employees' bikes. Not a safe spot. There is also a bike rack that you can slide your wheel into close to the main lobby, but this type of bike rack is known as a 'wheel bender', is not secure, and I would never lock my bike up here. Lately, the hospital's proposal has been in the news lately, with congestion being one of the major concerns. I hope you will be able to demand CPMC to create some sort of thought out plan for bicycle accessibility. If CPMC promoted cycling in any way at all, they could easily have a high percentage of employees who cycle to work, lowering congestion considerably. With CPMC's current way of thinking though, I expect the only bike amenities will be the city-mandated spots down in the parking garage. Thank you for taking the time to consider my opinions. Sincerely, Ryan Bresnick

57-1 OTH

57-2 OTH

57-3 TR

Letter 58

Devyani Jain/CTYPLN/SFGOV
10/18/2010 12:21 PM

To Chelsea Fordham/CTYPLN/SFGOV@SFGOV
cc
bcc
Subject Fw: 2005.0555E -- Archeological/Paleontological Comments

DEVYANI JAIN, *Senior Planner*
Major Environmental Analysis

San Francisco Planning Department
1650 Mission Street, Suite 400
San Francisco, CA 94103

P: 415.575.9051 | F: 415.558.6409

----- Forwarded by Devyani Jain/CTYPLN/SFGOV on 10/18/2010 12:21 PM -----

Bill Wycko/CTYPLN/SFGOV
10/17/2010 11:01 AM

To Devyani Jain/CTYPLN/SFGOV@SFGOV
cc
Subject Fw: 2005.0555E -- Archeological/Paleontological Comments

----- Forwarded by Bill Wycko/CTYPLN/SFGOV on 10/17/2010 11:01 AM -----

":\)" <gumby5@att.net>
10/14/2010 10:54 PM
Please respond to <gumby5@att.net>

To "Bill Wycko" <bill.wycko@sfgov.org>
cc "Ron Miguel" <rm@well.com>, "Christina Olague" <c_olague@yahoo.com>, "Michael Antonini" <wordweaver21@aol.com>, "Gwyneth Borden" <plangsf@gmail.com>, "Kathrin Moore" <mooreurban@speakeasy.net>, "Hisashi Sugaya" <hs.commish@yahoo.com>, "Randall Dean" <Randall.Dean@sfgov.org>, "Linda Avery" <Linda.Avery@sfgov.org>
Subject 2005.0555E -- Archeological/Paleontological Comments

Dear Mr. Wycko,
I turned in the attached comments document to the Planning Commission. It covers the archeological and paleontological issues on the CPMC project.
Thank you for your time.
Rose Hillson
Member, Jordan Park Improvement Association

October 14, 2010

Bill Wycko, ERO
San Francisco Planning Department
1650 Mission St., Suite 400
San Francisco, CA 94103

Subject: **Comments and Questions on California Pacific Medical Center (CPMC) Long Range Development Plan -- Case No. 2005.0555E (Clearinghouse No. 2006062157) Draft Environmental Impact Report (DEIR) – Cultural and Paleontological Resources**

Dear Mr. Wycko,

This document supplements my earlier CPMC DEIR comments document I submitted on September 23, 2010 at the Planning Commission. Thank you and Mr. Randall Dean for providing the paleontological documents which I understand had to be in redacted form based on Public Records Act, Section 6254.10 which states as follows:

> 6254.10. Nothing in this chapter requires disclosure of records that relate to archaeological site information and reports maintained by, or in the possession of, the Department of Parks and Recreation, the State Historical Resources Commission, the State Lands Commission, the Native American Heritage Commission, another state agency, or a local agency, including the records that the agency obtains through a consultation process between a California Native American tribe and a state or local agency.

58-1 CP

As a note, some of the redacted information I read did not have to do with Section 6254.10 nor did it appear that the information was about specific addresses of persons nor any specific building that required privacy. Some of the information redacted seems to be about the general geographic direction of significant resources around and on the project sites.

This kind of information becomes important in instances when core samples are taken in places around all these areas and at depths not sufficient to reach the potentially significant resources to then arrive at a conclusion that nothing of any potential archeological/paleontological significant historic resource exists. I think, in light of the redacted information and the general idea I get from reading these documents, a more thorough up-to-date continuous core sampling at depths indicated may be warranted at all sites as recommended by the expert opinions of the 2006 Sonoma State University document which alludes to "incomplete" samples.

In regards to the DEIR itself, under Section 4.4, Cultural and Paleontological Resources, Pages S-38 through S-42:

> (Page S-38) Impact CP-2 states that "construction under the proposed LRDP could potentially adversely affect the significance of subsurface archaeological resources pursuant to Section 15064.5 of the State CEQA Guidelines."

58-2 CP

Again, based on the fact that potentially significant findings related to Native American tribes could exist at Davies and St. Luke's, it is suggested that CPMC would hire an archaeological monitor throughout the excavation tasks of the projects per the recommendations in the documents. Please refer to the Sonoma State University 2006 documents written for Archeo-Tec that state that some of the core samples were inadequate due to how they were collected.

The mitigation measure, M-CP-N2, states that an archaeological consultant will be retained should any findings surface with possible monitoring. If any artifacts are found, the maximum amount of time for project work suspension is stated as 4 weeks or beyond this timeframe if the suspension is the "only feasible means to reduce to a less-than-significant level potential effects on a significant archaeological resource, as defined in the State CEQA Guidelines, Section 15064.5(a)(c). The mitigation measure further states:

> At the completion of the archaeological testing program, the archaeological consultant shall submit a written report of the findings to the ERO. If, based on the archaeological testing program, the consultant finds that significant archaeological resources may be present, the ERO in consultation with the consultant shall determine whether additional measures are warranted.

58-2 CP

Since no drawings for alternative construction to the campus sites are included in the CPMC DEIR in case substantial paleontological findings are encountered to the point of interfering with construction schedules for 4 weeks or beyond perhaps this DEIR is not complete. Would it be safe to assume that should resources be found and a delay of over 4 weeks occur, that CPMC will nonetheless go forward with the projects as shown in the DEIR after proper local, state and federal laws for such artifacts are followed? I am aware of incidents in which resources were reburied or filled in on other construction jobs in the City.

After reading all these archeological research documents, a few key themes developed from prior scientific findings and historical uses of the sites. These include children/orphans history at the Cathedral Hill site, as well as Mexican-American, Chinese, Japanese, and German settlement in San Francisco. The project sites seem to have good potential for archeological resources eligible under Criterion 4 (i.e. the finding "has yielded, or has the potential to yield, information important to the prehistory or history of the local area, California or the nation") per the California Register of Historic Resources. These resources would then be designated historical resources under the California Environmental Quality Act. It is suggested to take a serious look at these sites.

CATHEDRAL HILL CAMPUS PROJECT SITE:

For this project site, per the AECOM document, an example of unique archaeological findings would be related to children/orphans and their artifact history at the Cathedral Hill Campus site where there used to be the Ladies' Protection Home Relief Society Children's Home. This document speaks of the history of orphanages in San Francisco and the lack of archaeological materials in relation to such things as children's toys from historic periods. Garbage pits, well pits, etc. which were filled in are likely to exist at the Cathedral Hill site, especially where the rear yard of the orphanage stood. This would be about 80 feet east of the Franklin Street property line towards the center of the block but slightly north bounded by Franklin, Geary, Van Ness and Post. Please see map included in the AECOM report. Per the AECOM document, Page 44, this is the land that Horace Hawes, an influential lawyer, legislator and philanthropist donated to the Ladies' Protection Home Relief Society. Will CPMC follow the AECOM findings and carefully excavate the area of artifacts that could be from this Children's Home? There could be evidence in the filled in pits as well. An archaeological monitor should be on site during the excavations of this area.

58-3 CP

In addition, "priority" buildings are noted in the AECOM report for the Cathedral Hill Project. One building is 117 Cedar which concerns a Mexican-American family; 1014 Geary which concerns a Chinese servant; and 1106 Van Ness which concerns a Japanese servant. Objects of unique archaeological significance could be encountered at these locations which could add to the cultural history and settlement of these peoples. The current Cathedral Hill Hotel may be sitting on some culturally

58-4 CP

significant findings related to these "priority" buildings and again, a monitor should be on stand-by for the excavation and grading activities. 58-4 CP

PACIFIC CAMPUS PROJECT SITE:

The AECOM document, Page 30, states that there is a Chinese laundry that used to be immediately south of the Clay/Webster Street Garage. Apparently, many Chinese servants were also employed by the households in the immediate vicinity of the proposed project or moved to the project site area after the 1906 fire burned them out of the Chinatown area. In the AECOM report, via the 1910 U.S. Census data, several Chinese lived at 2117 Webster and their occupations are all listed as "laundryman." Based on the listing, their surname was Yee. Would the Chinese Historical Society be contacted? 58-5 CP

Also, for the Pacific Campus project site, 2415 Clay is mentioned as having employed Japanese laborers. Also the building location of 2310 Sacramento Street was considered a priority site due to a Japanese servant living there. So these are picked out as highly potential areas of significant archaeological finds. Will the local Japanese National Historical Society be contacted should there be findings? 58-6 CP

The Sonoma State University April 12, 2006 report states that for the Pacific Campus, "incomplete sampling techniques" were used "for the geotechnical borings." And that "there is no doubt that a large volume of the slope deposits will be impacted and/or completely removed, along with any unidentified paleosols that may be present in the dunes that overlie the slope deposits." The report states that "any attempt to identify potential buried sites will at least either require, (1) the use of a backhoe or subsurface coring device prior to construction, or (2) the use of archaeological monitors during construction."

Since requesting the paleontological and archaeological documents for the CPMC DEIR via the Sunshine Ordinance in September 2010 (and because twice I was denied access to all of these documents), I have not seen any additional documents that show that later additional geoarchaeological testing was performed as recommended in the 2006 Sonoma State University documents nor since the ARDT was written by AECOM in January of 2010. And although the mitigation measure states that monitoring may be used it is not clear to this day if it will be. Will monitoring be done on all sites at the areas that are most likely to yield significant historic artifacts? Will additional core samplings of scientific certainty be conducted? 58-7 CP

The Sonoma State University document recommendations included excavation of 3 or 4 backhoe trenches at depths of 14 feet or less to get 2 to 4 complete cores from each building site and supplementing with several targeted interval samples from any buried paleosols that are identified within the complete cores. This document suggested this would be cheaper than "the costs of stopping or slowing the construction work or redesigning the project if important deposits of buried archaeological materials were found during active construction."

DAVIES CAMPUS PROJECT SITE:

Because the Davies Campus site is close to the Mission Dolores historic landmark, and the AECOM report states that there could have been "camps" of Native Americans as early as the beginning of the Mission Period in the area even a half mile away, it would behoove CPMC to have an archeological monitor on site for this particular project especially since the Davies project is only 3 blocks away from Mission Dolores. I have read of shell middens being found in other publications where Native Americans could 58-8 CP

have had extensive activity. Also, please have increased security on this campus during and after breaking ground to protect the potential historic resources.

58-8 CP

The location of the proposed CPMC Davies Campus project appears to be on sensitive land and serious archeological excavation and handling techniques may be warranted.

Due to skip samples used at this Davies campus to determine if there are any prehistoric deposits, they could have been missed. The recommendations stated to take additional boring samples especially around the concrete piers that will be constructed. The Sonoma University document states that there were "limited number (of) geotechnical borings and the incomplete sampling techniques which could have easily skipped over prehistoric deposits, if present." Will more current testing be done?

58-9 CP

ST. LUKE'S CAMPUS PROJECT SITE:

From the archeological documents on the Davies Campus site, it appears that the LRDP project will run into some archeological resources very near. There is mention of the adobe ranch house that Jose Cornelio Bernal (for which Bernal Heights was named) lived in and later occupied by his wife Carmen on a map from 1861.

The report from AECOM states "without new or comparative data, many important questions regarding chronology, settlement, and subsistence cannot be properly addressed or answered, and the current research questions cannot be confirmed, denied, or refined beyond our present understanding. Thus a reasonable amount of subsurface exploration is often needed to determine whether earth-disturbing projects will impact buried archaeological resources." The report states a recommendation to perform subsurface coring or the use of an archaeological monitor.

58-10 CP

Overall, the mitigation measures in the DEIR give some broad guidelines as implementation measures to address how archaeologically significant areas will be handled once artifacts are found, but based on the scientific document by Sonoma State and the Holocene period soils level and the Colma formation levels, the samples should have gone deeper to really be able to come to any solid conclusions and the samples should have been more contiguous rather than shallow and random as were the samples taken. No substantial proof in the paleosols would occur if one already knows that the artifacts, e.g. are at 14 feet or deeper and the samples are taken up to 8 feet below the surface. To conclude that since these shallow and arbitrary paleosols contain no important Holocene era deposits or Colma formation artifacts or any other significant artifacts from 200 years or more ago and hence nothing of any paleontological or archaeological significance exists would be inaccurate science. That is why the Sonoma University documents suggest strongly to carry out archaeological monitoring or the subsurface coring in more contiguous spots and at the depths likely to yield the significant resources near the sensitive areas. Will additional testing be done?

I am not so sure that the archeological areas were or will be mitigated to "less-than-significant" based on pre-project samplings taken in 2005 and 2006, the uncertainty of whether additional monitoring and substantial core samples will be taken, and on whether, if a large paleontological resource is encountered that will require a construction delay of more than 4 weeks, alternate buildings plans will commence as no plans for such a circumstances are included in the DEIR. Perhaps as part of the alternatives, there could be a mitigation measure added that will address this.

58-11 CP

Also, since many of the pages of the documents were redacted per 6254.10 of the Public Records Act, as suggested by the Native American Heritage Commission, it is hoped that all possible indigenous people

58-12 CP

are made aware of the plans rather than expose the City to potential problems of having failed to notify the Indian tribal community, especially in relation to St. Luke's and Davies campus project sites. 58-12 CP

CALIFORNIA CAMPUS PROJECT SITE:

No additional paleontological or archeological reports were provided for this site. In this regard, I conclude that no excavation will be occurring at this campus site nor would there be any plans to until such reports are provided. Historical resource information as it related to the existing buildings was provided on CD of Administrative Documents for this CPMC DEIR which did not cover the archeological/paleontological aspects of this site. 58-13 CP

Thank you for this opportunity to comment on the paleontological and archaeological portion of this CPMC DEIR.

Sincerely,

Rose Hillson
Member, Jordan Park Improvement Association

cc: Ron Miguel, President, Planning Commission
Christina Olague, Vice President, Planning Commission
Michael Antonini, Planning Commissioner
Gwyneth Borden, Planning Commissioner
Kathrin Moore, Planning Commissioner
Hisashi Sugaya, Planning Commissioner
Linda Avery, Commission Secretary
Devyani Jain, Planner
Randall Dean, Planning Department, Archaeologist

Letter 59

324 Larkin Street, #5
San Francisco, Ca 94102
October 8, 2010

RECEIVED
OCT 14 2010
CITY & COUNTY OF S.F.
PLANNING DEPARTMENT
M E A

Mr. Bill Wyco
San Francisco Planning Department
1650 Mission Street, Suite 400
San Francisco, CA 94103

Re. Case 2005.0555E – CPMC on Cathedral Hill – Pedestrian Safety

Dear Mr. Wyco:

There are many aspect of the proposed hospital that seem inappropriate to Cathedral Hill, as well as the needs of the city and the existing distribution of health care services. Increased traffic is particularly worrisome, not only for the air pollution, noise, and congestion, but for the immediate personal safety of the many elderly residents.

As Minister of Pastoral Care at the First Unitarian Church, I am acutely aware of the anxieties already suffered by seniors coming to community events at the UU Center on 1187 Franklin Street or simply trying to take care of their local shopping needs.

Residents of Martin Luther Towers must cross four busy intersections on Franklin Street to reach the nearest grocery store, and Sequoia's residents are already intimidated by the Geary Street traffic and miss out on many events that are only a block away.

59-1 TR

Parents picking up children from the House of Montessori and Up On Top have no safe parking zones on the south side of Geary and must manage to get their young children across the street during rush hour traffic. What will happen when this traffic doubles?

Leaving the UU Church and Center is perilous for all of us, as cars driving North on Franklin turn left on Geary while looking at traffic from the right. Our church staff has witnessed both traffic and pedestrian accidents, and many close calls.

The impact of thousands more vehicles daily is distressing. Cathedral hill has many senior housing complexes, schools and churches, but the DEIR does not consider them. If CPMC builds this mega hospital, priority must be given to pedestrian safety. I see no acknowledgement of these issues in the DEIR, and ask for further study and mitigations.

Very truly yours,
Rev. Fred Rabidoux,
Minister, Pastoral Care
First Unitarian Universalist Society

Letter 60

Fax to: 415-558-6409
From: 415-552-1707

664 Noe Street
San Francisco, CA 94114
October 15, 2010

Bill Wycko,
Environmental Review Officer,
San Francisco Planning Department,
1650 Mission St., Suite 400
San Francisco, CA 94103-2479

Re. Case 2005.0555E – CPMC Long Range Development Plan

Dear Mr.Wycko,

I am writing to protest the Draft of the Environmental Impact Report for the California Pacific Medical Center Long Range Development lan Project. I support the Unitarian Universalist CPMC Task Force letter regarding concerns with vibration levels, gas lines, traffic impacts on public transportation, parking on Cathedral Hill, air quality, hazardous waste and loading dock noise.

60-1 OTH

I support Alternative 3A to:
1) distribute healthcare throughout the city, especially where it is desparately needed in the southern portions, and to
2) reduce the height of the new hospital to within the current zoning height limit of 130 feet.

60-2 ALT3A

Please require the Draft Environmental Impact Report to be improved and to consider the above concerns.

Sincerely,

Trudy Lionel

Trudy Lionel
415-552-1707
tlionelsf@yahoo.com

Letter 61

Devyani Jain/CTYPLN/SFGOV
10/18/2010 12:21 PM

To Chelsea Fordham/CTYPLN/SFGOV@SFGOV
cc
bcc
Subject Fw: CPMC Cathedral Hill Hospital - Writing in Support of Alternative 3A

DEVYANI JAIN, *Senior Planner*
Major Environmental Analysis

San Francisco Planning Department
1650 Mission Street, Suite 400
San Francisco, CA 94103

P: 415.575.9051 | F: 415.558.6409

----- Forwarded by Devyani Jain/CTYPLN/SFGOV on 10/18/2010 12:21 PM -----

Bill Wycko/CTYPLN/SFGOV
10/17/2010 11:49 AM

To Devyani Jain/CTYPLN/SFGOV@SFGOV
cc
Subject Fw: CPMC Cathedral Hill Hospital - Writing in Support of Alternative 3A

----- Forwarded by Bill Wycko/CTYPLN/SFGOV on 10/17/2010 11:49 AM -----

David Mardis <david.mardis@gmail.com>
10/17/2010 11:31 AM

To bill.wycko@sfgov.org
cc
Subject CPMC Cathedral Hill Hospital - Writing in Support of Alternative 3A

Good day Mr. Wycko,

I've worked at a community clinic in the Tenderloin for the past two years, and I feel that more medical resources in that area are, even with the fine print, a good thing. However, I believe that when it comes to healthy, vibrant communities, there's more to be considered than just sound, traffic and pollution studies. I think a hugely important question is will a sense of "Community" with a capital "C" be sustainable if such a gigantic structure is to be erected?

61-1 PH

In reading the Cathedral Hill Neighbors Association and Unitarian Universalist CPMC Task Force letters, both of which I support, the thing that worried me the most about the current proposal being reviewed was summed up by the phrase "Medical Monoculture", or something to that effect. I've already applied to nursing school; I want to be a nurse, and it wouldn't surprise me in the least if I were to end up working in or near this hospital. However, if I were to work there, I would hope that the hospital would be deeply tied into

the Community - not existing apart from it. If we consider the word "environment" from a broad, all-encompassing perspective, which I think we should, then I think that it's readily apparent that the current proposal would not maintain an environment that fosters Community.

In this day and age, with the socioeconomic gap growing ever wider, with people spending entire weekend afternoons on Twitter instead of talking to the person next to them at the bus stop, Communities are as fragile as ever. All neighborhoods, and this one in particular, need special consideration to help maintain the sense of human connection that make this city so great. That at least is this San Franciscan's humble opinion.

61-1 PH

Please give special consideration to alternative 3A. I really think it's the perfect compromise.

61-2 ALT3A

Yours sincerely,
David Mardis

Letter 62

Devyani Jain/CTYPLN/SFGOV
10/18/2010 12:20 PM

To Chelsea Fordham/CTYPLN/SFGOV@SFGOV
cc
bcc
Subject Fw: CPMC Project

DEVYANI JAIN, *Senior Planner*
Major Environmental Analysis

San Francisco Planning Department
1650 Mission Street, Suite 400
San Francisco, CA 94103

P: 415.575.9051 | F: 415.558.6409

----- Forwarded by Devyani Jain/CTYPLN/SFGOV on 10/18/2010 12:20 PM -----

Bill Wycko/CTYPLN/SFGOV
10/18/2010 09:23 AM

To Devyani Jain/CTYPLN/SFGOV@SFGOV
cc
Subject Fw: CPMC Project

----- Forwarded by Bill Wycko/CTYPLN/SFGOV on 10/18/2010 09:23 AM -----

Michael Stack <m_stack@mac.com>
10/17/2010 05:25 PM

To bill.wycko@sfgov.org
cc
Subject CPMC Project

Dear Sir:

As senior citizen residents living next to St. Mary's Cathedral on Geary Boulevard, we wish to add our voices in opposition to the proposed CPMC project particularly with regard to its size and location.

The project will unquestionably result in vastly increased traffic and congestion on one of this City's admittedly noisiest major thoroughfares, Geary Blvd. 62-1 NO

This neighborhood is already plagued with emergency vehicles careening down Geary Boulevard with sirens wailing at all hours of the night. This project will add substantially to the clamor with attendant health consequences for seniors and children.

It will also add to the overall level of pollution in this heavily-trafficked region. 62-2 AQ

It will put an insupportable burden on the area's public transportation system - the buses now are notoriously overcrowded at all times during most of the day. 62-3 TR

The sheer magnitude of the project will overwhelm the neighborhood's infrastructure: the character of the neighborhood, especially its local restaurants, will have to change entirely to meet the needed extra demand and its residents will be accordingly disadvantaged in terms of 62-4 PH

using local facilities for meals. Chain restaurants, such as Burger King, and other chain-owned operations will likely move in to service additional demand. Is it City policy to encourage chain store restaurants at the expense of locally owned dining facilities? 62-4 PH

Parking for guests and visitors will become essentially impossible in one of the few areas of the City where parking is generally reasonably obtained - either on the street or in public garages. The quality of life for residents in terms of their social lives will be adversely affected. This is a not unimportant consideration for the substantial elderly and handicapped community living here. 62-5 TR

It is unnecessary: there are now at least 3 major medical facilities in the immediate area and CP could upgrade its existing Webster St. hospital to meet architectural requirements. I understand this would cost them more to do, but weighed against the proposed alternative and its overt and hidden costs I believe the City would be advantaged in requiring the hospital company to absorb these costs. 62-6 HC

Lastly, there are poorer neighborhoods in the City which are egregiously under-serviced in terms of modern medical facilities. Is it not in the tradition of our great City to look after the exigent needs of our disadvantaged citizenry rather than to pander to the obligation of a Corporations to show a profit to its shareholders? 62-7 HC

We therefore respectfully request that the proposed project be entirely disapproved, or at a minimum significantly curtailed, to take into account the burden it would place on an already-overburdened area of the City.

Respectfully submitted,

Carol Stack
Michael Stack
66 Cleary Court, #1510
San Francisco, 94109
Michael Stack
m_stack@mac.com

Letter 63

Devyani Jain/CTYPLN/SFGOV
10/18/2010 12:19 PM

To Chelsea Fordham/CTYPLN/SFGOV@SFGOV
cc
bcc
Subject Fw: CPMC Hospital plans

DEVYANI JAIN, *Senior Planner*
Major Environmental Analysis

San Francisco Planning Department
1650 Mission Street, Suite 400
San Francisco, CA 94103

P: 415.575.9051 | F: 415.558.6409

----- Forwarded by Devyani Jain/CTYPLN/SFGOV on 10/18/2010 12:20 PM -----

Bill Wycko/CTYPLN/SFGOV
10/18/2010 09:24 AM

To Devyani Jain/CTYPLN/SFGOV@SFGOV
cc
Subject Fw: CPMC Hospital plans

----- Forwarded by Bill Wycko/CTYPLN/SFGOV on 10/18/2010 09:24 AM -----

"Alyson Jacks" <aejacks@earthlink.net>
10/17/2010 03:47 PM
Please respond to aejacks@earthlink.net

To bill.wycko@sfgov.org
cc
Subject CPMC Hospital plans

Dr. Mr. Wycko,

I am wrting in opposition to CMPC's proposal for a colossal Cathedral Hill Hospital and loading dock. I stand in support of the letters written by the Cathedral Hill Neighbors Association and the Unitarian Universalist CPMC Task Force.

63-1 OTH

Rev. Alyson E. Jacks
Community Minister
First Unitarian Universalist Society of San Francisco
1187 Franklin Street
San Francisco, CA 94109

Home address:
325 Banks Street
San Francisco, CA 94110
Alyson Jacks
aejacks@earthlink.net

Letter 64

Concordia~Argonaut

Office of the President
58 Maiden Lane, 2nd Floor
San Francisco, CA 94108
Telephone 415/788-6330; Facsimile 415/391-0555
prosenberg@hnattorneys.com

October 18, 2010

Mr. Bill Wycko
Environmental Review Officer
San Francisco Planning Department
1650 Mission Street, Suite 400
San Francisco, CA 94103

Dear Mr. Wycko:

The Concordia Argonaut is a private membership club located at 1142 Van Ness Avenue (southeast corner of Van Ness and Post). The club has been at this location since 1891.

We are in support of the proposed new hospital and medical office building being proposed by California Pacific Medical Center at Van Ness and Geary. CPMC has presented its plans to our membership and continues to keep us informed of its progress. While the project will result in a high-quality medical center in our neighborhood, we want to ensure that the operation of our facilities will not be negatively impacted by its interim construction and the on-going operations.

64-1 TR

One of the features to the development described to us was the improvement of Cedar Street into a pedestrian-oriented area with a vehicular drop-off serving the proposed medical office building. Our understanding was that vehicles would be able to enter and exit the building on both Geary and Cedar Streets and that Cedar would continue to be one-way (eastbound). Improvements to Cedar including enhanced paving materials, street trees and other features would have greatly improved the area and continued to easily accommodate deliveries through our existing rear door.

In reviewing the Draft EIR, we were disappointed to see that the plans for the project now reflect Cedar as a two-way street serving as the primary vehicular access to the garage of the office building. Such a design would from our perspective, make Cedar a much more congested street; limiting our loading and delivery access and would create a safety hazard for pedestrians crossing the "plaza" area. This design would also in our view, add to

Concordia~Argonaut

congestion at the intersections of Polk Street and Cedar (across a bike lane), Polk and Geary and Geary and Van Ness as people exiting the proposed building garage who would like to go westbound would be required to exit onto Polk Street before turning right onto Geary.

64-1 TR

While we are in support of the opportunity to introduce a state of the art medical facility into our area, we encourage the city to allow CPMC to have both an entry and exit along Geary in order to more evenly distribute the number of cars entering and leaving the garage to their proposed medical office building. This will maximize the opportunity for a more pedestrian-oriented environment to be created along Cedar Street.

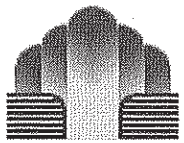
Thank you for your consideration.

Sincerely,
CONCORDIA~ARGONAUT

Patricia G. Rosenberg
President

N:\CLIENTS\20\2070\000\Correspondence\Planning Dept ltr 10-18-10.doc

Letter 65



Devyani Jain /CTYPLN/SFGOV
10/19/2010 10:41 AM

To Chelsea Fordham/CTYPLN/SFGOV@SFGOV
cc
bcc
Subject Fw: Case 2005.0555E - CPMC Long Range Development Plan

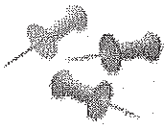


DEVYANI JAIN, *Senior Planner*
Major Environmental Analysis

San Francisco Planning Department
1650 Mission Street, Suite 400
San Francisco, CA 94103

P: 415.575.9051 | F: 415.558.6409

----- Forwarded by Devyani Jain/CTYPLN/SFGOV on 10/19/2010 10:41 AM -----



Bill Wycko /CTYPLN/SFGOV
10/19/2010 10:39 AM

To Devyani Jain/CTYPLN/SFGOV@SFGOV
cc
Subject Fw: Case 2005.0555E - CPMC Long Range Development Plan

----- Forwarded by Bill Wycko/CTYPLN/SFGOV on 10/19/2010 10:39 AM -----



Ben Bear <noahbearz@yahoo.com>
10/18/2010 07:16 PM

To bill.wycko@sfgov.org
cc David.Campos@sfgov.org, George Mayer <george.mayer@att.net>, George Mayer <geomayer@msn.com>
Subject Case 2005.0555E - CPMC Long Range Development Plan

Mr. Bill Wyco

Environmental Review Officer

San Francisco Planning Department

1650 Mission Street, Suite 400

San Francisco, CA 94103

Re. Case 2005.0555E – CPMC Long Range Development Plan

Dear Mr. Wyco:

I am a resident of San Francisco. I live in the Bernal Heights Neighborhood and I worship at the First Unitarian Universalist Society of San Francisco at 1187 Franklin near the site of CPMC's planned Cathedral Hill campus. I wish to go on the record with my concerns regarding the Draft Environmental Impact Report on this project. 65-1 LU

The proposed project asks the people of San Francisco to grant waivers to existing zoning codes in order to build to the liking of CPMC. Clearly, access to medical care is a concern for all of us. However, I do not believe there is enough benefit to the people of San Francisco to outweigh the negative impacts of this planned development.

Alternative 3A reduces the scale of the Cathedral Hill campus: By reducing the scale of the Cathedral Hill campus, this alternative will reduce the significant impacts on traffic on the streets surrounding that facility. Reducing traffic will, in turn, help to reduce the significant negative impacts on noise, air quality and pedestrian safety which are of particular concern because of the proximity of facilities for children and seniors near the Cathedral Hill campus. Alternative 3A, as the draft EIR unequivocally states, is the environmentally superior alternative. 65-2 ALT3A

Allowing the project to proceed according to CPMC's plan eviscerates the plan for the Van Ness corridor. It will provide the precedent for future out-of-scale development along the Van Ness and Geary corridors. 65-3 LU

I have had the opportunity to meet with CPMC representatives to discuss this project and its impact on the neighborhood. They made no secret of the fact that this facility is intended to be a magnet for all of Northern California. It will indeed be a profit center for the most profitable and least charitable non-profit in California. And as such, it will provide relatively little benefit to the people of San Francisco. 65-4 HC

Alternative 3A is more responsive to the needs of San Franciscans. It provides additional services in the Southern half of the city, currently served only by San Francisco General Hospital. I would like to note that I am not a NIMBY. As a resident of Bernal Heights, I am saying "Yes, please, in my back yard" with respect to 3A's added capacity at St. Luke's. 65-5 ALT3A

Adequate distribution of hospital facilities is integral to disaster response. You must take community safety concerns into account when weighing this proposal. 65-6 HC

According to your website, "The City Charter states it is the function of the Planning Commission to adopt and maintain a comprehensive, long-term general plan for future improvement and development of the City. The Department's mission states: The San Francisco Planning Department is dedicated to public service, the orderly and harmonious use of land and improved quality of life for our diverse community and future generations."

I submit that if your office approves the CPMC Long Range Plan in its current form, you will be undermining the comprehensive, long-term general plan for future improvement and development of the City. I submit that if your office approves the CPMC Long Range Plan in its current form, you will be undermining the orderly and harmonious use of land and improved quality of life for our diverse community and future generations. 65-7 LU

I respectfully urge you to reject the CPMC plan and to approve Alternative 3A as the one that is least harmful and most beneficial to San Francisco and its residents. 65-8 ALT3A

by email

Benjamin D. Bear

868 Peralta Avenue

San Francisco, CA 94110-6230

cc: Supervisor David Campos

George Mayer

415-282-6775

noahbearz@yahoo.com

Letter 66

Devyani Jain/CTYPLN/SFGOV
10/19/2010 10:41 AM

To Chelsea Fordham/CTYPLN/SFGOV@SFGOV
cc
bcc
Subject Fw: RE:CPMC letter on EIR

DEVYANI JAIN, *Senior Planner*
Major Environmental Analysis

San Francisco Planning Department
1650 Mission Street, Suite 400
San Francisco, CA 94103

P: 415.575.9051 | F: 415.558.6409

----- Forwarded by Devyani Jain/CTYPLN/SFGOV on 10/19/2010 10:40 AM -----

Bill Wycko/CTYPLN/SFGOV
10/19/2010 10:38 AM

To Devyani Jain/CTYPLN/SFGOV@SFGOV
cc
Subject Fw: RE:CPMC letter on EIR

----- Forwarded by Bill Wycko/CTYPLN/SFGOV on 10/19/2010 10:38 AM -----

merle easton <merle_easton@yahoo.com>

10/18/2010 09:22 PM

To Bill.Wycko@sfgov.org
cc
Subject RE:CPMC letter on EIR

Hello Mr. Wycko,

My response to the CPMC EIR is attached.

Merle Easton, AIA

ltr to Wycko 10 18 10 .2.docx

1132 Broderick St.
San Francisco, CA 94115
October 18, 2010

San Francisco Planning Department
Attention: Mr. Bill Wycko
1650 Mission Street, Suite 400
San Francisco, CA 94103

Re: EIR–CPMC Long Range Development Plan

Dear Mr. Wycko,

The EIR for the CPMC project is inadequate. The proposed Cathedral Hill Hospital is too large and it's environmental impacts too great. It is clear from the EIR that it isn't possible to mitigate the thousands of additional car trips to and from the Cathedral Hill buildings that will affect the intersections in the mid NE of the city. On the streets surrounding the proposed Cathedral Hill buildings cars and trucks will be trying to enter and exit the buildings and add to the gridlock. The EIR acknowledges some of these problems, referring to some as "significant and unavoidable" without proposing mitigations, others are called "less than significant". Major bus routes on Van Ness (Hwy 101) and Geary (major bus and car route to downtown) will be gridlocked. Pedestrian safety isn't even addressed. In case of a disaster cars and buses will be unable to get to the hospital and the rest of the traffic won't be able to get around the hospital. 66-1 TR

The EIR discusses Alternate 3A, which reduces the Cathedral Hill hospital building by a third and increases the size at St. Luke's by adding the children's clinics. This will reduce the number of cars and trucks by a third. The families and children would not be crossing the dangerous streets. The EIR indicates that this is the environmentally preferred option but then goes on to say that it is rejected by CPMC. 66-2 ALT3A

I believe that Alternative 3A is the best way to go. I urge the City to require CPMC to redesign the plan to stay within the existing zoning restrictions.

Sincerely,

Merle Easton, AIA

LETTER 67

"Paul Wermer" <paulhwermer@speakeasy.net>
10/18/2010 08:58 PM

To <bill.wycko@sfgov.org>
cc <devyani.jain@sfgov.org>, <Chelsea.Fordham@sfgov.org>
bcc
Subject Comments on CPMC DEIR, File 2005.0555E - text version

Dear Mr. Wycko,

In the event you could not open the e-mail with the pdf file containing the combined comments of the CPMC Neighbor's Coalition and the Pacific Heights Residents Association regarding CPMC's draft EIR, below is a tect version of the same comments.

We look forward to receiving the formal responses to these comments,

Sincerely,
Paul

Paul Wermer
Co-Chair, CPMC Neighbors Coalition
Board Member, Pacific Heights Residents Association

415 929 1680

2309 California Street
San Francisco, CA 94115

October 18, 2010

Bill Wycko by e-mail
Environmental Review Officer
San Francisco Planning Department
1650 Mission St., Suite 400
San Francisco, CA 94103

SUBJECT: Comments on 2005.0555E, DRAFT ENVIRONMENTAL IMPACT REPORT FOR CALIFORNIA PACIFIC MEDICAL CENTER (CPMC) LONG RANGE DEVELOPMENT PLAN

Dear Mr. Wycko:

The CPMC Neighbors Coalition represents near neighbors of CPMC's Pacific site at Clay and Buchanan. We have been actively working with CPMC/Sutter Health to mitigate impacts of their existing operations since 2003, and have previously submitted comments on the scope of the never completed 2006 EIR process, and more recently (June 25, 2010) on the EEA that formed the basis for this DEIR.

67-1 TR

The Pacific Heights Residents Association represents residents in the area bounded by Bush St., Presidio Ave., Union St. and Van Ness Ave. This area includes CPMC's Pacific Site, and PHRA has worked with the

CPMC Neighbors Coalition to provide clear, consistent messages to CPMC/Sutter Health.

The comments in this letter represent the concerns of both the Pacific Heights Residents Association and the CPMC Neighbors Coalition. 67-1 TR

We note with regret that several salient issues we raised in our June 25 scoping comments were not addressed in the DEIR, especially with respect to traffic impact assessments. We hope that this can be corrected without untoward delays in the overall process.

SUMMARY OF KEY POINTS:

- We support a more detailed investigation of an expanded 3A project alternative (3A Plus) 67-2 ALT3A
- Many issues related to the Pacific site are inadequately addressed in this DEIR, and will require far more detailed attention in a project specific EIR.
- Specifically, we believe that the DEIR contains insufficient or misleading data about project impacts in the areas of land use and land use planning, aesthetics, transportation and circulation, noise, wind and shadow, and other areas. 67-3 OTH
- We propose adoption of alternative metrics to aid the City in projecting the true impact of this proposed project.

PROJECT ALTERNATIVES:

It is unclear to us that the distribution of medical services that will result from CPMC's proposed plan, or from any of the alternatives evaluated in the proposal, is in the best interests of San Francisco.

a) In our scoping comments (June 25, 2010 letter) we raised the question of how CPMC's plans, when considered in light of other health care provider's plans, provide the necessary health care coverage for San Francisco residents. This issue was not addressed in the DEIR, yet how the various health care providers serve San Francisco has direct, cumulative impacts of significance on the environment. CPMC's Health Care IMP was inadequate in this regard. 67-4 HC

b) Many health care services, such as Skilled Nursing Facilities, should be provided in the various quadrants of the city. The alternatives considered fail to assess the impact of CPMC significantly reducing Skilled Nursing Care. Not only do CPMC's proposed plans not address the impact of reducing these services, they also fail to address the discontinuity of care that occurs when a patient is discharged from an acute care facility to recuperate in a skilled nursing facility operated by a 3rd party. As a growing body of evidence shows, the discontinuity in health care when patients are discharged to home or 3rd party Skilled Nursing Facilities results in increased readmissions to the hospital or delayed recovery, compared to more integrated treatment plans. This increases costs and demands on resources – which clearly has environmental impacts. For this reason, it is critical that the evaluation of the Environmentally Preferable Alternative, 3A, be expanded to consider using facilities such as the California and Pacific sites to provide services such as skilled nursing. 67-5 HC 67-6 HC

c) We concur with the points raised by the Cathedral Hill Neighbors Association (CHNA) and the Bernal Heights Neighborhood Center (Bernal) on the inadequate treatment of alternatives, as described in their joint comments on the DEIR (sent by Barbara E. Kautz, of Goldfarb & Lipman LLP) 67-7 ALT

e) We concur with other groups calling for "3A plus" – an updated Alternative 3A developed with community input. 67-8 ALT3A

1) LAND USE AND LAND USE PLANNING:
The Pacific site is adjacent to the Webster Street Historic District, one block from the Upper Fillmore NCD, one block from Lafayette Park, near local schools, and surrounded by a residential district. The adverse impact on the character of the surrounding area from inappropriately designed buildings and high traffic intensity needs to be addressed.

67-9 LU

The DEIR fails to assess the impact of the increased traffic density resulting from the expanded ambulatory care services at CPMC's Pacific site, especially with regard to small businesses in the vicinity, and pedestrian usage of the surrounding streets as residents walk to schools, parks and public transit. Without this assessment, it is not possible to determine whether the new operations are appropriate to this neighborhood.

67-10 TR

The DEIR fails to adequately address potential land use changes as existing business are displaced by hospital-focused businesses. In the case of "destination" NCDs, this may have a significant negative effect on the NCD; in the case of neighborhood serving businesses key neighborhood services may be displaced.

67-11 PH

We understand that the Pacific site plans are still substantially undeveloped, and suggest that the final EIR expressly call this out as an issue to address in the Pacific site project level CEQA assessment.

67-12 INTRO

2) AESTHETICS:
The Pacific Site is located in a primarily low to medium density residential neighborhood with 40 ft height limits. The design of the current CPMC buildings ignored any and all design cues from the surrounding community, with no respect for the residential architectural vocabulary of our community or for the historic character of the surrounding buildings.

We are concerned because buildings proposed in the IMP and the DEIR do not respect size and bulk limits, or the architectural features, commensurate with the neighborhood character, worsening an already significant conflict that diminishes the quality of the neighborhood

In particular, this area is adjacent to the Webster Street Historic District. This needs to be considered when addressing the impact of building heights and designs.

67-13 AE

We understand that the Pacific site plans are still substantially undeveloped, and suggest that the final EIR expressly call this out as an issue to address in the Pacific site project level CEQA assessment.

67-14 INTRO

3) POPULATION AND HOUSING: no specific comments.

67-15 PH

4) CULTURAL AND PALEONTOLOGICAL RESOURCES:
The DEIR does not address potential adverse impacts on the immediately adjacent Webster Street Historic District. In particular, how will construction be managed to avoid damage to historic structures in neighboring and nearby lots? This assessment needs to include the impact of vibrations resulting from heavy vehicles; in some cases existing traffic causes undue vibration in neighboring residences, hence the concern about construction traffic.
(See also comments under AESTHETICS, above)

67-16 CP

We understand that the Pacific site plans are still substantially undeveloped, and suggest that the final

67-17 INTRO

EIR expressly call this out as an issue to address in the Pacific site project level CEQA assessment.

67-17 INTRO

5) TRANSPORTATION AND CIRCULATION:
(Comments apply to all sites)
Traffic Studies: The DEIR Traffic and Circulation analysis is inadequate as presented. The analysis ignored specific comments we raised about the inadequacy of LOS and peak pm/peak am analyses in our scoping comments.

67-18 TR

a) It looks only at the peak PM traffic as Level of Service impacts. Unfortunately, the PM commute period is not when the worst traffic impacts are felt in the hospital vicinity. In the case of Pacific site, for example, there are interactions with delivery of goods to the site as well as interactions with school drop-off and pick-up. These occur outside of the peak commute periods, yet have significant adverse impacts - notably in the increase of unsafe driver behaviors, which threaten pedestrians and other drivers.

b) The analysis is only in terms of Level of Service (LOS), which is not the appropriate metric for residential and neighborhood commercial streets. We propose alternative or supplemental metrics below.

67-19 TR

c) The data used to develop the traffic impact looks at daily averages, and does not assess actual traffic patterns based on intended use of the facilities.

1) The arrival and departure patterns are very dependent on actual services to be provided. For the Pacific site, comparisons of daily averages now (when the hospital s a 24 hour operation) with daily averages in the future (when operations will primarily be 7am – 6 pm) is misleading.

2) CPMC's future operations will introduce a high level of traffic at times that are currently at lower intensity, not just at peak am/peak pm periods. The assessment must look at impacts throughout the day, as the non-commute period impact significantly affects the quality of life in surrounding residential areas.

67-20 TR

3) Traffic studies need to comprehend the impact of the current economic downturn, which has temporarily reduced traffic levels. It is unreasonable to expect reduced traffic intensity to continue. Similarly, past traffic studies by CPMC apparently failed to comprehend seasonal variations (e.g. school vacations) and so underestimated community impact in the Pacific site area. Any traffic measurements intended to establish a current baseline must comprehend these issues. It is worth noting that most data gathered for the traffic studies is several years old. The DEIR does not adequately explain how data study period and age (and hence dependence on economic conditions, interactions with school holidays, etc.) is managed in reaching conclusions.

d) The assessment of bicycle and pedestrian impacts are inadequate.

1) The DEIR only looks at the capacity of sidewalks and crosswalks. That ignores the very real interaction between pedestrians and wheeled traffic in the vicinity of CPMC facilities, and ignores the reduced mobility of many pedestrian visitors to the sites. For examples, standard assumptions about how quickly pedestrians can cross a street fail to consider those with disabilities of various sorts.

67-21 TR

2) The Pacific Campus' new design calls for high-volume traffic crossing sidewalks at 3 new points, yet the DEIR ignores altogether the likely impact of this change on traffic

(lanes blocked while vehicles wait for pedestrians to clear a driveway) and pedestrians, many of whom will be disabled or ill, and who will now have to contend with cars crossing sidewalks frequently. The labor actions that clog CPMC's sidewalks occasionally will only worsen the effects of this new design.
3) Vehicular traffic data is inadequate, and so there is no way to assess the increase or decrease in pedestrian/bicycle/vehicle interactions in the residential and commercial streets covered in the study. Furthermore, there has been no assessment of increased hazardous driver behaviors induced by traffic issues in these streets – yet such behavior changes are readily observable when congestion develops.

67-21 TR

e) CPMC's Traffic Demand Management (TDM) plan for patients and accompanying visitors is flawed, as it imposes high parking fees to encourage patients to take the bus – the reality is that patients circulate looking for nearby parking, adding to congestion, or have friends or family drop them off, doubling the number of vehicle trips and lane blockages due to double parking. Accepting the TDM plan as mitigation completely ignores the fact that, at least in the case of patients and visitors, the observations of nearby residents indicate the result is contrary to the stated intent.

67-22 TR

We request that the traffic studies be revised using tools such as TIRE, the City of Portland Impact Threshold Curve, and the various approaches applied by Florida's DOT. Furthermore, we again ask that the study look at traffic outside of the peak commute periods.

At a minimum a qualitative assessment of driver behaviors on affected streets and intersections as traffic conditions change is required, as the general observation of residents in surrounding areas is that unsafe driver behaviors occur when some roads are highly congested, and drivers attempt to find a less congested path.

67-23 TR

These assessments will provide a much better assessment of the impact on residential and NCD streets than the LOS approach and Vehicle Trips Generated analysis used in the current DEIR. We urge MEA to work with affected residents to define the studies before implementing them, so that we all understand the options, the capabilities and the limitations before deciding on a final approach.

Cumulative impacts (Pacific Site):
The EIR must assess future uses of all nearby facilities, such as the Newcomer High School site, the Smith-Kettlewell Eye Research Institute and the UOP Dental School plans for the Pacific site.

67-24 TR

Transit:
The assessment of the impact on MUNI capacity is flawed, in part because MUNI's load data methodology is inadequate to capture actual demand as it affects transit riders and influences decisions to take transit. We already see crush loads on many MUNI services – even though average load is reported as under 90% of capacity. This defect is significant, as it means many potential transit riders will in fact opt to drive – vitiating critical assumptions in the overall traffic analysis and TDM mitigations.

67-25 TR

Furthermore, it is unclear that MUNI will increase capacity to meet increased service demands at peak periods.

Parking:

67-26 TR

Notwithstanding the policy that parking is a social, not environmental factor, we maintain that because of parking problems related to CPMC operations there is a quantifiable increase in unsafe driver behaviors in response to congestion problems. Furthermore, as noted in the Japantown Better Neighborhood Plan Organizing Committee e-mail (October 8, 2010), parking demand from CPMC operations can have a significant and adverse impact on the viability of Japantown – a significant cultural resource. Both of these are CEQA concerns, yet the DEIR fails to address these issues.

67-26 TR

CPMC Shuttle Services:
CPMC's shuttle services will run on a significantly increased frequency. Absent a detailed analysis of the proposed shuttle routes and schedules, it is not possible to evaluate how this will affect the overall traffic issues at the various sites. Based on observations at Pacific site, shuttle operations can have adverse impacts on pedestrian crosswalks and traffic flow.

67-27 TR

Mitigations:
CPMC/Sutter's mitigation for most traffic and parking issues suffer from a significant defect: They assume that patients, visitors, contractors and CPMC/Sutter will obey the Motor Vehicle Code, and that there is adequate enforcement to ensure compliance with regulations. Unfortunately, over 15 years of experience at Pacific site have demonstrated that all entities – including CPMC/Sutter – routinely violate these regulations and related Use Conditions, and that there is no effective enforcement. The final EIR must demonstrate how this issue will be resolved.

67-28 TR

6) NOISE:
Noise issues from all sources – construction activities and routine operations, as well as extraordinary events such as strikes, have resulted in excessive noise. Absent detailed plans for Pacific site, it is not possible to assess this in the DEIR.

67-29 NO

We understand that the Pacific site plans are still substantially undeveloped, and suggest that the final EIR expressly call this out as an issue to address in the Pacific site project level CEQA assessment.

67-30 INTRO

7) AIR QUALITY:
Given the increase in stop and go traffic, the amount of vehicle-generated particulate matter needs to be clearly addressed in the final EIR. However, given the deficiencies in the traffic analysis, it is not clear how the air quality assessments can be accurate. As such, this is a deficiency in the DEIR.

67-31 AQ

8) WIND AND SHADOW:
In shadow studies, it appears that the DEIR analysis assumes that the only shadow impact requiring consideration are those situations specified in San Francisco's Planning Code Section 295. This ignores the fact that excessive shading on other (non-park) areas can have an adverse environmental effect (as well as denial of solar resources to adjacent properties). Shadow impacts require a more comprehensive assessment, so that policy makers understand the full impacts of the project.

67-32 WS

We understand that the Pacific site plans are still substantially undeveloped, and suggest that the final EIR expressly call this out as an issue to address in the Pacific site project level CEQA assessment.

67-33 INTRO

9) RECREATION:
Comments provided during the scoping process were not addressed. Merely considering population

67-34 RE

increase is inadequate. In the case of Pacific site, for example, increased vehicular traffic and increased parking pressure may reduce access to Lafayette Park, especially for those with reduced mobility who find crossing busy streets difficult. 67-34 RE

We understand that the Pacific site plans are still substantially undeveloped, and suggest that the final EIR expressly call this out as an issue to address in the Pacific site project level CEQA assessment. 67-35 INTRO

10) UTILITIES AND SERVICE SYSTEMS: no specific comments. 67-36 UT

11) PUBLIC SERVICES: no specific comments. 67-37 PS

12) BIOLOGICAL RESOURCES: no specific comments. 67-38 BI

13) GEOLOGY AND SOILS: no specific comments. 67-39 GE

14) HYDROLOGY AND WATER QUALITY: no specific comments. 67-40 HY

15) HAZARDS AND HAZARDOUS MATERIALS:
We understand that the Pacific site plans are still substantially undeveloped, and suggest that the final EIR expressly call this out as an issue to address in the Pacific site project level CEQA assessment. 67-41 HZ

16) MINERAL AND ENERGY RESOURCES: no specific comments. 67-42 ME

17) AGRICULTURE RESOURCES: no specific comments 67-43 AG

18) MANDATORY FINDINGS OF SIGNIFICANCE:
The DEIR fails to consider that CPMC's preferred alternative proposes to significantly reduce Skilled Nursing Facility and Psychiatric beds. This will impose additional burdens on existing services. What is the predicted cumulative impact, and how is this mitigated? 67-44 HC

GENERAL COMMENTS ON COMMUNITY IMPACTS:
Construction Activities: For the Pacific Site, the construction schedule calls for significant activities beginning in 2015 and continuing for several years. Experience with CPMC's recent construction schedules suggests they will slip. The EIR does not adequately assess the impact of continuous construction from 2015 to beyond 2025. A 10% slip in schedule translates into an additional year of noise, disrupted parking and traffic, and dust. 67-45 PD
We understand that the Pacific site plans are still substantially undeveloped, and suggest that the final EIR expressly call this out as an issue to address in the Pacific site project level CEQA assessment. 67-46 INTRO

We look forward to seeing a revised EIR that addresses these issues.

Sincerely Yours,

Paul Wermer
For the CPMC Neighbors Coalition and Pacific Heights Residents Association

cc: Greg Scott, President, Pacific Heights Residents Association
CPMC Neighbors Coalition members
Devyani Jain, San Francisco Planning Department
Chelsea Fordham, San Francisco Planning Department

Letter 68

Devyani Jain/CTYPLN/SFGOV
10/18/2010 06:02 PM

To Chelsea Fordham/CTYPLN/SFGOV@SFGOV
cc
bcc
Subject Fw: CPMC DEIR, Case No. 2005.0555E: Chinatown CDC Comment to Draft DEIR

DEVYANI JAIN, *Senior Planner*
Major Environmental Analysis

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----- Forwarded by Devyani Jain/CTYPLN/SFGOV on 10/18/2010 06:02 PM -----

Bill Wycko/CTYPLN/SFGOV
10/18/2010 05:26 PM

To Devyani Jain/CTYPLN/SFGOV@SFGOV
cc
Subject Fw: CPMC DEIR, Case No. 2005.0555E: Chinatown CDC Comment to Draft DEIR

----- Forwarded by Bill Wycko/CTYPLN/SFGOV on 10/18/2010 05:26 PM -----

"Malcolm Yeung" <myeung@Chinatowncdc.org>
10/18/2010 03:20 PM

To <bill.wycko@sfgov.org>
cc
Subject CPMC DEIR, Case No. 2005.0555E: Chinatown CDC Comment to Draft DEIR

Dear Mr. Wycko,

Please see attached. Also sent via US Mail.

Sincerely,

Malcolm Yeung
Public Policy Manager
Chinatown Community Development Center
1525 Grant Avenue | San Francisco, California 94133
415.984.2749 (o) | 415.742.1082 (c)

myeung@chinatowncdc.org CCDC EIR Comments Final.pdf

Letter 68

Chinatown Community Development Center
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October 18, 2010

VIA US MAIL and EMAIL

Bill Wycko, Environmental Review Officer
San Francisco Planning Department
1650 Mission St., Suite 400
San Francisco, CA 94103
bill.wycko@sfgov.org

Re: Comments on Draft Environmental Impact Report for the California Pacific Medical Center Long Range Development Plan (Case No. 2005.0555E)

On behalf of the Chinatown Community Development Center, I submit comments to the Draft Environmental Impact Report of the California Pacific Medical Center Long Range Development Plan, Planning Department Case No. 2005.0555E (the "EIR"). Chinatown CDC builds community and enhances the quality of life for all San Francisco residents. Based in the Chinatown neighborhood, Chinatown CDC also serves other San Francisco neighborhoods, including North Beach and the Tenderloin. We are a comprehensive community development organization with many roles, serving as neighborhood advocates, organizers, planners, and as developers and managers of affordable housing.

Over the past year, Chinatown CDC has worked closely with the residential tenants of 1036 and 1054 Geary Street, both of which will be demolished to make way for the medical office building adjacent to the Cathedral Hill campus (the "MOB"). Presently, six (6) households remain in these two buildings and the present project will certainly displace these remaining households. Unfortunately, all of these households are very-low to low-income and are among the most vulnerable to homelessness in San Francisco. The project sponsor must acknowledge this displacement impact as a significant. 68-1 PH

All told, the proposed MOB will lead to the displacement of at least twenty-five residential units – twenty (20) of which are residential hotel rooms and five (5) of which are rental apartment units. Each of these units are significant housing resources to San Francisco residents, especially given that they have by and large served as *de facto* affordable housing units to low-income San Franciscans. The demolition of these units as part of the MOB project will have a significant impact on San Francisco's housing stock and necessitate, either by legal mandate or by strong public policy considerations, replacement by the project sponsor.

While the project sponsor has initiated discussions with CCDC and residents to mitigate the above impacts, they have not finalized any such plans and have not incorporated these plans formally into the project development. This DEIR, moreover, has not incorporated these any such plans as mitigations to Impacts PH1, PH2, and PH3. The DEIR, as a result, is deficient and must be amended before the City can approve it.

NeighborWorks CHARTERED MEMBER

Properties professionally managed by Chinatown Community Development Center do not discriminate based on race, color, creed, religion, sex, national origin, age, familial status, handicap, ancestry, medical condition, physical handicap, veteran status, sexual orientation, AIDS, AIDS related condition (ARC), mental disability, marital status, source of income, or any other arbitrary status.

Section 4.3, Impact PH-2 for Near-Term Projects/Cathedral Hill Campus (Demolition of 20 Residential Hotel Units and 5 Rental Housing Units): Determination of Significance Should Be "Potentially Significant"

The MOB project will necessitate demolition of 20 single room occupancy residential hotel rooms (the "SRO Units") and 5 rental apartment units (the "Rental Units"). The displacement of these units will have a substantial impact on San Francisco's housing stock and, as a result, will necessitate construction of replacement housing. Consequently, the EIR should determine this impact to be "Potentially Significant." 68-2 PH

The City of San Francisco has found that displacement of any residential hotel rooms constitutes a significant impact on the city's housing stock. Section 41.3 of the San Francisco Administrative Code makes this point abundantly clear. Under this section, the City finds the following:

- there is a severe shortage of affordable housing (see subsection (a)),
- that residential hotel rooms to constitute a significant source of affordable housing (see subsection (c)), and 68-3 PH
- that residential hotels are "endangered housing resources and must be protected" (see subsection (f)).

Given this strong statement from the City, removal of even one SRO room constitutes a significant impact, necessitating construction of replacement units. This replacement obligation, in fact, has been codified under Section 41.13.

The City has made a similar determination with regard to "standard" rental housing stock. In short, both the City's General Plan and Section 317(a) of the San Francisco Planning Code find that "existing housing is the greatest stock of rental and financially accessible residential units, and is a resource in need of protection." In this instance, this statement is particularly true. The five apartment units slated for demolition presently house (or in the very near-past have housed) very-low to low-income households. As a result, the demolition of these 5 units constitutes demolition of *de facto* affordable housing. Given this statement of severe need for affordable housing, the demolition of these five units also constitutes a significant impact. 68-4 PH

While construction of replacement housing is not codified in this instance, public policy mitigates strongly in favor of such a requirement. This is particularly true in light of the fact that San Francisco fell far short of its affordable housing production goals between 1999 and 2006.[1] This further points to the strong necessity to replace these unit, triggering a "potentially significant impact." 68-5 PH

[1] While San Francisco as a whole produced 153% of its market rate housing goal during this period, the City only produced 80% of its very-low income housing goal, 52% of its low-income housing goal, and 13% of its moderate income housing goal. See San Francisco Department of Planning, *San Francisco Housing Element Part I: Data and Needs (Draft 2)*, Revised June 2010, p. 98, posted online at http://housingelement2009.sfplanning.org/docs/Housing_Element_PartI_Data_Needs_Jun_10.pdf.

While the underlying basis for determining significance in this instance may be characterized as an economic or social impact (i.e., the negative impact on the city's affordable housing stock), economic and/or social impacts are in fact permitted considerations when tied to a physical change, such as demolition of housing stock. Section 15064(e) of Title 14 of the California Code of Regulations makes clear that the "economic and social effect of a physical change may be used to determine that the physical change is a significant effect on the environment." Here, the demolition (i.e., the physical change) will severely impact the city's stock of affordable housing (i.e., the social and economic impact), necessitating a determination of "potentially significant impact." As a result, Impact PH-2 regarding the near term impact of the Cathedral Hill campus must be amended to reflect this determination. 68-6 PH

An alternative determination of "Less than Significant with Mitigation Incorporated" is not yet justified. While the EIR discusses CPMC's replacement housing obligation under Section 41.13 of the SF Admin Code and CPMC's ongoing discussions with the SF Mayor's Office of Housing (MOH) around how to fulfill these obligation, CPMC has not proposed an actual, concrete mitigation plan. The EIR merely discusses various "options" that CPMC has raised with MOH but does not commit to them as proposed mitigations. Worse yet, the EIR includes absolutely NO discussion of how CPMC will mitigate the demolition impact of the 5 rental housing units. 68-7 PH

Without actual proposed mitigations, the public cannot assess the degree to which the project will actually reduce the impact of the displacement of the 20 residential hotel units and 5 rental housing units.

Section 4.3, Impact PH-3 for Near-Term Projects/Cathedral Hill Campus (Displacement of Very-Low and Low Income Households): Determination of Significance Should Be "Potentially Significant"

The EIR should determine that the displacement of six (6) tenant households from the Cathedral Hill MOB site is a "Potentially Significant Impact." Because all six (6) tenant households are all low to very low income and because there is a severe shortage of affordable housing in San Francisco, any displacement of low-income individuals must be considered significant. As with the PH-2 discussion, the EIR fails to identify concrete mitigation proposals so cannot qualify for a determination of "Less than Significant with Mitigation Incorporated." 68-8 PH

Any demolition that causes displacement of low to very-low income households in San Francisco has a significant environmental impact. Because of the severe shortage of affordable housing identified above, the likelihood that displaced households will find suitable replacement housing in the area or even in San Francisco as a whole is very low. In fact, the decrease of low to very low income households between 2000 and 2006 in the project area is staggering, ranging between 45% to 58%!![2] And while this impact is again economic and social in nature, as discussed above, economic and social factors (i.e., income level of displaced residents and unavailability of affordable replacement housing) can be used to determined the significance of any physical change (i.e., the demolition and resulting displacement). 68-9 PH

[2] See Association of Bay Area Governments, *Development without Displacement: Development with Diversity* (December 2009), p. 31 posted online at http://www.bayareavision.org/initiatives/dwd-final.pdf.

Moreover, any "environmental effects of a project [that] will cause substantial adverse effects on human beings, either directly or indirectly" mandates a finding of significance (see Title 14, Cal.Code of Regs, section 15065(a)(4). In this instance, the demolition will displace tenant households. Under any standard, displacement from one's home has a substantial adverse effect on a human being. 68-9 PH

As with Impact PH-2, an alternative determination of "Less than Significant with Mitigation Incorporated" is not yet justified. The EIR states that "CPMC would provide for the relocation of tenants needing assistance, in excess of that required by law" and that "[t]enants would be offered suitable units elsewhere under the oversight of the Mayor's Office of Housing and the Board of Supervisors" (see EIR, p. 4.3-43 to 4.3-44).

First, the EIR does not indicate whether CPMC has committed to any relocation plan as an environmental impact mitigation or whether CPMC has incorporated them into the Cathedral Hill project. And second, even if the CPMC had been incorporated them, as written the EIR does not provide sufficient detail to determine whether these proposed plans could sufficiently mitigate the impact. The relocation assistance proposal does not state what "law" the plan will exceed so there is no way to determine from the EIR even the basics of the relocation plan. Moreover, there is no more detail regarding the proposal regarding MOH and the Board of Supervisor's oversight of the re-housing of the displacement households (not to mention any discussion of a concrete agreement reached by MOH or the BOS that they have agreed to such oversight). 68-10 PH

As with PH-2, without actual, proposed mitigations, the public cannot assess the degree to which the project will reduce the impact of the displacement of the low-income tenant households.

Section 4.3, Impact PH-1 for Near-Term Projects/Cathedral Hill Campus (Population Growth): Determination of Significance Should Be "Potentially Significant"

The EIR should determine that impact PH-1 addressing population growth is "Potentially Significant." The present determination of "Less than Significant" is simply untenable, particularly in light of the data provided in the EIR itself.

Based upon table 4.3-9 of the EIR, the Cathedral Hill campus would account for a staggering 30% of SF's population growth between 2006 and 2015, translating into roughly 8% of SF's household growth during this same period. The fact that one project can account for a statistically significant portion of the City's population growth over a ten year period is in and of itself significant. 68-11 PH

In evaluating the specific near term impacts of the Cathedral Hill campus, the EIR offsets the growth induced by the Cathedral Hill campus with the unemployment created by the closure of the Pacific campus. This offset, according to the EIR, will reduce the above figures to 8% of the population growth and 2% of the household growth. Despite this, let me reiterate the above conclusion. The fact that one project can account for a statistically significant portion of the City's population growth over a ten year period must be significant.

The EIR further dismisses the impact of the growth induced by the Cathedral Hill campus by turning to irrelevant and misleading San Francisco housing data. First, the EIR suggests that the roughly seventeen 68-12 PH

thousand (17,000) vacant units in the City can more than account for the household growth induced by the Cathedral Hill campus. The vacancy data, however, is meaningless unless compared to the average historic vacancy rate in SF. Put simply, every real estate market has a relatively stable vacancy rate because of "natural" turnover. Vacancy rates can dip or rise based upon the market demand – but vacancy rates never actually go to "0." Without knowing how the 17,000 number compares to SF's historic vacancy rate, it is impossible to tell whether the SF real estate market, as is, can absorb the additional households created by the Cathedral Hill project.

68-12 PH

Second, the EIR suggests that SF is zoned to support development of up to additional 34,100 units over the 2009 – 2014 period (see EIR, p. 4.3-20) and therefore the City can easily absorb any additional population growth. The 34,100 number, however, constitutes "potential" but UNBUILT units. Put simply, these 34,100 units do not exist. "Someone" could build them. But until they are built, they cannot be relied upon as a housing resource to absorb population growth.

68-13 PH

Third, neither the vacancy rate analysis nor the "potential unit" analysis examines the "jobs and income housing fit." In short, the above two approaches fail to analyze whether the new households generated by the Cathedral Hill campus can actually afford to live in the existing vacant units or the unbuilt, but "zoned" units. Again put simply, the EIR fails to analyze whether the household growth induced by the Cathedral Hill campus will require construction of affordable housing in particular.

68-14 PH

Given this, the Planning Commission should amend the EIR to determine that the PH-1 impact is "Potentially Significant."

Finally, the project sponsor must propose a mitigation to address the potentially significant impact of the population growth induced by the CPMC project. Towards this end (and as with residential hotel units), the existing area land use controls provide ample guidance on what that mitigation must be. CPMC must comply with the Van Ness SUD residential to non-residential production requirements or substantially fulfill that requirement.

68-15 PH

Respectfully Submitted on Behalf of the Chinatown Community Development Center.

Sincerely,

Malcolm Yeung
Public Policy Manager
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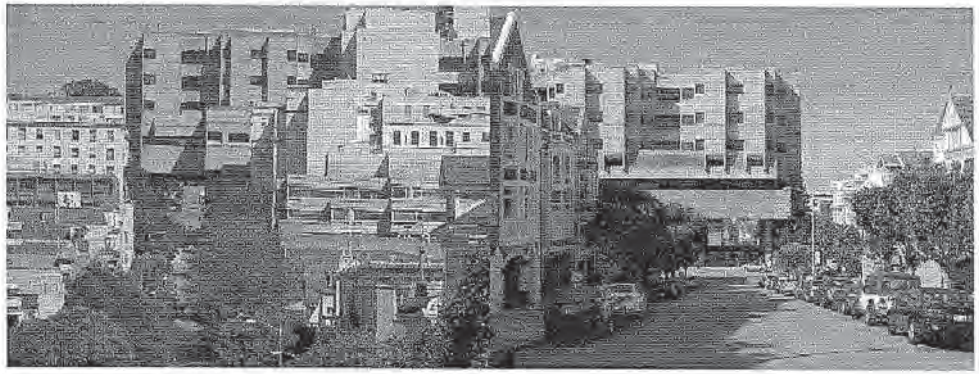
myeung@chinatowncdc.org
415-984-2740

Ian Berke
<Ian@ianberke.com>
10/18/2010 03:03 PM

LETTER 69

To <bill.wycko@sfgov.org>
cc <chelsea.fordham@sfgov.org>, <devjani.jain@sfgov.org>, Paul Wermer <paulhwermer@speakeasy.net>, Greg Scott <greg.scott@us.pwc.com>
bcc
Subject Comments on the CPMC DEIR (2005.0555E)

CPMC Deir comments.doc



Ian Berke
2824 Clay Street
San Francisco, Ca 94115

18 October, 2010

Bill Wycko via e-mail
Environmental Review Office
SF Planning Department
1650 Mission St.
San Francisco, Ca 94103

Re: Comments on the CPMC DEIR (2005.0555E)

Dear Mr. Wycko:

The CPMC building at 2333 Buchanan St, built in the 1970's, was constructed across the Clay Street right of way, totally blocking the Clay Street view corridor. A concrete building in the Brutalist style, it present a huge industrial looking wall that is totally incompatible with the low rise residential neighborhood surrounding the hospital. This enormous 300,000 square foot building creates a visual wall 119 feet high, or about 9 stories, seen from Clay looking west, and 12 stories high when seen from Clay looking east. This is a historic residential neighborhood with mostly 3 and 4 story homes, only a few over 40 feet tall. The Buchanan building is massive, totally out of scale with nearby buildings, ugly and jarring, destructive of neighborhood character, and completely inappropriate in this setting. The attached photographs document this judgment.

69-1 AE

Ironically, this is the only building in the Buchanan/Webster Street complex that is not scheduled to be razed and rebuilt. The Clay Street view corridor needs to be reopened as part of the reconstruction process by removing the north eighty feet of 2333 Buchanan. The loss of square footage will be much less than might be expected, as only the top four floors of this building are used for offices, labs, or rooms. The base is simply used to support those upper floors, and have no other functional use. The removal of the north portion of 2333 Buchanan would serve to substantially improve the aesthetics of the hospital complex and greatly benefit a neighborhood that has long born a disproportionate burden from this massive CPMC complex.

The DEIR should not be approved without provisions for re-opening the Clay Street view corridor.

Very truly yours,

Ian Berke

cc: Paul Wermer, CPMC Neighbors Coalition
Greg Scott, Pacific Heights Residents Association

LETTER 70

Devyani Jain/CTYPLN/SFGOV
10/18/2010 12:32 PM

To Chelsea Fordham/CTYPLN/SFGOV@SFGOV
cc
bcc
Subject Fw: CPMC EIR Long Range Plan/Comments

DEVYANI JAIN, *Senior Planner*
Major Environmental Analysis

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----- Forwarded by Devyani Jain/CTYPLN/SFGOV on 10/18/2010 12:07 PM -----

John Rahaim/CTYPLN/SFGOV
10/18/2010 11:55 AM

To Devyani Jain/CTYPLN/SFGOV@SFGOV
cc
Subject Fw: CPMC EIR Long Range Plan/Comments

John Rahaim
Planning Director
San Francisco Planning Department
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----- Forwarded by John Rahaim/CTYPLN/SFGOV on 10/18/2010 11:55 AM -----

carylito@aol.com
10/18/2010 10:48 AM

To "gavin.newsom "@sfgov.orggavin.newsom@sfgov.org, rm@well.com, "c olague"@yahoo.comc.olague@yahoo.com, rodney@waxmuseum.complangsf@gmail.com, hs.commish@yahoo.com, mooreurban@speakeasy.net, wordweaver21@aol.com, john.rahaim@sfgov.org, ross.mirakarimi@sfgov.org, David.Chiu@sfgov.org
cc rehamaguchi@yahoo.com, smori@kimochi-inc.org
Subject CPMC EIR Long Range Plan/Comments

I am sending this email as a VP for the Japantown Task Force, whose mission is to preserve, and promote the cultural, historical and economic vitality of the oldest Japantown in this USA.
I fully support the comments sent in my the Better Neighborhood Planning Committee.

70-1 TR

I have been involved in this preservation process of our Japantown for over 10 years and wish to state that the CPMC EIR does not adequately address the parking/traffic impacts of their construction phase as well as when they actually open for business. Yes they are on a major transit corridor but there are many patients, employees and others who will need parking and the plans are inadequate.
This will impact parking resources in the nearby Japantown garage and street parking and thus, impact the accessibility for the commercial areas general everyday patronage. The economic vitality of this vital 100 plus year old community will be severely impacted negatively unless these issues are addressed;/amended in the plan.

70-1 TR

Thank you for your consideration,
Caryl Ito
VP Japantown Task Force

Letter 71

DANIEL BURNHAM COURT

October 12, 2010

Mr. Bill Wycko
Environmental Review Officer
San Francisco Planning Department
1650 Mission Street, Suite 400
San Francisco, CA 94103

Re: Formal Comments on the CPMC LRDP DEIR

Mr. Wycko:

The Daniel Burnham Court Master Owners Association and Homeowner's Association consists of 245 residential units and approximately 100,000 square feet of commercial space. Our residential population includes numerous ethnic backgrounds and socio-economic status, including quite a few children and elderly. Our commercial tenants include a number of medical offices that utilize highly sensitive equipment such as lasers for eye surgery and ultrasound technology.

Daniel Burnham Court is literally surrounded by CPMC's Cathedral Hill project. On the south side of our building is the main hospital site. On the north side of Daniel Burnham Court is the medical office building at 1375 Sutter. And across Van Ness diagonally from Daniel Burnham Court is the Medical Office Building.

Naturally our residents and tenants have a number of concerns both about what it will be like to be surrounded by this extraordinary construction project for the next five years as well as the long term impacts that the hospital and medical buildings will create for our community.

71-1 NO

We have been in discussions with CPMC and have expressed our reasonable and rational concerns about those anticipated impacts. We remain hopeful we can come to an agreement on what measures need to be taken to ensure that the development of the hospital campus is done responsibly. However, ultimately we look to both CPMC and our elected officials and government to ensure that the hospital's construction and operation are sensitive to the real and numerous impacts it will have on the environment, including its neighbors.

We have retained the services of consultants to review the draft EIR. Their letters are attached herein (summarized in the letter from Project Management Advisors, inc.). In short, we are respectfully requesting the impacts to the quality of life and work in the surrounding community be mitigated with curtailed work hours set to reasonable residential-sensitive and traffic-sensitive times of day, with additional conditions tied to intrusive construction operations related to noise, vibration, traffic and access. We have also suggested specific and practical traffic mitigations to significant impacts, where none were prescribed. Finally, we are requesting transparency and accountability through a robust communication program coupled with monitoring of the most intrusive physical impacts of noise, vibration, dust, and traffic (beyond that currently required in the draft). At the very

One Daniel Burnham Court, Suite 160-C • San Francisco, California 94109 • Telephone: 415 771-9910 Fax: 415 771-7452

least, CPMC should evidence that the project is in compliance with representations in the environmental review and that prescribed mitigation measures are working as anticipated.

71-1 CONST

Thank you very much for your consideration.

Sincerely,
Daniel Burnham Court Master Owner's Association

Helene M. Dellanini

Helene Dellanini
General Manager

Cc: Michela Allioto-Pier, Board of Supervisors
David Chiu, Board of Supervisors
Hisashi B. Sugaya, Planning Commissioner
Michael Antonini, Planning Commissioner

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Project Management Advisors, Inc.

October 12, 2010

Ms. Helene M. Dellanini
General Manager
Master Owner's Association, Homeowner's Association
One Daniel Burnham Court, Suite 160-C
San Francisco, California 94109

Re: Review of CPMC's Long Range Development Plan Draft EIR

Ms. Dellanini:

Project Management Advisors, Inc., along with subject matter expert consultants, Veneklasen Associates (acoustics), and Wilsey Ham (civil), have reviewed the CPMC LRDP DEIR on behalf of the Daniel Burnham Court Master Owner's Association (DBC) and have the following comments for submission to the City planning staff.

TR-4: Implementation of the Cathedral Hill Campus project would have less-than-significant impacts at 18 study intersections that would operate at LOS D or better under 2015 Modified Baseline plus Project conditions.

71-2 TR

TR-4 Comments: Although the intersection of Franklin and Post was not predicted to drop to a Level of Service below acceptable thresholds, it is recommended that some measure of mitigation be prescribed to alleviate the additional trips at the intersection due to traffic related to the hospital. We recommend that a portion of the curbside area (50 ft) should become a dedicated right turn lane. Currently, vehicles are allowed to park in this area, except during peak PM traffic hours on weekdays.

The Cathedral Hill Campus Transportation Impact Study indicates that the hospital shuttle will generate 36 trips per hour, or 1.7 trips per minute. The proposed shuttle drop-off area is located immediately east of the one and only egress from the hospital's passenger drop off area and parking garage. All normal, non-emergency vehicular traffic exiting the hospital will be required to turn right onto Post in essentially the same location that the shuttle drop-off traffic will transition from the traffic lane into the shuttle drop-off. A Muni lane that runs buses #2 and #3 is also adjacent to the proposed shuttle drop-off area and each bus route averages 10 minutes between buses of the same route number during peak periods. This equates to a combined average of one bus every five minutes. The combined traffic

71-3 TR

movements of the bus traffic, shuttle traffic and egress traffic from the hospital will add significant congestion on Post during peak-hour traffic periods. Therefore, it is recommended that the shuttle drop-off be relocated from Post and combined with the main internal shuttle drop-off area that is access from Geary. 71-3 TR

To verify accurate traffic modeling, as well as to hold CPMC accountable for validating its environmental analysis, findings, and the effectiveness of mitigation measures, the EIR should include a requirement for CPMC to perform traffic counts and LOS monitoring at Franklin and Post. If the LOS at that intersection is found to be worse than anticipated and below D, then additional mitigation measures should be imposed. 71-4 TR

TR-103: Implementation of the Cathedral Hill Campus project would have less-than-significant impacts at eight study intersections that would operate at LOS D or better under 2030 Cumulative plus Project conditions. 71-5 TR

TR-103 Comment: Same as comment for TR-4.

TR-6, 7, 8, 22, 23, 24, 56, 104, 105, 106, 107, 108, 120, 121: Implementation of the Two-way Post Street Variant (TWPSV) would result in significant impacts to various intersections.

TR-6, 7, 8, 22, 23, 24, 56, 104, 105, 106, 107, 108, 120, 121 Comment: Since this variant is an option and not part of the baseline project, and since it has been found to create numerous significant and unavoidable impacts, it does not appear to be environmentally superior to the baseline project as proposed and thus should not be adopted. 71-6 TR

TR-43: Implementation of the Cathedral Hill Campus project would not result in a loading demand during the peak hours of loading activities that could not be accommodated within the proposed loading supply, or within on-street loading zones.

TR-43 Comment: The length, slow moving nature, and wide turning radii, of the anticipated delivery trucks pulling in and out of the loading docks at Franklin was not analyzed for significant impacts to the flow of traffic on Franklin during peak traffic hours. We are concerned this will cause major delays and recommend that CPMC is restricted from having deliveries occur during peak traffic times. In addition, a 71-7 TR

traffic controller should be required to be stationed in the area to facilitate the safe entry and exit of such trucks at all times.

71-7 TR

TR-55: Implementation of the Cathedral Hill Campus project would result in a transportation impact in the project vicinity resulting from construction vehicle traffic and construction activities that would affect the transportation network. (Significant and Unavoidable with Mitigation)

71-8 TR

According to page 2-40, construction of the interior improvements to CPMC's MOB at 1375 Sutter will occur coincident with the construction of the main hospital building and the MOB on Van Ness. However, trips from that part of the construction were not factored into the analysis of the overall construction traffic impact.

The intersection at Franklin and Post is reported to deteriorate from LOS B to LOS F during the five year construction phase, which is the largest deterioration among all of the intersections analyzed. However, TR-55 asks for a Transportation Management Plan in which CPMC identifies for themselves the best practices that might address construction traffic issues, without listing any tangible restrictions or modifications and without requiring proof from CPMC that such measures are working. We recommend the following additional mitigation measures:

71-9 TR

- In order to relieve the significant impacts of construction related traffic on all nearby areas, restrict the following construction operations to occur only during non-peak hours, 9 AM – 5 PM weekdays: concrete pours (staging/queuing of concrete trucks), material deliveries, excavation import/offhaul, fire proofing (staging of pump trucks) and demolition (staging of debris trucks).

- In order to relieve the significant impacts of construction related traffic on the heaviest hit intersection of Franklin and Post, the following activities should be restricted on Post during non-peak hours: staging/queuing of concrete trucks and demolition debris trucks, material deliveries, and excavation import/offhaul site access entry/exit. Displacement of trips would be spread out to intersections that, according to the DEIR, would be operating at or above LOS D. In addition, displacement would occur during non-peak hours.

- The DEIR reports that an average of 135 trucks per shift will be accessing the Cathedral Hill Campus during excavation. For a nine hour shift, this equates to an average of 15 trucks per hour. However, the construction site is planned to have room for parking only eight trucks. Therefore, it is highly likely that trucks will be queuing around the block and causing more traffic than anticipated in the analysis. Truck trips were considered but truck queuing was not. Therefore, in order to avoid queuing and a misrepresentation of the actual impacts in the DEIR per the study, the mitigation measure should require that all trucks accessing the site, for all operations, be controlled and staged at a remote location and dispatched to the site only when space onsite is available.

- CPMC plans on closing both the southern parking lane and Muni lane on Post. The Muni lane will be relocated to the northern normal traffic lane. In addition, CPMC plans on using the last remaining normal traffic lane as their truck route (135 trucks per shift). These changes to the transportation network will have a devastating impact to Post Street, evidence in part by the study's finding of a significant deterioration in LOS at Franklin and Post. In order to mitigate these impacts, construction vehicle traffic should be required to use the bus lane on Post that the Project already plans to take for its own uses, instead of using the normal traffic lanes.

- Given the anticipated congestion in the area of Franklin and Post (LOS B to F), CPMC should be required to station a flagman at the intersection to facilitate smooth traffic flow throughout the work day, even for operations that do not require flagmen per encroachment permits.

71-9 TR

Van Ness Tunnel: Given the levels of traffic volume on Van Ness that remain after 7 PM (Table 4.5-32), lane closure for construction of the tunnel should occur after 9 PM, when traffic volume is shown to decrease significantly.

71-10 TR

[Continued on next page]

NO-1: Short-term noise generated by project-related construction and/or demolition activities could temporarily expose existing nearby noise-sensitive receptors to substantial increases in ambient noise levels (Significance Criteria 6a and 6d)

NO-1 Comments: We have noted several discrepancies in the analysis of short-term construction noise:

1. **Distance to Daniel Burnham Court:** The DEIR's study identified the property at 1 Daniel Burnham Court to be a candidate for a worst-case scenario and evaluated the noise impacts at that location, per CEQA. However, it evaluated noise levels there using a distance of 100 feet, when the distance of sensitive noise receptors (residential unit on Post) to an offending source (hoe-ramming the footing of the existing office building on Post), is approximately 75 feet away. Therefore, predicted noise levels reported at Daniel Burnham Court which were underestimated at 81 dBA should be reported as 82 dBA. On a logarithmic scale, this is a difference of

71-11 NO

DEIR Predicted Average Construction Noise Level at Daniel Burnham	Predicted Average Construction Noise Level at Daniel Burnham, adjusted for accurate distance from source (75')
81 dBA	82 dBA

2. **Maximum Noise Level and the SF Noise Ordinance:** Anticipated theoretical *average* noise levels were evaluated for significant impacts by comparison against the San Francisco Noise Ordinance criterion of 80 dBA at a distance of 100 feet from the source construction equipment. However, per section 2901(g) of the code, this criterion should be compared against *maximum* noise levels produced by construction equipment measured at such a distance. On a recent assignment, Veneklasen Associates noted maximum noise levels from construction equipment as on average 9 dBA higher than time-averaged levels. If this is also true for CPMC's construction site, then the predicted average noise level of 82 dBA at 75 feet (see above) would be equivalent to a maximum noise level of 91 dBA at 75 feet, which would be squarely out of compliance with the SF Noise Ordinance (adjusted to 81 dBA at 75').

71-12 NO

DEIR Predicted Average Construction Noise Level at Daniel Burnham, adjusted for distance (75')	Potential Predicted Maximum Noise Level at Daniel Burnham (75')	SF Noise Ordinance – Limit of Maximum Noise at 75'	Consequence
82 dBA	91 dBA	81 dBA	Project is out of compliance

3. **Significance Criterion:** The significance criterion ultimately used in the DEIR is compliance with the SF Noise Ordinance. However, the CEQA significance criterion 6d on page 38 defines an impact as being significant when the project results in a substantial temporary increase in ambient noise in the project vicinity above levels existing without the project. Industry practice considers this to be an increase of 5 dBA above ambient. Since noise level in dBA is in a logarithmic scale, an increase in 5 dBA is actually an increase of 40% in loudness or perceived sound volume. The predicted noise level at Daniel Burnham Court is 82 dBA (modified for 75' distance), while the ambient noise level was measured to be 66 dBA. This increase in 16 dBA results in an increase in loudness between 150-200%, or 4 times the ambient. Therefore, per CEQA, the project poses significant impacts to the environment that are required to be mitigated and monitored appropriately. 71-13 NO

Ambient average daytime noise level at Daniel Burnham	DEIR Predicted Average Noise Level at Daniel Burnham, adjusted for distance	Change in Loudness
66 dBA	82 dBA	150-200%

4. **Context for Understanding Significance- Interior Noise Levels:** Interior noise levels were not reviewed as part of the EIR, however, since patios constitute the only outdoor living space, interior noise levels are ultimately what sensitive receptors will experience. Understanding interior noise levels provides the context with which to understand the significance of the construction noise and how it will affect the daily life of nearby residents.

   Daytime: Daytime interior noise level criteria were provided in the DEIR from the World Health Organization as well as from the EPA (45 dBA). Consistent with those values, the San Francisco's General Plan provides daytime exterior noise criteria which can be translated into interior noise criteria between 35 and 44 dBA with windows open. Interior noise levels above these thresholds will interfere with speech communication and other daily living and working activities. Existing conditions at Daniel Burnham Court meet these criteria with windows closed. The predicted noise level inside Daniel Burnham Court due to construction is 56 dBA with windows closed, which again, is a 4x increase above ambient, but additionally is 2x above industry-wide acceptable interior noise levels. 71-14 NO

We are concerned that noise levels of 4x above the existing urban noise levels might cause the stress induced diseases listed on page 4.6-7, and also other issues such as headaches and the inability to concentrate.

Measured Ambient Daytime Average Noise Level at Interior Space in Daniel Burnham with windows closed	Predicted Average Construction Noise Level at Interior Space of Daniel Burnham with windows closed	Daytime Acceptable Average Noise Level Criterion	Significance
41 dBA	56 dBA	45 dBA	4x ambient; 2x+ acceptable levels; Interference with Speech Communication, with a concern about potential health affects

71-14 NO

Nighttime: For nighttime noise, ANSI S12.9 defines a method to calculate sleep disturbance given a noise level. The DEIR reported that CPMC plans to conduct a second shift (4 pm until midnight) for demolition, excavation, foundation, structural, concrete placement, and welding. Veneklasen calculated that given such activity, the probability of an individual awakening from the noise would be 50% with windows closed and 61% with windows open.

Predicted Construction Related Nighttime Sound Exposure Level (SEL) at Daniel Burnham, windows open	Probability of Awakening	Predicted Construction Related Nighttime Sound Exposure Level (SEL) at Daniel Burnham, windows closed	Probability of Awakening
72	61%	65	50%

Conclusion: Increased noise levels due to CPMC's construction must not be understood in context. The predicted noise levels established in the DEIR's study point to serious consequences such as sleep deprivation, difficulty hearing speech communication, a concern about potential health affects, and an overall degradation of the quality of life for neighboring residents.

Given the above concerns about the predicted noise levels at neighboring locations to the project site, we have the following recommendations:

General and M-NO-N1b - Community Liaison: CPMC should also be required to host a website during the construction phase and make available an up-to-date log of all submitted comments and concerns. Such log shall be updated daily with comments that are received through the website, the community liaison, or other means. Each logged comment shall have a response and progress update from CPMC's team on how they are addressing the issue. 71-15 NO

CPMC shall provide weekly construction progress bulletins in hard copy format to neighbors outlining construction activities that will generate traffic congestion, noise, dust, vibration, light after sunset, utility disruptions, mass transit and pedestrian route changes, etc. The weekly bulletin shall also contain information regarding impactful activities for the next six weeks.

M-NO-N1c – Monitoring and Additional Mitigation Measures: Under this measure CPMC would be required to monitor noise for one week prior to each major phase in construction. We recommend modifying this requirement to monitor for one week prior to each new potentially offensive activity within each phase. For instance, during demolition, measurements should be taken at the start of the building being taken down by excavators, and then at the start of hoe-ramming of the existing building foundations. Also, during excavation/earthwork operations, measurements should be taken at the start of excavation and offhaul and at the start of import and grading. 71-16 NO

Other mitigation measures that should be required include:

- The following noise-generating construction operations should be restricted from occurring before 9 AM and after 5 PM everyday: material deliveries, concrete pours, excavation, import/offhaul, grading, fire proofing, crane activities, jackhammering, hoe ramming and all demolition activities, and welding, sawing and pneumatic tools (prior to the building skin being installed). 71-17 NO

- The following noise-generating construction activities should be restricted from occurring on Post Street, due to the sensitive commercial and residential receptors: placement of generators, staging of concrete pumping activities, earthwork import/offhaul site access point, staging of fire proofing pump truck, crane picks, and demolition debris chutes.

- Noise monitoring results should be required to be submitted to Daniel Burnham Court and the City within 5 business of measurement, so that proper actions can be taken to mitigate offending construction operations. It should be clear in the EIR that the Project is required to suspend operations immediately when it finds that measured noise levels exceed the SF Noise Ordinance and any additional requirements that might be added to the EIR (noise levels before 9 AM or after 5 PM, etc.)

71-17 NO

Since it is not feasible to restrict noise-generating construction operations at all hours or from all property boundaries, and other on-site measures such as sound barriers will not work for sensitive receptors above the heights of such walls, the impacts associated with construction phase noise, given their predicted levels above ambient, should be considered Significant and Unavoidable, with onsite and/or conventional mitigations.

71-18 NO

NO-5 Groundborne vibration levels attributable to construction activities could exceed the threshold of significance for exposing noise- and vibration-sensitive land uses to vibration levels that exceed applicable thresholds. (Significance Criterion 6b)

NO-5 Comment: The DEIR predicts vibration levels at Daniel Burnham Court to be 78 VdB. However, Daniel Burnham Court contains medical uses that are sensitive to vibration, on the order reported in table 4.6-17, or 65 VdB. Therefore, vibration is anticipated to inhibit those sensitive medical uses from performing vital functions for their financial livelihood. Given this impact, we recommend CPMC be required to:

71-19 NO

- Coordinate its vibration-generating activities with the sensitive operations of the medical tenants at Daniel Burnham Court and other neighbors.

- Include in the prescribed Vibration Management Plan a requirement to monitor at Daniel Burnham Court, specifically at its property line, at the lowest residential level on the Post side of both towers, and at the nearest commercial use with sensitivity to vibration. CPMC shall monitor vibration continuously throughout demolition, excavation, foundations, and erection. Measurements shall be evaluated on a daily basis by a third party consultant and reported to the City and Daniel Burnham Court the following day. CPMC shall suspend operations that show vibration levels above 65 Vdb during hours agreed upon between CPMC and the collection of medical use facilities at Daniel Burnham Court (per the bullet above).

- To prevent vibration from interrupting the sleep of DBC residents, vibration generating activities such as the use of vibratory rollers, truck deliveries, etc shall not be conducted after 7 PM M-Sat.
- If vibration persists that prevents medical uses within Daniel Burnham Court from conducting work, CPMC should be required to provide individual instrument/equipment isolation, where feasible.

71-19 NO

AQ-2: Construction activities associated with the LRDP would expose sensitive receptors to substantial concentrations of toxic air contaminants.

AQ-2 Comment: The DEIR's analysis of construction-related emissions did not consider the significant impacts related to toxic substances contained in the project's fill soil made air born by earthwork operations. Although BAAQMD best practices are required to a certain degree, they do not guarantee that air born dust will not migrate beyond project site boundaries. Section 4.16.1 reported that the Phase II ESA identified lead in the fill soil which would require disposal off-site as a hazardous waste. Lead-tainted air born dust particles exposed to nearby residents, including the elderly and children, throughout the 5 years of construction, must be evaluated and appropriate mitigation measures prescribed.

71-20 AQ

M-AQ-N1a: Although the DEIR has prescribed the BAAQMD's best practices for dust mitigation, unfortunately the practical reality on a construction site is that if the measures are not enforced on a daily basis then they are not effective. We recommend the following additional requirements:

- The BAAQMD's optional and additional measures should be made mandatory. Wheel washing and suspending operations during gusty winds are considered minimum best practices in the industry for controlling dust migration off site. In addition, all stock piles that are not in use for more than 2 days should be tarped and covered.

- The City shall assign an inspector to monitor the project during earthwork operations to enforce the required mitigation measures. CPMC should be required to reimburse the City for the direct costs associated with the onsite inspector.

71-21 AQ

Project Management Advisors, Inc.

- CPMC's Dust Management Plan shall include total particulate dust monitoring at its site boundary and adjacent residential property boundaries. Continuous measurements shall be taken throughout demolition until building erection. CPMC should be required to retain the services of a third party environmental consultant to conduct the testing and evaluation of data, as well as establish a threshold of particulate dust concentration consist with BAAQMD regulation and the toxicity of any hazardous substances (such as lead) found in the fill material. Results should be reported to the City on a weekly basis and construction operations found to generate dust above the concentration threshold shall be suspended until mitigations are made. 71-21 AQ

Safety – General: We were unable to locate an evaluation of the potential safety impacts the project would have to the surrounding area. Construction sites typically attract vandalism, theft, and other impacts to safety. CPMC should be required to provide 24 hour dedicated, manned security at the hospital, MOB, and 1375 construction sites and neighboring areas. 71-22 OTH

Also as a health safety concern, we were unable to locate discussion about CPMC's requirement to maintain a rodent and pest-free site, especially prior to construction while the existing buildings are vacant. If a sudden increase in pests is noted at neighboring properties, CPMC should be notified so that they can address the problem on their site and neighboring properties. 71-23 HZ

Sincerely,

PROJECT MANAGEMENT ADVISORS, INC.

Diane Floresca Smith
Senior Project Manager

Cc: J. Michael Tracy, PMA
Michael Sweet, McNutt Law Group

Encl:
Letter from Veneklasen Associates, 10/13/10
Letter from Wilsey Ham, 10/14/10

MEMORANDUM

WILSEY HAM
ENGINEERING ▪ PLANNING ▪ SURVEYING

Date	October 14, 2010	From	Jeff Peterson
To	Michael Sweet McNutt Law Group, LLP 188 The Embarcadero Suite 800 San Francisco, CA 94105	WH Job No.	635-058
Re	Review of CPMC EIR	Copies To	Diane Smith; Project Management Advisors

Wilsey Ham has performed a review of the traffic related information for the Cathedral Hill Campus (CHC) as described in the CPMC EIR. This review has been performed to understand the impacts of the project as they will affect the Daniel Burnham Court Owners Association, and to assess how the proposed mitigation measures will minimize the effect of those impacts on the neighborhood. Our comments are as follows:

Impact	Comment
TR-4	To make a right turn onto Post, northbound vehicles on Franklin currently make the turn from the easternmost through-lane, or from the curbside metered parking spaces that are also striped for a right turn lane. Parking is prohibited in these spaces from 4 pm – 6 pm on weekdays (and from 8 am – 10 am on Wednesdays for street sweeping). Due to the increase in northbound traffic approaching the hospital on Franklin, a portion of this curbside parking area should be a dedicated right-turn lane on Franklin to Post Street to help facilitate the flow of traffic. We recommend a length of approximately 50 feet.
TR-4	The proposed site plan for the Cathedral Hill Campus includes a curbside, shuttle drop-off area on Post Street west of Van Ness. The Cathedral Hill Campus Transportation Impact Study indicates that the shuttle traffic will result in 36 shuttle trips per hour, or approximately one shuttle every 1.7 minutes. The proposed drop-off area is located immediately east of the egress for the internal CHC drop-off and parking garage. All normal, non-emergency, vehicular traffic exiting the hospital will be required to turn right onto Post in essentially the same location that the shuttle drop-off traffic will transition from the traffic lane into the shuttle drop-off. A Muni diamond

71-24 TR

71-25 TR

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lane is also adjacent to the proposed shuttle drop-off area which provides for bus routes #2 and #3. Each bus route averages 10 minutes between buses of the same route number during peak periods, which equates to a combined average of one bus every five minutes. The combined traffic movements of the bus traffic, shuttle traffic and egress traffic from the hospital will add significant congestion on Post Street during peak-hour traffic periods. As a result of this anticipated congestion, it is recommended that the shuttle drop-off be relocated from Post and combined with the main internal shuttle drop-off area that is accessed from Geary.

71-25 TR

We also recommend that a mitigation measure be included in the EIR requiring CPMC to perform traffic counts and LOS monitoring of the Post Street intersections 6-months after occupancy of the hospital. If the measured LOS at the intersections of Post/Franklin or Post/Geary have deteriorated to LOS E or F, the City of San Francisco should require additional traffic mitigation measures.

71-26 TR

TR-6, TR-7, TR-23, TR-8, TR-22, TR-23, TR-56, TR-104, TR-105, TR-106, TR-107, TR-108, TR-120, TR-121

The DEIR indicates that implementation of the Two-way Post Street Variant (TWPSV) would result in a number of significant impacts to traffic in the vicinity of the project, and states that "No feasible mitigation measures are available..." Due to the number of significant impacts that do not have feasible mitigations, and since the TWPSV is an optional feature that is not required for implementation of the project, it seems reasonable and appropriate that the TWPSV should not be approved as part of the project.

71-27 TR

TR-43

The mitigation measure for TR-55 also requires CPMC to coordinate temporary and permanent changes to the transportation network within the City of San Francisco. The proposed loading docks for the Cathedral Hill Hospital are located on Franklin Street. After completion of construction and during normal operations of the hospital, truck deliveries to these loading docks will continue to have an impact on the flow of traffic on Franklin Street. Therefore, the hours for truck deliveries to the hospital should be restricted to occur between 8 AM and 5 PM to minimize the traffic impacts to the project vicinity.

71-28 TR

TR-55

TR-55 states that the construction activities for the project will have a transportation impact on the project vicinity that will affect the transportation network. The mitigation measure requires the implementation of a Construction Transportation Management Plan (TMP) that contains a number of specific action items.

71-29 TR

The greatest impact from construction will be experienced on the streets immediately adjacent to the project. The intersection operating conditions for Franklin/Post are projected to deteriorate from LOS B to LOS F during the A.M. and P.M peak hours, which is the largest deterioration of all of the intersections analyzed. There are a number of construction operations that will contribute to this traffic impact such as large, slow moving trucks that require wide turning movements and obstruct more than one lane. In addition to construction work vehicles, material delivery trucks, and excavation import/offhaul trucks that were considered in the DEIR's evaluation, the construction operations will require staging and/or queuing of concrete pumping trucks, fire proofing pump trucks, demolition debris-carrying trucks, and various other operations. We request that MM TR-55 be amended to include further practical measures which will reduce the impact the construction operations will have to nearby traffic flow, including:

- Prohibit the following construction operations during the busiest commute hours of 6 am to 8 am, and from 5 pm to 8 pm on weekdays: staging/queuing of concrete trucks, material deliveries, excavation import/offhaul, and staging of fire proofing pumps and demolition debris trucks.

- In order to relieve some of the impact on the intersection of Franklin and Post, prohibit the following activities from being conducted on Post during non-peak hours: staging/queuing of concrete trucks, material deliveries, excavation import/offhaul, and staging of fire proofing pumps and demolition debris trucks. Displacement of trips to other intersections will be spread out to intersections that, according to the study, would be operating at their current LOS or at least above D. Also, displacement would occur during non-peak hours.

- Table 4.5-30 states that an average of 135 trucks per shift will travel to the Cathedral Hill Hospital site during the excavation phase (averaging 220 trips per day over two shifts). For the 9-hour daytime shift, this equates to 15 trucks per hour. In addition, the MOB will average another 50 trips per shift (100 per day). The EIR also states that the Cathedral Hill Hospital site would have room for 8 trucks to queue on site. Since a truck will arrive to the hospital site on the average of every three minutes during excavation, it is very evident that there will not be sufficient staging onsite. Therefore, the mitigation measure should require that all truck activity (concrete, material deliveries, import and offhaul, etc.) be controlled and staged at a remote location and dispatched to the site as-needed, and when space is available onsite to provide for a managed truck staging that

71-29 TR

avoids truck staging on the surrounding streets and facilitates the flow of local traffic.

- Since CPMC plans on closing the parking lanes and bus lanes on Post Street and Geary, construction vehicle traffic should be required to use the bus lanes on Post and Geary instead of using the normal traffic lanes. This will remove the slow moving construction traffic (and right turn movements) from the normal traffic lanes which will help minimize the significant and unavoidable impacts of construction on the local traffic.

- Given the anticipated congestion in the area (from LOS B to F), we recommend that at a minimum, CPMC provide a flagman to be stationed at the corner of Franklin and Post to facilitate all traffic movement during construction hours (not just for operations that require flagmen per encroachment permits).

71-29 TR

Construction of the Van Ness tunnel will require lane closures on Van Ness. To minimize the impact, these lane closures will be required to be performed at night. Currently, the lane closures are proposed to begin at 7 pm. However, in looking at the average midweek traffic volumes on Van Ness (Table 4.5-32), it can be seen that the traffic volumes for both the northbound and southbound directions remain very high during the 7 pm to 8 pm time period and drop modestly from 8 pm to 9 pm. Due to the continued high volume of traffic at this time of day, it is recommended that the lane closures begin no earlier than 9 pm to minimize the impacts to the neighborhood.

71-30 TR

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Veneklasen Associates
Consultants in Acoustics | AV | IT | Environmental Noise

October 13, 2010

McNutt Law Group LLP
188 The Embarcadero, Suite 800
San Francisco, California 94105

Attention: Michael Sweet

Subject: **CPMC Cathedral Hill Campus EIR**
Noise Section Review
VA Project No. 4710-001

Dear Michael:

Veneklasen Associates, Inc. (VA) has been contracted to review the noise section of the EIR developed for the CPMC Cathedral Hill campus, specifically with regard to the noise impact to the adjacent residential building, Daniel Burnham Court (DBC). We have reviewed section 4.6, Noise, dated July 21, 2010.

We have attempted where possible to translate the technical quantities of sound pressure level into the corresponding measures of approximate subjective loudness. See "Sound and the Human Ear", page 4.6-3 of the EIR, for additional information.

1. **Impact NO-1. Short-Term Construction Noise**

Short-term noise generated by project-related construction and/or demolition activities could temporarily expose existing nearby noise-sensitive receptors to substantial increases in ambient noise levels.

1.1. Criteria

1.1.1. CEQA significance criterion 6a defines a significant impact if the project results in noise levels in excess of standards established in the San Francisco Noise Ordinance (SFNO). The relevant section of the SFNO is section 2907(a) of the City of San Francisco Police Code, which defines as unlawful noise from construction equipment "in excess of 80 dBA when measured at a distance of 100 feet from such equipment, or an equivalent sound level at some other convenient distance."

71-31 NO

The EIR interprets this criteria that the L_{eq} (i.e., the average noise level) of 80 dBA at the nearest receptor location. However, section 2901(g) defines noise level in as "the maximum continuous sound level or repetitive peak sound level, produced by a source or group of sources as measured with a sound level meter." This corresponds to the L_{max} at the receptor location. (Noise descriptors are defined on page 4.6-6 of the EIR.) Obviously the maximum noise level (L_{max}) will be louder than the average noise level (L_{eq}). For example, in a recent construction noise monitoring project performed by VA, the logged L_{max} was on average 9 dBA higher than the L_{eq} during earth-moving operations. It is not appropriate to utilize an L_{max} criteria SFNO as an L_{eq} criteria.

The closest receptor from the residential portion of DBC is less than 100 feet from the CPMC property line. Exact survey was not available, but from the plans in the EIR and aerial photos, the distance is approximately 75 feet. Assuming a point noise source (6 dB per doubling of distance), which is reasonable for nearby pieces of equipment, 80 dB at 100 feet corresponds to

82 dB at 75 feet. This corresponds to the "equivalent sound level at some other convenient distance" in the SFNO.

Therefore, the requirement of the SFNO, and therefore the requirement for the EIR per CEQA criteria 6a, as it relates to DBC, is that the L_{max} from powered construction equipment measured at the nearest exterior façade of DBC should not exceed 82 dBA. 71-31 NO

1.1.2. CEQA significance criteria 6d defines a significant impact if the project results in a substantial temporary increase in ambient noise in the project vicinity above levels existing without the project. This is not quantified in the EIR. The EIR does include in Table 4.6-20 a significance criteria of 3 or 5 dB LDN, but it is only applied to long-term noise increases. A similar criteria should be used for temporary noise impact as well, consistent with industry practice. Note that a 5 dB increase in noise level corresponds to a 30-40 percent increase in subjective loudness. As noted on page 4.6-5 of the EIR, "a noise-level increase of 3 dB or more is typically considered a substantial degradation of the existing noise environment." 71-32 NO

1.2. Analysis

1.2.1. The EIR Table 4.6-5 reports existing ambient noise levels on Post Street as LDN 70, daytime L_{eq} of 66 (on the 11th floor). Table 4.6-4 reports a short duration measurement at street level on Post Street where the L_{eq} was 68 dBA.

1.2.2. In the EIR, noise levels were calculated using the Federal Highway Administration's Roadway Construction Noise Model. This software calculates an L_{eq} based on the noise level and usage factors of the expected construction equipment, as reported in Table 4.6-21. The output of the RCNM model is that the L_{eq} will be 81 dBA at 100 feet. VA does not take exception to the method or the source noise levels used to generate this value. A noise level of L_{eq} 81 dBA at 100 feet is consistent with VA's expectations. This translates to approximately 82 dBA at 75 feet, which is 14–16 dBA louder than the existing condition (about 180–200 percent increase in subjective loudness). 71-33 NO

1.2.3. It is not possible to predict exactly how much the L_{max} will exceed the L_{eq} during construction. As mentioned above, in one construction project VA has measured recently, the L_{max} was 9 dB on average above the L_{eq}. If the CPMC construction is similar, the L_{max} will be around 90 dBA. This would be a substantial violation of the SFNO limit of 80 dBA. (A 10 dB difference would be perceived as approximately twice as loud.) 71-34 NO

1.2.4. The EIR states that the noisiest activity would be scheduled for the daytime of weekdays, and that quieter activity would take place at night and on Saturdays. Assuming an average hourly L_{eq} of 82 dBA from 7 am – 8 pm, and an L_{eq} of 75 dBA from 9 pm to midnight, the resultant LDN will be about 80, or 10 dBA higher than the existing condition. 71-35 NO

1.2.5. As discussed above, the EIR claim that the significance criteria is L_{eq} 80 dBA at 100 feet is not appropriate. The typical threshold is 5 dBA above the existing condition, or 75 LDN. The L_{eq} increase of about 15 dBA is a very large increase, corresponding to a subjective increase in loudness of 180–200 percent (i.e., 3 times as loud as the ambient).

1.2.6. Mitigation in EIR. The mitigation measures described in the EIR are typical for construction noise and VA takes no exceptions. However, we note that while some of the equipment and staging can be located away from DBC, for some portions of the construction, the noisiest 71-36 NO

equipment will have to operate near the Post property line. Also, while temporary construction barriers can be erected at some locations, the height of the DBC makes it impractical to shield most of the construction site from many of the residential units. Significant noise reductions will not be feasible for at least some portions of the construction program. Therefore, Impact NO-1 should be modified to indicate that *the impact will remain significant and unavoidable with mitigation* (considering only mitigation measures on construction operations). 71-36 NO

1.3. Interior Noise Levels.

1.3.1. The interior noise levels within the condominium units of DBC are a concern not addressed in the EIR. As discussed above, the exterior noise levels will be significant and unavoidable with mitigation. The units have small balconies, but the primary noise impact on the residents will be increase in interior noise levels. Further, the DBC units are not mechanically ventilated but rely on open windows.

1.3.2. VA performed noise measurements at the site to quantify the existing condition and to obtain data to aid in the analysis of future noise levels. VA measured the noise reduction from exterior to interior with both windows closed and open, as well as daytime exterior and interior levels and interior 24-hour noise levels. Measurement details are included in the Appendix. The summary results are presented in the following table for a unit facing Post Street. VA also has included the levels reported in Table 4.6-5 of the EIR. The "windows open" condition was measured with the window opened to the first detent, about 1 inch.

Table 1 – Existing Noise Levels at Residences

		Exterior (VA)	Exterior (EIR)	Windows closed	Windows open
Typical hourly L_{eq}	Day	67	66	41	47
	Night	61	63	36	41
L_{max}	Day	*	83	81	83
	Night	*	76	63	66
LDN		71	70	45	50

* - Not measured.

71-37 NO

1.3.3. Estimated future noise levels. Based on the predicted construction noise levels (see section 1.2.2 and 1.2.4 above), VA predicted the resultant interior noise level in the units.

Table 2 – Predicted Construction Noise Levels at Residences

		Exterior	Windows closed	Windows open
Typical hourly L_{eq}	Day	82	56	62
	Night	75	49	55
LDN		80	54	60

1.3.4. LDN Criteria and Evaluation. The EPA recommendation in Table 4.6-16 of the EIR is for the interior LDN to not exceed 45 dBA. This matches the California Building Code requirement (section 1207) for habitable rooms in multifamily construction projects. The existing noise level in Unit 211 with the windows closed meets the criteria. The predicted level with construction noise (Table 2) is LDN 54 with the windows closed, about twice as loud as the standard. There is

no separate requirement in the EIR for interior LDN, as the increase in interior LDN matches the increase in exterior LDN. As previously described, this increase in exterior LDN is significant and unavoidable. 71-37 NO

1.3.5. Daytime Noise Level Criteria. Several interior noise criteria are given in the EIR. The WHO recommendation in Table 4.6-2 is for an hourly Leq of 35 dBA during the day and 30 dBA at night.

The San Francisco General Plan has no specific recommendation for interior noise levels, but approximate standards can be inferred from the exterior noise level recommendations. Table 4.6-19 in the EIR indicates that residential uses are satisfactory (no special noise insulation requirements) up to an exterior noise level of LDN 60. Assuming a similar traffic distribution as at the DBC, this corresponds to a daytime exterior noise level of about 56 dBA. VA measured noise reductions between 14 and 21 dBA with windows open, depending on how widely the window was opened. A noise reduction of 12 dBA with windows open is a traditional industry rule-of-thumb (see, for example, County of Orange, California, General Plan, Land Use/Noise Compatibility Manual). Therefore, the General Plan recommendations correspond to a daytime interior noise level between 35 and 44 dBA with the windows open. 71-38 NO

This is in general agreement with VA's experience for offices and other spaces where speech communication is important. Typically, traffic noise levels in the low-40's dBA is considered acceptable.

Taking all of the above into account, a daytime interior noise level (hourly L_{eq}) of less than 45 dBA will be generally considered acceptable. As noise levels increase above 45 dBA, they will begin to interfere will speech communication and other daily living and working activities.

1.3.6. Daytime Noise Level Evaluation. The existing daytime interior noise level is 41 dBA with the windows closed and 47 with the windows open. Therefore, the recommended level is met with the windows closed and slightly exceeded with the windows open. The noise in the unit measured (Unit 211) is largely due to noise from traffic on Van Ness Avenue. Units that are further and/or shielded from Van Ness Avenue will have lower noise levels. 71-39 NO

With construction, the noise is predicted to increase by about 15 dBA, to 56 dBA with windows closed and 62 dBA with the windows open. Even with the windows closed, the construction noise will be more than 10 dBA higher than the recommended level (more than twice as loud). There is no specific discussion in the EIR for interior noise level, as it matches the increase in the exterior noise level.

1.3.7. Nighttime Noise Level Evaluation. Of all the potential noise impacts, sleep disturbance is probably the most severe, in terms of effects on the well being of the residents. This applies to construction activity extending past 10 pm. According to the EIR, construction activity is planned until midnight on weekdays. 71-40 NO

ANSI S12.9 Part 6 (2008), *Methods for Estimation of Awakenings Associated with Outdoor Noise Events Heard in Homes,* defines a method to calculate sleep disturbance given noise level. The standard allows computation of the probability that "a person of average sensitivity to awakening" will be awakened by a noise event. The method is based on Sound Exposure Level (SEL), which quantifies the effect of single noise events. Sound exposure includes both the noise level and duration of an event.

SEL's for the existing condition were calculated from the measurement data. For the windows closed condition, there were only two events logged during the night that exceeded SEL 60. Using the calculations in the ANSI standard, this corresponds to a probability of awakening of 4 percent. Naturally, the windows open condition had a greater number of events (four events with SEL over 60), corresponding to a probability of awakening of about 6 percent.

The EIR (page 4.6-45) indicates that a second shift (4 pm until midnight) will be employed during demolition and excavation, foundation and structural, concrete placement and finishing and pouring decks, and welding. Associated equipment, such as bulldozers, excavators, and dump trucks, may be operating near the Post Street property line. If an "event," such as a bulldozer scooping a load and dumping into a truck, has duration of 10 seconds, then the interior SEL (based on the levels in Table 4.6-21) would be about 65 (windows closed) and 72 (windows open). If there are 50 such events between 10 pm and midnight, the calculated probability of awakening is 50 percent (windows closed) and 61 percent (windows open). 71-40 NO

This procedure is imprecise, as it depends on identifying an "event" which may not be well defined when multiple pieces of equipment are operating simultaneously. Additionally, the calculations in the ANSI standard are based on averages over a large number of studies with many different noise sources, not just construction noise. Its usefulness is not in predicting an absolute number but in quantifying the order of magnitude of the increase in expected sleep disturbance. It is evident that the anticipated noise levels will result in sleep disturbance for a high percentage of the residents.

1.3.8. Mitigation. The EIR does not address interior noise. This is typical, because the increase in interior noise level compared to the background of course follows the increase in exterior noise level. In this project, however, the exterior noise levels per se are relatively unimportant, as there is little exterior living space on the DBC. What the occupants will be exposed to is the resultant interior noise level. With windows open, the interior noise level tracks the exterior noise level. The exterior noise level due to construction noise is significant and unavoidable even with mitigation (see section 1.2.5), and accordingly, the interior noise level with the windows open is significant and unavoidable even with mitigation (considering only mitigation measures on construction operations). 71-41 NO

In addition to the mitigation in the EIR, VA recommends that the following procedures be considered to reduce both exterior and interior noise levels.

1.3.8.1. Stage stationary equipment, in particular cranes, generators, air compressors, lifts, and pumps, away from the Post Street property line, as much as possible. The Post Street property line is less than 100 feet from DBC, whereas the midpoint of of the Franklin Street property line is 200 feet away, and the Geary Boulevard property line is over 300 feet away. For a given piece of equipment, a location on the Franklin or Geary sides of the project would result in a reduction in noise level of 9–12 dB, or about half as loud, compared with locating the same piece of equipment on the Post Street side. 71-42 NO

1.3.8.2. Locate materials and concrete delivery locations that are not near the Post Street property line. Develop truck routes so that entrances and exits for offhaul dump trucks, concrete and material delivery trucks, etc., are not on Post Street.

1.3.8.3. When necessary for noisy activity such as demolition and excavation to occur near the Post property line, restrict the hours to weekdays between 9 am and 5 pm.

1.3.8.4. Restrict nighttime activities after 8 pm to locations away from the property line. Enforce this by adding more stringent noise criteria for nighttime activity as part of the construction noise management plan. For example, the Noise Ordinance requirement that the equipment noise not exceed 80 dBA at 100 feet can be strengthened, so that the equipment noise cannot exceed 72 dBA at 100 feet after 8 pm.

71-42 NO

2. **Impact NO-3. Long-term Operational Noise**

Operation of stationary noise sources associated with the CPMC LRDP could expose onsite and off-site noise-sensitive receptors to noise levels that would exceed applicable standards, and/or result in a substantial increase in ambient noise levels.

2.1. Criteria. Section 2909(b) limits commercial noise to 8 dBA above the ambient, where the ambient is the minimum level measured, but not less than 35 dBA for interior locations. Additionally, section 2909(d) limits the interior noise level in bedrooms to 45 dBA at night, 55 dBA during the day, with the windows open.

The SM&W reports referenced in the EIR generally utilize an ambient of 58 dBA, with a resultant criteria of 66 dBA, which is approximately the same level as the daytime ambient (Leq). At this level, the noise from the mechanical equipment will be audible but would not be considered loud or intrusive to most people.

71-43 NO

2.2. VA has reviewed the SM&W reports referenced in the EIR, and the sound power data reported therein. VA takes no exception to the analysis in the SM&W reports, and the conclusions will be valid as long as the sound power levels of the equipment reported by the manufacturer are accurate. The loudest equipment in the review are the cooling towers; the noise level at DBC from the central plant cooling towers is about 62 dBA. This satisfies the City Noise Ordinance.

2.3. Additional mitigation. The noise level from the cooling towers is 5 dB below the daytime ambient, which should be acceptable. However, if the cooling towers operate at night, they may be at or slightly above the ambient noise level, particularly at the quieter locations of DBC shielded from Van Ness. At these locations, the cooling tower noise may cause annoyance with windows open.

Therefore, VA recommends that the screen around the cooling towers and other equipment should not be just visual, but should be solid (not louvered) so as to double as a sound barrier. Opening at the bottom of the screen for ventilation is acceptable as long as there is no direct line of sight from the cooling towers to all residential units of DBC.

71-44 NO

3. **Impact NO-5. Ground vibration**

Groundborne vibration levels attributable to construction activities could exceed the threshold of significance for exposing noise- and vibration-sensitive land uses to vibration levels that exceed applicable thresholds.

71-45 NO

3.1. Criteria. The criteria for ground vibration is given in the EIR Table 4.6-17, and sets limits of 65 VdB for sensitive uses such as some medical equipment, 72-80 VdB for residential. VA agrees with this criteria.

3.2. Table 4.6-35 in the EIR predicts modeled ground vibration levels from construction to be 78 VdB at DBC. VA takes no exceptions to methodology. 71-46 NO

3.3. The mitigation in EIR involves scheduling and location of vibration generating equipment. VA agrees that this is the only feasible mitigation. VA agrees that the impact will remain *significant and unavoidable with mitigation.* 71-47 NO

3.4. Additional mitigation. The EIR assumes only residential use at DBC; however, there are some medical offices in the retail levels of DBC. Medical offices, especially those with optical equipment, would qualify as sensitive uses, with a recommended criterion of 65 VdB. The impact to these uses is significantly more severe than to the residences. The construction management plan in the mitigation should include the following additional measures:

3.4.1. Perform vibration level measurements at the sensitive locations before construction. Monitor levels during construction.

3.4.2. If, as predicted, the vibration exceeds the level required for the equipment use, attempt to identify the source of the vibration. 71-48 NO

3.4.3. Depending on the use required by the medical offices, require additional restrictions on the construction. The construction should be required to schedule and coordinate the use of equipment that generates the highest vibration levels (vibratory rollers, hoe rams) with the operation of vibration-sensitive uses in the medical offices.

3.4.4. If scheduling and coordination is not sufficient to prevent vibration levels in the offices from exceeding the criteria, install vibration isolation tables and mounts for the sensitive equipment in the medical offices.

Please do not hesitate to call if you have any questions.

Respectively submitted,
Veneklasen Associates, Inc.

Wayland Dong
Senior Associate

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Appendix – Description of Noise Measurements

1.1.1. Measurements were performed in Unit 211, with is on the Post Street side of the eastern tower. The unit is approximately five floors above street level and has exposure to traffic noise from Van Ness. VA measured the existing interior noise level in the unit in the living room of Unit 211, which faces Post Street and has exposure to traffic noise from Van Ness Avenue. The results are shown in the following tables. The LDN was 45.

Measurements were performed with a Bruel & Kjaer type 2260 sound level meter mounted at 5 feet above finish floor at the approximate center of the living/dining room area. The living room had 2 horizontal sliding windows, approximately 5 x 6 feet in size. The glass was dual glazed, 1/8" – 3/8" airspace – 1/8". There was a sliding glass door on the west façade that did not appear to contribute significantly to the overall level, as it was shielded from Van Ness (the primary noise source). The door was dual glazed, 3/16" – 5/8" airspace – 3/16".

		Unit 211 Living Room Windows closed
Median hourly Leq	Day	41
	Night	36
Overall Leq	Day	44
	Night	37
Lmax	Day	81
	Night	63

71-49 NO

1.1.1. VA also measured in one of the bedrooms in 211, in which the window is on a west-facing wall and is therefore shielded from traffic noise from Van Ness. It is also about 20 feet farther back from Post Street than the living room windows. The daytime Leq exterior noise level at this location was 5 dB lower than at the living room. VA measured the noise level in this room with the window open to the first detent (about 1 inch). The results are shown in the following tables. The LDN was 45.

Measurements were performed with a Bruel & Kjaer type 2260 sound level meter mounted at 5 feet above finish floor at the approximate center of the bedroom. The bedroom had a single horizontal sliding window of the same size and construction as those in the living room.

		Unit 211 Bedroom Windows open
Median hourly Leq	Day	42
	Night	37
Overall Leq	Day	43
	Night	37
Lmax	Day	83
	Night	66

1.1.2. VA also measured the noise reduction across the existing façade with windows both open and closed. with both windows open and windows closed. Measurements were performed by simultaneously measuring the noise levels on the interior and exterior of the facade under test. Both high time resolution (1 second intervals) and 1 minute intervals were used for this

71-49 NO

measurement , with consistent results. Both the living room and bedroom windows were measured, with consistent results. The following table shows the measured A-weighted noise reduction.

	Windows open 9"	Windows open 1"	Windows closed
Noise reduction	17	21	28

Letter 72

"Diane Floresca Smith "
<dianes@pmainc.com>
10/18/2010 11:06 AM

To <devyani.jain@sfgov.org>, <chelsea.fordham@sfgov.org>
cc <Catherine.Stefani@sfgov.org>, <bill@careyco.com>, <judson.true@sfgov.org>, "Michael Sweet" <msweet@ml-sf.com>, "J. Michael Tracy"
bcc
Subject CPMC LRDP DEIR - Formal Comments from Daniel Burnham Court

Hi Devyani—

I am sending a copy of our comment letter electronically in addition to the hard copy that has been sent to the Planning office, c/o Bill. Thanks again to you and Bill for meeting with us and we look forward to discussing our letter in greater detail with you.

Regards,
Diane

Diane Smith, LEED AP
Senior Project Manager | PROJECT MANAGEMENT ADVISORS, INC.
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Daniel Burnham Formal DEIR Comments w attchm 101810.pdf

Letter 72

DANIEL
BURNHAM
COURT

October 12, 2010

Mr. Bill Wycko
Environmental Review Officer
San Francisco Planning Department
1650 Mission Street, Suite 400
San Francisco, CA 94103

Re: Formal Comments on the CPMC LRDP DEIR

Mr. Wycko:

The Daniel Burnham Court Master Owners Association and Homeowner's Association consists of 245 residential units and approximately 100,000 square feet of commercial space. Our residential population includes numerous ethnic backgrounds and socio-economic status, including quite a few children and elderly. Our commercial tenants include a number of medical offices that utilize highly sensitive equipment such as lasers for eye surgery and ultrasound technology.

Daniel Burnham Court is literally surrounded by CPMC's Cathedral Hill project. On the south side of our building is the main hospital site. On the north side of Daniel Burnham Court is the medical office building at 1375 Sutter. And across Van Ness diagonally from Daniel Burnham Court is the Medical Office Building.

Naturally our residents and tenants have a number of concerns both about what it will be like to be surrounded by this extraordinary construction project for the next five years as well as the long term impacts that the hospital and medical buildings will create for our community.

72-1 NO

We have been in discussions with CPMC and have expressed our reasonable and rational concerns about those anticipated impacts. We remain hopeful we can come to an agreement on what measures need to be taken to ensure that the development of the hospital campus is done responsibly. However, ultimately we look to both CPMC and our elected officials and government to ensure that the hospital's construction and operation are sensitive to the real and numerous impacts it will have on the environment, including its neighbors.

We have retained the services of consultants to review the draft EIR. Their letters are attached herein (summarized in the letter from Project Management Advisors, inc.). In short, we are respectfully requesting the impacts to the quality of life and work in the surrounding community be mitigated with curtailed work hours set to reasonable residential-sensitive and traffic-sensitive times of day, with additional conditions tied to intrusive construction operations related to noise, vibration, traffic and access. We have also suggested specific and practical traffic mitigations to significant impacts, where none were prescribed. Finally, we are requesting transparency and accountability through a robust communication program coupled with monitoring of the most intrusive physical impacts of noise, vibration, dust, and traffic (beyond that currently required in the draft). At the very

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least, CPMC should evidence that the project is in compliance with representations in the environmental review and that prescribed mitigation measures are working as anticipated.

72-1 CONST

Thank you very much for your consideration.

Sincerely,
Daniel Burnham Court Master Owner's Association

Helene M. Dellanini

Helene Dellanini
General Manager

Cc: Michela Allioto-Pier, Board of Supervisors
David Chiu, Board of Supervisors
Hisashi B. Sugaya, Planning Commissioner
Michael Antonini, Planning Commissioner

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Project Management Advisors, Inc.

October 12, 2010

Ms. Helene M. Dellanini
General Manager
Master Owner's Association, Homeowner's Association
One Daniel Burnham Court, Suite 160-C
San Francisco, California 94109

Re: Review of CPMC's Long Range Development Plan Draft EIR

Ms. Dellanini:

Project Management Advisors, Inc., along with subject matter expert consultants, Veneklasen Associates (acoustics), and Wilsey Ham (civil), have reviewed the CPMC LRDP DEIR on behalf of the Daniel Burnham Court Master Owner's Association (DBC) and have the following comments for submission to the City planning staff.

TR-4: Implementation of the Cathedral Hill Campus project would have less-than-significant impacts at 18 study intersections that would operate at LOS D or better under 2015 Modified Baseline plus Project conditions.

72-2 TR

TR-4 Comments: Although the intersection of Franklin and Post was not predicted to drop to a Level of Service below acceptable thresholds, it is recommended that some measure of mitigation be prescribed to alleviate the additional trips at the intersection due to traffic related to the hospital. We recommend that a portion of the curbside area (50 ft) should become a dedicated right turn lane. Currently, vehicles are allowed to park in this area, except during peak PM traffic hours on weekdays.

The Cathedral Hill Campus Transportation Impact Study indicates that the hospital shuttle will generate 36 trips per hour, or 1.7 trips per minute. The proposed shuttle drop-off area is located immediately east of the one and only egress from the hospital's passenger drop off area and parking garage. All normal, non-emergency vehicular traffic exiting the hospital will be required to turn right onto Post in essentially the same location that the shuttle drop-off traffic will transition from the traffic lane into the shuttle drop-off. A Muni lane that runs buses #2 and #3 is also adjacent to the proposed shuttle drop-off area and each bus route averages 10 minutes between buses of the same route number during peak periods. This equates to a combined average of one bus every five minutes. The combined traffic

72-3 TR

movements of the bus traffic, shuttle traffic and egress traffic from the hospital will add significant congestion on Post during peak-hour traffic periods. Therefore, it is recommended that the shuttle drop-off be relocated from Post and combined with the main internal shuttle drop-off area that is access from Geary.

72-3 TR

To verify accurate traffic modeling, as well as to hold CPMC accountable for validating its environmental analysis, findings, and the effectiveness of mitigation measures, the EIR should include a requirement for CPMC to perform traffic counts and LOS monitoring at Franklin and Post. If the LOS at that intersection is found to be worse than anticipated and below D, then additional mitigation measures should be imposed.

72-4 TR

TR-103: Implementation of the Cathedral Hill Campus project would have less-than-significant impacts at eight study intersections that would operate at LOS D or better under 2030 Cumulative plus Project conditions.

72-5 TR

TR-103 Comment: Same as comment for TR-4.

TR-6, 7, 8, 22, 23, 24, 56, 104, 105, 106, 107, 108, 120, 121: Implementation of the Two-way Post Street Variant (TWPSV) would result in significant impacts to various intersections.

TR-6, 7, 8, 22, 23, 24, 56, 104, 105, 106, 107, 108, 120, 121 Comment: Since this variant is an option and not part of the baseline project, and since it has been found to create numerous significant and unavoidable impacts, it does not appear to be environmentally superior to the baseline project as proposed and thus should not be adopted.

72-6 TR

TR-43: Implementation of the Cathedral Hill Campus project would not result in a loading demand during the peak hours of loading activities that could not be accommodated within the proposed loading supply, or within on-street loading zones.

TR-43 Comment: The length, slow moving nature, and wide turning radii, of the anticipated delivery trucks pulling in and out of the loading docks at Franklin was not analyzed for significant impacts to the flow of traffic on Franklin during peak traffic hours. We are concerned this will cause major delays and recommend that CPMC is restricted from having deliveries occur during peak traffic times. In addition, a

72-7 TR

traffic controller should be required to be stationed in the area to facilitate the safe entry and exit of such trucks at all times.

72-7 TR

TR-55: Implementation of the Cathedral Hill Campus project would result in a transportation impact in the project vicinity resulting from construction vehicle traffic and construction activities that would affect the transportation network. (Significant and Unavoidable with Mitigation)

72-8 TR

According to page 2-40, construction of the interior improvements to CPMC's MOB at 1375 Sutter will occur coincident with the construction of the main hospital building and the MOB on Van Ness. However, trips from that part of the construction were not factored into the analysis of the overall construction traffic impact.

The intersection at Franklin and Post is reported to deteriorate from LOS B to LOS F during the five year construction phase, which is the largest deterioration among all of the intersections analyzed. However, TR-55 asks for a Transportation Management Plan in which CPMC identifies for themselves the best practices that might address construction traffic issues, without listing any tangible restrictions or modifications and without requiring proof from CPMC that such measures are working. We recommend the following additional mitigation measures:

- In order to relieve the significant impacts of construction related traffic on all nearby areas, restrict the following construction operations to occur only during non-peak hours, 9 AM – 5 PM weekdays: concrete pours (staging/queuing of concrete trucks), material deliveries, excavation import/offhaul, fire proofing (staging of pump trucks) and demolition (staging of debris trucks).

72-9 TR

- In order to relieve the significant impacts of construction related traffic on the heaviest hit intersection of Franklin and Post, the following activities should be restricted on Post during non-peak hours: staging/queuing of concrete trucks and demolition debris trucks, material deliveries, and excavation import/offhaul site access entry/exit. Displacement of trips would be spread out to intersections that, according to the DEIR, would be operating at or above LOS D. In addition, displacement would occur during non-peak hours.

- The DEIR reports that an average of 135 trucks per shift will be accessing the Cathedral Hill Campus during excavation. For a nine hour shift, this equates to an average of 15 trucks per hour. However, the construction site is planned to have room for parking only eight trucks. Therefore, it is highly likely that trucks will be queuing around the block and causing more traffic than anticipated in the analysis. Truck trips were considered but truck queuing was not. Therefore, in order to avoid queuing and a misrepresentation of the actual impacts in the DEIR per the study, the mitigation measure should require that all trucks accessing the site, for all operations, be controlled and staged at a remote location and dispatched to the site only when space onsite is available.

- CPMC plans on closing both the southern parking lane and Muni lane on Post. The Muni lane will be relocated to the northern normal traffic lane. In addition, CPMC plans on using the last remaining normal traffic lane as their truck route (135 trucks per shift). These changes to the transportation network will have a devastating impact to Post Street, evidence in part by the study's finding of a significant deterioration in LOS at Franklin and Post. In order to mitigate these impacts, construction vehicle traffic should be required to use the bus lane on Post that the Project already plans to take for its own uses, instead of using the normal traffic lanes.

- Given the anticipated congestion in the area of Franklin and Post (LOS B to F), CPMC should be required to station a flagman at the intersection to facilitate smooth traffic flow throughout the work day, even for operations that do not require flagmen per encroachment permits.

72-9 TR

Van Ness Tunnel: Given the levels of traffic volume on Van Ness that remain after 7 PM (Table 4.5-32), lane closure for construction of the tunnel should occur after 9 PM, when traffic volume is shown to decrease significantly.

72-10 TR

[Continued on next page]

NO-1: Short-term noise generated by project-related construction and/or demolition activities could temporarily expose existing nearby noise-sensitive receptors to substantial increases in ambient noise levels (Significance Criteria 6a and 6d)

NO-1 Comments: We have noted several discrepancies in the analysis of short-term construction noise:

1. **Distance to Daniel Burnham Court:** The DEIR's study identified the property at 1 Daniel Burnham Court to be a candidate for a worst-case scenario and evaluated the noise impacts at that location, per CEQA. However, it evaluated noise levels there using a distance of 100 feet, when the distance of sensitive noise receptors (residential unit on Post) to an offending source (hoe-ramming the footing of the existing office building on Post), is approximately 75 feet away. Therefore, predicted noise levels reported at Daniel Burnham Court which were underestimated at 81 dBA should be reported as 82 dBA. On a logarithmic scale, this is a difference of

72-11 NO

DEIR Predicted Average Construction Noise Level at Daniel Burnham	Predicted Average Construction Noise Level at Daniel Burnham, adjusted for accurate distance from source (75')
81 dBA	82 dBA

2. **Maximum Noise Level and the SF Noise Ordinance:** Anticipated theoretical *average* noise levels were evaluated for significant impacts by comparison against the San Francisco Noise Ordinance criterion of 80 dBA at a distance of 100 feet from the source construction equipment. However, per section 2901(g) of the code, this criterion should be compared against *maximum* noise levels produced by construction equipment measured at such a distance. On a recent assignment, Veneklasen Associates noted maximum noise levels from construction equipment as on average 9 dBA higher than time-averaged levels. If this is also true for CPMC's construction site, then the predicted average noise level of 82 dBA at 75 feet (see above) would be equivalent to a maximum noise level of 91 dBA at 75 feet, which would be squarely out of compliance with the SF Noise Ordinance (adjusted to 81 dBA at 75').

72-12 NO

DEIR Predicted Average Construction Noise Level at Daniel Burnham, adjusted for distance (75')	Potential Predicted Maximum Noise Level at Daniel Burnham (75')	SF Noise Ordinance – Limit of Maximum Noise at 75'	Consequence
82 dBA	91 dBA	81 dBA	Project is out of compliance

3. **Significance Criterion:** The significance criterion ultimately used in the DEIR is compliance with the SF Noise Ordinance. However, the CEQA significance criterion 6d on page 38 defines an impact as being significant when the project results in a substantial temporary increase in ambient noise in the project vicinity above levels existing without the project. Industry practice considers this to be an increase of 5 dBA above ambient. Since noise level in dBA is in a logarithmic scale, an increase in 5 dBA is actually an increase of 40% in loudness or perceived sound volume. The predicted noise level at Daniel Burnham Court is 82 dBA (modified for 75' distance), while the ambient noise level was measured to be 66 dBA. This increase in 16 dBA results in an increase in loudness between 150-200%, or 4 times the ambient. Therefore, per CEQA, the project poses significant impacts to the environment that are required to be mitigated and monitored appropriately.

72-13 NO

Ambient average daytime noise level at Daniel Burnham	DEIR Predicted Average Noise Level at Daniel Burnham, adjusted for distance	Change in Loudness
66 dBA	82 dBA	150-200%

4. **Context for Understanding Significance- Interior Noise Levels:** Interior noise levels were not reviewed as part of the EIR, however, since patios constitute the only outdoor living space, interior noise levels are ultimately what sensitive receptors will experience. Understanding interior noise levels provides the context with which to understand the significance of the construction noise and how it will affect the daily life of nearby residents.

   Daytime: Daytime interior noise level criteria were provided in the DEIR from the World Health Organization as well as from the EPA (45 dBA). Consistent with those values, the San Francisco's General Plan provides daytime exterior noise criteria which can be translated into interior noise criteria between 35 and 44 dBA with windows open. Interior noise levels above these thresholds will interfere with speech communication and other daily living and working activities. Existing conditions at Daniel Burnham Court meet these criteria with windows closed. The predicted noise level inside Daniel Burnham Court due to construction is 56 dBA with windows closed, which again, is a 4x increase above ambient, but additionally is 2x above industry-wide acceptable interior noise levels.

72-14 NO

We are concerned that noise levels of 4x above the existing urban noise levels might cause the stress induced diseases listed on page 4.6-7, and also other issues such as headaches and the inability to concentrate.

Measured Ambient Daytime Average Noise Level at Interior Space in Daniel Burnham with windows closed	Predicted Average Construction Noise Level at Interior Space of Daniel Burnham with windows closed	Daytime Acceptable Average Noise Level Criterion	Significance
41 dBA	56 dBA	45 dBA	4x ambient; 2x+ acceptable levels; Interference with Speech Communication, with a concern about potential health affects

72-14 NO

Nighttime: For nighttime noise, ANSI S12.9 defines a method to calculate sleep disturbance given a noise level. The DEIR reported that CPMC plans to conduct a second shift (4 pm until midnight) for demolition, excavation, foundation, structural, concrete placement, and welding. Veneklasen calculated that given such activity, the probability of an individual awakening from the noise would be 50% with windows closed and 61% with windows open.

Predicted Construction Related Nighttime Sound Exposure Level (SEL) at Daniel Burnham, windows open	Probability of Awakening	Predicted Construction Related Nighttime Sound Exposure Level (SEL) at Daniel Burnham, windows closed	Probability of Awakening
72	61%	65	50%

Conclusion: Increased noise levels due to CPMC's construction must not be understood in context. The predicted noise levels established in the DEIR's study point to serious consequences such as sleep deprivation, difficulty hearing speech communication, a concern about potential health affects, and an overall degradation of the quality of life for neighboring residents.

Given the above concerns about the predicted noise levels at neighboring locations to the project site, we have the following recommendations:

General and M-NO-N1b - Community Liaison: CPMC should also be required to host a website during the construction phase and make available an up-to-date log of all submitted comments and concerns. Such log shall be updated daily with comments that are received through the website, the community liaison, or other means. Each logged comment shall have a response and progress update from CPMC's team on how they are addressing the issue. 72-15 NO

CPMC shall provide weekly construction progress bulletins in hard copy format to neighbors outlining construction activities that will generate traffic congestion, noise, dust, vibration, light after sunset, utility disruptions, mass transit and pedestrian route changes, etc. The weekly bulletin shall also contain information regarding impactful activities for the next six weeks.

M-NO-N1c – Monitoring and Additional Mitigation Measures: Under this measure CPMC would be required to monitor noise for one week prior to each major phase in construction. We recommend modifying this requirement to monitor for one week prior to each new potentially offensive activity within each phase. For instance, during demolition, measurements should be taken at the start of the building being taken down by excavators, and then at the start of hoe-ramming of the existing building foundations. Also, during excavation/earthwork operations, measurements should be taken at the start of excavation and offhaul and at the start of import and grading. 72-16 NO

Other mitigation measures that should be required include:

- The following noise-generating construction operations should be restricted from occurring before 9 AM and after 5 PM everyday: material deliveries, concrete pours, excavation, import/offhaul, grading, fire proofing, crane activities, jackhammering, hoe ramming and all demolition activities, and welding, sawing and pneumatic tools (prior to the building skin being installed). 72-17 NO

- The following noise-generating construction activities should be restricted from occurring on Post Street, due to the sensitive commercial and residential receptors: placement of generators, staging of concrete pumping activities, earthwork import/offhaul site access point, staging of fire proofing pump truck, crane picks, and demolition debris chutes.

- Noise monitoring results should be required to be submitted to Daniel Burnham Court and the City within 5 business of measurement, so that proper actions can be taken to mitigate offending construction operations. It should be clear in the EIR that the Project is required to suspend operations immediately when it finds that measured noise levels exceed the SF Noise Ordinance and any additional requirements that might be added to the EIR (noise levels before 9 AM or after 5 PM, etc.)

72-17 NO

Since it is not feasible to restrict noise-generating construction operations at all hours or from all property boundaries, and other on-site measures such as sound barriers will not work for sensitive receptors above the heights of such walls, the impacts associated with construction phase noise, given their predicted levels above ambient, should be considered Significant and Unavoidable, with onsite and/or conventional mitigations.

72-18 NO

NO-5 Groundborne vibration levels attributable to construction activities could exceed the threshold of significance for exposing noise- and vibration-sensitive land uses to vibration levels that exceed applicable thresholds. (Significance Criterion 6b)

NO-5 Comment: The DEIR predicts vibration levels at Daniel Burnham Court to be 78 VdB. However, Daniel Burnham Court contains medical uses that are sensitive to vibration, on the order reported in table 4.6-17, or 65 VdB. Therefore, vibration is anticipated to inhibit those sensitive medical uses from performing vital functions for their financial livelihood. Given this impact, we recommend CPMC be required to:

- Coordinate its vibration-generating activities with the sensitive operations of the medical tenants at Daniel Burnham Court and other neighbors.

72-19 NO

- Include in the prescribed Vibration Management Plan a requirement to monitor at Daniel Burnham Court, specifically at its property line, at the lowest residential level on the Post side of both towers, and at the nearest commercial use with sensitivity to vibration. CPMC shall monitor vibration continuously throughout demolition, excavation, foundations, and erection. Measurements shall be evaluated on a daily basis by a third party consultant and reported to the City and Daniel Burnham Court the following day. CPMC shall suspend operations that show vibration levels above 65 Vdb during hours agreed upon between CPMC and the collection of medical use facilities at Daniel Burnham Court (per the bullet above).

- To prevent vibration from interrupting the sleep of DBC residents, vibration generating activities such as the use of vibratory rollers, truck deliveries, etc shall not be conducted after 7 PM M-Sat.
- If vibration persists that prevents medical uses within Daniel Burnham Court from conducting work, CPMC should be required to provide individual instrument/equipment isolation, where feasible.

72-19 NO

AQ-2: Construction activities associated with the LRDP would expose sensitive receptors to substantial concentrations of toxic air contaminants.

AQ-2 Comment: The DEIR's analysis of construction-related emissions did not consider the significant impacts related to toxic substances contained in the project's fill soil made air born by earthwork operations. Although BAAQMD best practices are required to a certain degree, they do not guarantee that air born dust will not migrate beyond project site boundaries. Section 4.16.1 reported that the Phase II ESA identified lead in the fill soil which would require disposal off-site as a hazardous waste. Lead-tainted air born dust particles exposed to nearby residents, including the elderly and children, throughout the 5 years of construction, must be evaluated and appropriate mitigation measures prescribed.

72-20 AQ

M-AQ-N1a: Although the DEIR has prescribed the BAAQMD's best practices for dust mitigation, unfortunately the practical reality on a construction site is that if the measures are not enforced on a daily basis then they are not effective. We recommend the following additional requirements:

- The BAAQMD's optional and additional measures should be made mandatory. Wheel washing and suspending operations during gusty winds are considered minimum best practices in the industry for controlling dust migration off site. In addition, all stock piles that are not in use for more than 2 days should be tarped and covered.

- The City shall assign an inspector to monitor the project during earthwork operations to enforce the required mitigation measures. CPMC should be required to reimburse the City for the direct costs associated with the onsite inspector.

72-21 AQ

- CPMC's Dust Management Plan shall include total particulate dust monitoring at its site boundary and adjacent residential property boundaries. Continuous measurements shall be taken throughout demolition until building erection. CPMC should be required to retain the services of a third party environmental consultant to conduct the testing and evaluation of data, as well as establish a threshold of particulate dust concentration consist with BAAQMD regulation and the toxicity of any hazardous substances (such as lead) found in the fill material. Results should be reported to the City on a weekly basis and construction operations found to generate dust above the concentration threshold shall be suspended until mitigations are made.

72-21 AQ

Safety – General: We were unable to locate an evaluation of the potential safety impacts the project would have to the surrounding area. Construction sites typically attract vandalism, theft, and other impacts to safety. CPMC should be required to provide 24 hour dedicated, manned security at the hospital, MOB, and 1375 construction sites and neighboring areas.

72-22 OTH

Also as a health safety concern, we were unable to locate discussion about CPMC's requirement to maintain a rodent and pest-free site, especially prior to construction while the existing buildings are vacant. If a sudden increase in pests is noted at neighboring properties, CPMC should be notified so that they can address the problem on their site and neighboring properties.

72-23 HZ

Sincerely,

PROJECT MANAGEMENT ADVISORS, INC.

Diane Floresca Smith
Senior Project Manager

Cc: J. Michael Tracy, PMA
Michael Sweet, McNutt Law Group

Encl:
Letter from Veneklasen Associates, 10/13/10
Letter from Wilsey Ham, 10/14/10

MEMORANDUM

WILSEY HAM
ENGINEERING ■ PLANNING ■ SURVEYING

Date	October 14, 2010	From	Jeff Peterson
To	Michael Sweet McNutt Law Group, LLP 188 The Embarcadero Suite 800 San Francisco, CA 94105	WH Job No.	635-058
Re	Review of CPMC EIR	Copies To	Diane Smith; Project Management Advisors

Wilsey Ham has performed a review of the traffic related information for the Cathedral Hill Campus (CHC) as described in the CPMC EIR. This review has been performed to understand the impacts of the project as they will affect the Daniel Burnham Court Owners Association, and to assess how the proposed mitigation measures will minimize the effect of those impacts on the neighborhood. Our comments are as follows:

Impact	Comment
TR-4	To make a right turn onto Post, northbound vehicles on Franklin currently make the turn from the easternmost through-lane, or from the curbside metered parking spaces that are also striped for a right turn lane. Parking is prohibited in these spaces from 4 pm – 6 pm on weekdays (and from 8 am – 10 am on Wednesdays for street sweeping). Due to the increase in northbound traffic approaching the hospital on Franklin, a portion of this curbside parking area should be a dedicated right-turn lane on Franklin to Post Street to help facilitate the flow of traffic. We recommend a length of approximately 50 feet.
TR-4	The proposed site plan for the Cathedral Hill Campus includes a curbside, shuttle drop-off area on Post Street west of Van Ness. The Cathedral Hill Campus Transportation Impact Study indicates that the shuttle traffic will result in 36 shuttle trips per hour, or approximately one shuttle every 1.7 minutes. The proposed drop-off area is located immediately east of the egress for the internal CHC drop-off and parking garage. All normal, non-emergency, vehicular traffic exiting the hospital will be required to turn right onto Post in essentially the same location that the shuttle drop-off traffic will transition from the traffic lane into the shuttle drop-off. A Muni diamond

72-24 TR

72-25 TR

lane is also adjacent to the proposed shuttle drop-off area which provides for bus routes #2 and #3. Each bus route averages 10 minutes between buses of the same route number during peak periods, which equates to a combined average of one bus every five minutes. The combined traffic movements of the bus traffic, shuttle traffic and egress traffic from the hospital will add significant congestion on Post Street during peak-hour traffic periods. As a result of this anticipated congestion, it is recommended that the shuttle drop-off be relocated from Post and combined with the main internal shuttle drop-off area that is accessed from Geary.

72-25 TR

We also recommend that a mitigation measure be included in the EIR requiring CPMC to perform traffic counts and LOS monitoring of the Post Street intersections 6-months after occupancy of the hospital. If the measured LOS at the intersections of Post/Franklin or Post/Geary have deteriorated to LOS E or F, the City of San Francisco should require additional traffic mitigation measures.

72-26 TR

TR-6, TR-7, TR-23, TR-8, TR-22, TR-23, TR-56, TR-104, TR-105, TR-106, TR-107, TR-108, TR-120, TR-121

The DEIR indicates that implementation of the Two-way Post Street Variant (TWPSV) would result in a number of significant impacts to traffic in the vicinity of the project, and states that "No feasible mitigation measures are available..." Due to the number of significant impacts that do not have feasible mitigations, and since the TWPSV is an optional feature that is not required for implementation of the project, it seems reasonable and appropriate that the TWPSV should not be approved as part of the project.

72-27 TR

TR-43

The mitigation measure for TR-55 also requires CPMC to coordinate temporary and permanent changes to the transportation network within the City of San Francisco. The proposed loading docks for the Cathedral Hill Hospital are located on Franklin Street. After completion of construction and during normal operations of the hospital, truck deliveries to these loading docks will continue to have an impact on the flow of traffic on Franklin Street. Therefore, the hours for truck deliveries to the hospital should be restricted to occur between 8 AM and 5 PM to minimize the traffic impacts to the project vicinity.

72-28 TR

TR-55

TR-55 states that the construction activities for the project will have a transportation impact on the project vicinity that will affect the transportation network. The mitigation measure requires the implementation of a Construction Transportation Management Plan (TMP) that contains a number of specific action items.

72-29 TR

The greatest impact from construction will be experienced on the streets immediately adjacent to the project. The intersection operating conditions for Franklin/Post are projected to deteriorate from LOS B to LOS F during the A.M. and P.M peak hours, which is the largest deterioration of all of the intersections analyzed. There are a number of construction operations that will contribute to this traffic impact such as large, slow moving trucks that require wide turning movements and obstruct more than one lane. In addition to construction work vehicles, material delivery trucks, and excavation import/offhaul trucks that were considered in the DEIR's evaluation, the construction operations will require staging and/or queuing of concrete pumping trucks, fire proofing pump trucks, demolition debris-carrying trucks, and various other operations. We request that MM TR-55 be amended to include further practical measures which will reduce the impact the construction operations will have to nearby traffic flow, including:

- Prohibit the following construction operations during the busiest commute hours of 6 am to 8 am, and from 5 pm to 8 pm on weekdays: staging/queuing of concrete trucks, material deliveries, excavation import/offhaul, and staging of fire proofing pumps and demolition debris trucks.

- In order to relieve some of the impact on the intersection of Franklin and Post, prohibit the following activities from being conducted on Post during non-peak hours: staging/queuing of concrete trucks, material deliveries, excavation import/offhaul, and staging of fire proofing pumps and demolition debris trucks. Displacement of trips to other intersections will be spread out to intersections that, according to the study, would be operating at their current LOS or at least above D. Also, displacement would occur during non-peak hours.

- Table 4.5-30 states that an average of 135 trucks per shift will travel to the Cathedral Hill Hospital site during the excavation phase (averaging 220 trips per day over two shifts). For the 9-hour daytime shift, this equates to 15 trucks per hour. In addition, the MOB will average another 50 trips per shift (100 per day). The EIR also states that the Cathedral Hill Hospital site would have room for 8 trucks to queue on site. Since a truck will arrive to the hospital site on the average of every three minutes during excavation, it is very evident that there will not be sufficient staging onsite. Therefore, the mitigation measure should require that all truck activity (concrete, material deliveries, import and offhaul, etc.) be controlled and staged at a remote location and dispatched to the site as-needed, and when space is available onsite to provide for a managed truck staging that

72-29 TR

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avoids truck staging on the surrounding streets and facilitates the flow of local traffic.

- Since CPMC plans on closing the parking lanes and bus lanes on Post Street and Geary, construction vehicle traffic should be required to use the bus lanes on Post and Geary instead of using the normal traffic lanes. This will remove the slow moving construction traffic (and right turn movements) from the normal traffic lanes which will help minimize the significant and unavoidable impacts of construction on the local traffic.

- Given the anticipated congestion in the area (from LOS B to F), we recommend that at a minimum, CPMC provide a flagman to be stationed at the corner of Franklin and Post to facilitate all traffic movement during construction hours (not just for operations that require flagmen per encroachment permits).

72-29 TR

Construction of the Van Ness tunnel will require lane closures on Van Ness. To minimize the impact, these lane closures will be required to be performed at night. Currently, the lane closures are proposed to begin at 7 pm. However, in looking at the average midweek traffic volumes on Van Ness (Table 4.5-32), it can be seen that the traffic volumes for both the northbound and southbound directions remain very high during the 7 pm to 8 pm time period and drop modestly from 8 pm to 9 pm. Due to the continued high volume of traffic at this time of day, it is recommended that the lane closures begin no earlier than 9 pm to minimize the impacts to the neighborhood.

72-30 TR

Veneklasen Associates
Consultants in Acoustics | AV | IT | Environmental Noise

October 13, 2010

McNutt Law Group LLP
188 The Embarcadero, Suite 800
San Francisco, California 94105

Attention: Michael Sweet

Subject: **CPMC Cathedral Hill Campus EIR**
Noise Section Review
VA Project No. 4710-001

Dear Michael:

Veneklasen Associates, Inc. (VA) has been contracted to review the noise section of the EIR developed for the CPMC Cathedral Hill campus, specifically with regard to the noise impact to the adjacent residential building, Daniel Burnham Court (DBC). We have reviewed section 4.6, Noise, dated July 21, 2010.

We have attempted where possible to translate the technical quantities of sound pressure level into the corresponding measures of approximate subjective loudness. See "Sound and the Human Ear", page 4.6-3 of the EIR, for additional information.

1. **Impact NO-1. Short-Term Construction Noise**

Short-term noise generated by project-related construction and/or demolition activities could temporarily expose existing nearby noise-sensitive receptors to substantial increases in ambient noise levels.

1.1. Criteria

1.1.1. CEQA significance criterion 6a defines a significant impact if the project results in noise levels in excess of standards established in the San Francisco Noise Ordinance (SFNO). The relevant section of the SFNO is section 2907(a) of the City of San Francisco Police Code, which defines as unlawful noise from construction equipment "in excess of 80 dBA when measured at a distance of 100 feet from such equipment, or an equivalent sound level at some other convenient distance."

72-31 NO

The EIR interprets this criteria that the L_{eq} (i.e., the average noise level) of 80 dBA at the nearest receptor location. However, section 2901(g) defines noise level in as "the maximum continuous sound level or repetitive peak sound level, produced by a source or group of sources as measured with a sound level meter." This corresponds to the L_{max} at the receptor location. (Noise descriptors are defined on page 4.6-6 of the EIR.) Obviously the maximum noise level (L_{max}) will be louder than the average noise level (L_{eq}). For example, in a recent construction noise monitoring project performed by VA, the logged L_{max} was on average 9 dBA higher than the L_{eq} during earth-moving operations. It is not appropriate to utilize an L_{max} criteria SFNO as an L_{eq} criteria.

The closest receptor from the residential portion of DBC is less than 100 feet from the CPMC property line. Exact survey was not available, but from the plans in the EIR and aerial photos, the distance is approximately 75 feet. Assuming a point noise source (6 dB per doubling of distance), which is reasonable for nearby pieces of equipment, 80 dB at 100 feet corresponds to

82 dB at 75 feet. This corresponds to the "equivalent sound level at some other convenient distance" in the SFNO.

Therefore, the requirement of the SFNO, and therefore the requirement for the EIR per CEQA criteria 6a, as it relates to DBC, is that the L_{max} from powered construction equipment measured at the nearest exterior façade of DBC should not exceed 82 dBA.

72-31 NO

1.1.2. CEQA significance criteria 6d defines a significant impact if the project results in a substantial temporary increase in ambient noise in the project vicinity above levels existing without the project. This is not quantified in the EIR. The EIR does include in Table 4.6-20 a significance criteria of 3 or 5 dB LDN, but it is only applied to long-term noise increases. A similar criteria should be used for temporary noise impact as well, consistent with industry practice. Note that a 5 dB increase in noise level corresponds to a 30-40 percent increase in subjective loudness. As noted on page 4.6-5 of the EIR, "a noise-level increase of 3 dB or more is typically considered a substantial degradation of the existing noise environment."

72-32 NO

1.2. Analysis

1.2.1. The EIR Table 4.6-5 reports existing ambient noise levels on Post Street as LDN 70, daytime L_{eq} of 66 (on the 11th floor). Table 4.6-4 reports a short duration measurement at street level on Post Street where the L_{eq} was 68 dBA.

1.2.2. In the EIR, noise levels were calculated using the Federal Highway Administration's Roadway Construction Noise Model. This software calculates an L_{eq} based on the noise level and usage factors of the expected construction equipment, as reported in Table 4.6-21. The output of the RCNM model is that the L_{eq} will be 81 dBA at 100 feet. VA does not take exception to the method or the source noise levels used to generate this value. A noise level of L_{eq} 81 dBA at 100 feet is consistent with VA's expectations. This translates to approximately 82 dBA at 75 feet, which is 14–16 dBA louder than the existing condition (about 180–200 percent increase in subjective loudness).

72-33 NO

1.2.3. It is not possible to predict exactly how much the L_{max} will exceed the L_{eq} during construction. As mentioned above, in one construction project VA has measured recently, the L_{max} was 9 dB on average above the L_{eq}. If the CPMC construction is similar, the L_{max} will be around 90 dBA. This would be a substantial violation of the SFNO limit of 80 dBA. (A 10 dB difference would be perceived as approximately twice as loud.)

72-34 NO

1.2.4. The EIR states that the noisiest activity would be scheduled for the daytime of weekdays, and that quieter activity would take place at night and on Saturdays. Assuming an average hourly L_{eq} of 82 dBA from 7 am – 8 pm, and an L_{eq} of 75 dBA from 9 pm to midnight, the resultant LDN will be about 80, or 10 dBA higher than the existing condition.

72-35 NO

1.2.5. As discussed above, the EIR claim that the significance criteria is L_{eq} 80 dBA at 100 feet is not appropriate. The typical threshold is 5 dBA above the existing condition, or 75 LDN. The L_{eq} increase of about 15 dBA is a very large increase, corresponding to a subjective increase in loudness of 180–200 percent (i.e., 3 times as loud as the ambient).

1.2.6. Mitigation in EIR. The mitigation measures described in the EIR are typical for construction noise and VA takes no exceptions. However, we note that while some of the equipment and staging can be located away from DBC, for some portions of the construction, the noisiest

72-36 NO

equipment will have to operate near the Post property line. Also, while temporary construction barriers can be erected at some locations, the height of the DBC makes it impractical to shield most of the construction site from many of the residential units. Significant noise reductions will not be feasible for at least some portions of the construction program. Therefore, Impact NO-1 should be modified to indicate that *the impact will remain significant and unavoidable with mitigation* (considering only mitigation measures on construction operations). 72-36 NO

1.3. Interior Noise Levels.

1.3.1. The interior noise levels within the condominium units of DBC are a concern not addressed in the EIR. As discussed above, the exterior noise levels will be significant and unavoidable with mitigation. The units have small balconies, but the primary noise impact on the residents will be increase in interior noise levels. Further, the DBC units are not mechanically ventilated but rely on open windows.

1.3.2. VA performed noise measurements at the site to quantify the existing condition and to obtain data to aid in the analysis of future noise levels. VA measured the noise reduction from exterior to interior with both windows closed and open, as well as daytime exterior and interior levels and interior 24-hour noise levels. Measurement details are included in the Appendix. The summary results are presented in the following table for a unit facing Post Street. VA also has included the levels reported in Table 4.6-5 of the EIR. The "windows open" condition was measured with the window opened to the first detent, about 1 inch.

Table 1 – Existing Noise Levels at Residences

		Exterior (VA)	Exterior (EIR)	Windows closed	Windows open
Typical hourly L_{eq}	Day	67	66	41	47
	Night	61	63	36	41
L_{max}	Day	*	83	81	83
	Night	*	76	63	66
LDN		71	70	45	50

* - Not measured.

72-37 NO

1.3.3. Estimated future noise levels. Based on the predicted construction noise levels (see section 1.2.2 and 1.2.4 above), VA predicted the resultant interior noise level in the units.

Table 2 – Predicted Construction Noise Levels at Residences

		Exterior	Windows closed	Windows open
Typical hourly L_{eq}	Day	82	56	62
	Night	75	49	55
LDN		80	54	60

1.3.4. LDN Criteria and Evaluation. The EPA recommendation in Table 4.6-16 of the EIR is for the interior LDN to not exceed 45 dBA. This matches the California Building Code requirement (section 1207) for habitable rooms in multifamily construction projects. The existing noise level in Unit 211 with the windows closed meets the criteria. The predicted level with construction noise (Table 2) is LDN 54 with the windows closed, about twice as loud as the standard. There is

no separate requirement in the EIR for interior LDN, as the increase in interior LDN matches the increase in exterior LDN. As previously described, this increase in exterior LDN is significant and unavoidable. 72-37 NO

1.3.5. Daytime Noise Level Criteria. Several interior noise criteria are given in the EIR. The WHO recommendation in Table 4.6-2 is for an hourly Leq of 35 dBA during the day and 30 dBA at night.

The San Francisco General Plan has no specific recommendation for interior noise levels, but approximate standards can be inferred from the exterior noise level recommendations. Table 4.6-19 in the EIR indicates that residential uses are satisfactory (no special noise insulation requirements) up to an exterior noise level of LDN 60. Assuming a similar traffic distribution as at the DBC, this corresponds to a daytime exterior noise level of about 56 dBA. VA measured noise reductions between 14 and 21 dBA with windows open, depending on how widely the window was opened. A noise reduction of 12 dBA with windows open is a traditional industry rule-of-thumb (see, for example, County of Orange, California, General Plan, Land Use/Noise Compatibility Manual). Therefore, the General Plan recommendations correspond to a daytime interior noise level between 35 and 44 dBA with the windows open. 72-38 NO

This is in general agreement with VA's experience for offices and other spaces where speech communication is important. Typically, traffic noise levels in the low-40's dBA is considered acceptable.

Taking all of the above into account, a daytime interior noise level (hourly L_{eq}) of less than 45 dBA will be generally considered acceptable. As noise levels increase above 45 dBA, they will begin to interfere will speech communication and other daily living and working activities.

1.3.6. Daytime Noise Level Evaluation. The existing daytime interior noise level is 41 dBA with the windows closed and 47 with the windows open. Therefore, the recommended level is met with the windows closed and slightly exceeded with the windows open. The noise in the unit measured (Unit 211) is largely due to noise from traffic on Van Ness Avenue. Units that are further and/or shielded from Van Ness Avenue will have lower noise levels. 72-39 NO

With construction, the noise is predicted to increase by about 15 dBA, to 56 dBA with windows closed and 62 dBA with the windows open. Even with the windows closed, the construction noise will be more than 10 dBA higher than the recommended level (more than twice as loud). There is no specific discussion in the EIR for interior noise level, as it matches the increase in the exterior noise level.

1.3.7. Nighttime Noise Level Evaluation. Of all the potential noise impacts, sleep disturbance is probably the most severe, in terms of effects on the well being of the residents. This applies to construction activity extending past 10 pm. According to the EIR, construction activity is planned until midnight on weekdays. 72-40 NO

ANSI S12.9 Part 6 (2008), *Methods for Estimation of Awakenings Associated with Outdoor Noise Events Heard in Homes,* defines a method to calculate sleep disturbance given noise level. The standard allows computation of the probability that "a person of average sensitivity to awakening" will be awakened by a noise event. The method is based on Sound Exposure Level (SEL), which quantifies the effect of single noise events. Sound exposure includes both the noise level and duration of an event.

SEL's for the existing condition were calculated from the measurement data. For the windows closed condition, there were only two events logged during the night that exceeded SEL 60. Using the calculations in the ANSI standard, this corresponds to a probability of awakening of 4 percent. Naturally, the windows open condition had a greater number of events (four events with SEL over 60), corresponding to a probability of awakening of about 6 percent.

The EIR (page 4.6-45) indicates that a second shift (4 pm until midnight) will be employed during demolition and excavation, foundation and structural, concrete placement and finishing and pouring decks, and welding. Associated equipment, such as bulldozers, excavators, and dump trucks, may be operating near the Post Street property line. If an "event," such as a bulldozer scooping a load and dumping into a truck, has duration of 10 seconds, then the interior SEL (based on the levels in Table 4.6-21) would be about 65 (windows closed) and 72 (windows open). If there are 50 such events between 10 pm and midnight, the calculated probability of awakening is 50 percent (windows closed) and 61 percent (windows open).

72-40 NO

This procedure is imprecise, as it depends on identifying an "event" which may not be well defined when multiple pieces of equipment are operating simultaneously. Additionally, the calculations in the ANSI standard are based on averages over a large number of studies with many different noise sources, not just construction noise. Its usefulness is not in predicting an absolute number but in quantifying the order of magnitude of the increase in expected sleep disturbance. It is evident that the anticipated noise levels will result in sleep disturbance for a high percentage of the residents.

1.3.8. Mitigation. The EIR does not address interior noise. This is typical, because the increase in interior noise level compared to the background of course follows the increase in exterior noise level. In this project, however, the exterior noise levels per se are relatively unimportant, as there is little exterior living space on the DBC. What the occupants will be exposed to is the resultant interior noise level. With windows open, the interior noise level tracks the exterior noise level. The exterior noise level due to construction noise is significant and unavoidable even with mitigation (see section 1.2.5), and accordingly, the interior noise level with the windows open is significant and unavoidable even with mitigation (considering only mitigation measures on construction operations).

72-41 NO

In addition to the mitigation in the EIR, VA recommends that the following procedures be considered to reduce both exterior and interior noise levels.

1.3.8.1. Stage stationary equipment, in particular cranes, generators, air compressors, lifts, and pumps, away from the Post Street property line, as much as possible. The Post Street property line is less than 100 feet from DBC, whereas the midpoint of of the Franklin Street property line is 200 feet away, and the Geary Boulevard property line is over 300 feet away. For a given piece of equipment, a location on the Franklin or Geary sides of the project would result in a reduction in noise level of 9–12 dB, or about half as loud, compared with locating the same piece of equipment on the Post Street side.

72-42 NO

1.3.8.2. Locate materials and concrete delivery locations that are not near the Post Street property line. Develop truck routes so that entrances and exits for offhaul dump trucks, concrete and material delivery trucks, etc., are not on Post Street.

1.3.8.3. When necessary for noisy activity such as demolition and excavation to occur near the Post property line, restrict the hours to weekdays between 9 am and 5 pm.

1.3.8.4. Restrict nighttime activities after 8 pm to locations away from the property line. Enforce this by adding more stringent noise criteria for nighttime activity as part of the construction noise management plan. For example, the Noise Ordinance requirement that the equipment noise not exceed 80 dBA at 100 feet can be strengthened, so that the equipment noise cannot exceed 72 dBA at 100 feet after 8 pm.

72-42 NO

2. **Impact NO-3. Long-term Operational Noise**

Operation of stationary noise sources associated with the CPMC LRDP could expose onsite and off-site noise-sensitive receptors to noise levels that would exceed applicable standards, and/or result in a substantial increase in ambient noise levels.

2.1. Criteria. Section 2909(b) limits commercial noise to 8 dBA above the ambient, where the ambient is the minimum level measured, but not less than 35 dBA for interior locations. Additionally, section 2909(d) limits the interior noise level in bedrooms to 45 dBA at night, 55 dBA during the day, with the windows open.

72-43 NO

The SM&W reports referenced in the EIR generally utilize an ambient of 58 dBA, with a resultant criteria of 66 dBA, which is approximately the same level as the daytime ambient (Leq). At this level, the noise from the mechanical equipment will be audible but would not be considered loud or intrusive to most people.

2.2. VA has reviewed the SM&W reports referenced in the EIR, and the sound power data reported therein. VA takes no exception to the analysis in the SM&W reports, and the conclusions will be valid as long as the sound power levels of the equipment reported by the manufacturer are accurate. The loudest equipment in the review are the cooling towers; the noise level at DBC from the central plant cooling towers is about 62 dBA. This satisfies the City Noise Ordinance.

2.3. Additional mitigation. The noise level from the cooling towers is 5 dB below the daytime ambient, which should be acceptable. However, if the cooling towers operate at night, they may be at or slightly above the ambient noise level, particularly at the quieter locations of DBC shielded from Van Ness. At these locations, the cooling tower noise may cause annoyance with windows open.

72-44 NO

Therefore, VA recommends that the screen around the cooling towers and other equipment should not be just visual, but should be solid (not louvered) so as to double as a sound barrier. Opening at the bottom of the screen for ventilation is acceptable as long as there is no direct line of sight from the cooling towers to all residential units of DBC.

3. **Impact NO-5. Ground vibration**

Groundborne vibration levels attributable to construction activities could exceed the threshold of significance for exposing noise- and vibration-sensitive land uses to vibration levels that exceed applicable thresholds.

72-45 NO

3.1. Criteria. The criteria for ground vibration is given in the EIR Table 4.6-17, and sets limits of 65 VdB for sensitive uses such as some medical equipment, 72-80 VdB for residential. VA agrees with this criteria.

3.2. Table 4.6-35 in the EIR predicts modeled ground vibration levels from construction to be 78 VdB at DBC. VA takes no exceptions to methodology. 72-46 NO

3.3. The mitigation in EIR involves scheduling and location of vibration generating equipment. VA agrees that this is the only feasible mitigation. VA agrees that the impact will remain *significant and unavoidable with mitigation.* 72-47 NO

3.4. Additional mitigation. The EIR assumes only residential use at DBC; however, there are some medical offices in the retail levels of DBC. Medical offices, especially those with optical equipment, would qualify as sensitive uses, with a recommended criterion of 65 VdB. The impact to these uses is significantly more severe than to the residences. The construction management plan in the mitigation should include the following additional measures:

3.4.1. Perform vibration level measurements at the sensitive locations before construction. Monitor levels during construction.

3.4.2. If, as predicted, the vibration exceeds the level required for the equipment use, attempt to identify the source of the vibration. 72-48 NO

3.4.3. Depending on the use required by the medical offices, require additional restrictions on the construction. The construction should be required to schedule and coordinate the use of equipment that generates the highest vibration levels (vibratory rollers, hoe rams) with the operation of vibration-sensitive uses in the medical offices.

3.4.4. If scheduling and coordination is not sufficient to prevent vibration levels in the offices from exceeding the criteria, install vibration isolation tables and mounts for the sensitive equipment in the medical offices.

Please do not hesitate to call if you have any questions.

Respectively submitted,
Veneklasen Associates, Inc.

Wayland Dong
Senior Associate

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Appendix – Description of Noise Measurements

1.1.1. Measurements were performed in Unit 211, with is on the Post Street side of the eastern tower. The unit is approximately five floors above street level and has exposure to traffic noise from Van Ness. VA measured the existing interior noise level in the unit in the living room of Unit 211, which faces Post Street and has exposure to traffic noise from Van Ness Avenue. The results are shown in the following tables. The LDN was 45.

Measurements were performed with a Bruel & Kjaer type 2260 sound level meter mounted at 5 feet above finish floor at the approximate center of the living/dining room area. The living room had 2 horizontal sliding windows, approximately 5 x 6 feet in size. The glass was dual glazed, 1/8" – 3/8" airspace – 1/8". There was a sliding glass door on the west façade that did not appear to contribute significantly to the overall level, as it was shielded from Van Ness (the primary noise source). The door was dual glazed, 3/16" – 5/8" airspace – 3/16".

		Unit 211 Living Room Windows closed
Median hourly Leq	Day	41
	Night	36
Overall Leq	Day	44
	Night	37
Lmax	Day	81
	Night	63

72-49 NO

1.1.1. VA also measured in one of the bedrooms in 211, in which the window is on a west-facing wall and is therefore shielded from traffic noise from Van Ness. It is also about 20 feet farther back from Post Street than the living room windows. The daytime Leq exterior noise level at this location was 5 dB lower than at the living room. VA measured the noise level in this room with the window open to the first detent (about 1 inch). The results are shown in the following tables. The LDN was 45.

Measurements were performed with a Bruel & Kjaer type 2260 sound level meter mounted at 5 feet above finish floor at the approximate center of the bedroom. The bedroom had a single horizontal sliding window of the same size and construction as those in the living room.

		Unit 211 Bedroom Windows open
Median hourly Leq	Day	42
	Night	37
Overall Leq	Day	43
	Night	37
Lmax	Day	83
	Night	66

1.1.2. VA also measured the noise reduction across the existing façade with windows both open and closed. with both windows open and windows closed. Measurements were performed by simultaneously measuring the noise levels on the interior and exterior of the facade under test. Both high time resolution (1 second intervals) and 1 minute intervals were used for this

72-49 NO

measurement , with consistent results. Both the living room and bedroom windows were measured, with consistent results. The following table shows the measured A-weighted noise reduction.

	Windows open 9"	Windows open 1"	Windows closed
Noise reduction	17	21	28

Letter 73

1132 Broderick St.
San Francisco, CA 94115
October 18, 2010

San Francisco Planning Department
Attention: Mr. Bill Wycko
1650 Mission Street, Suite 400
San Francisco, CA 94103

Re: EIR–CPMC Long Range Development Plan

Dear Mr. Wycko,

The EIR for the CPMC project is inadequate. The proposed Cathedral Hill Hospital is too large and it's environmental impacts too great. It is clear from the EIR that it isn't possible to mitigate the thousands of additional car trips to and from the Cathedral Hill buildings that will affect the intersections in the mid NE of the city. On the streets surrounding the proposed Cathedral Hill buildings cars and trucks will be trying to enter and exit the buildings and add to the gridlock. The EIR acknowledges some of these problems, referring to some as "significant and unavoidable" without proposing mitigations, others are called "less than significant". Major bus routes on Van Ness (Hwy 101) and Geary (major bus and car route to downtown) will be gridlocked. Pedestrian safety isn't even addressed. In case of a disaster cars and buses will be unable to get to the hospital and the rest of the traffic won't be able to get around the hospital. 73-1a TR 73-1b TR 73-1c TR

The EIR discusses Alternate 3A, which reduces the Cathedral Hill hospital building by a third and increases the size at St. Luke's by adding the children's clinics. This will reduce the number of cars and trucks by a third. The families and children would not be crossing the dangerous streets. The EIR indicates that this is the environmentally preferred option but then goes on to say that it is rejected by CPMC. 73-2 ALT3A

I believe that Alternative 3A is the best way to go. I urge the City to require CPMC to redesign the plan to stay within the existing zoning restrictions.

Sincerely,

Merle Easton

Merle Easton, AIA

LETTER 74

DONALD J. SCHERL
1483 Sutter St. #1605
San Francisco, CA 94109

To: Bill Wycko
Environmental Review Officer
SF Planning Dept.

From: Donald J. Scherl, MD

Subject: Draft EIR, CPMC, case 2005.055E; state clearinghouse #:2006062157

Oct. 15, 2010

Identifying Information

I write as the former President (equivalent to a UC Chancellor) of an academic medical center in New York City, the State University of New York (SUNY) Downstate Medical Center. The campus, of which I was President for 12 years, included a University Hospital, as well as a medical school, school of nursing, school of allied health and PhD programs in the basic medical sciences. Thus, I am fully familiar with the unique characteristics and difficulties of running a hospital and, as it happens, of major construction (which took place during my tenure).

I am also the former Chairman of the Greater New York Hospital Association and and served as well on its executive committee for over five years. I also served as a member of the Board of the NY Sate Hospital Association. I am therefore familiar with both hospital operations and with community health planning.

74-1 OTH

I include this background information in an attempt to establish credibility for the remarks that follow.

General remarks Regarding the Draft EIR/CPMC with particular relevance to the Cathedral Hill and St. Luke's Campuses.

1.0 The draft EIR is remarkably well done, notwithstanding the many disagreements I have with it.

2.0 Alternatives Not Considered (pg. S-30): The logical place for the new hospital is at the Davies Campus. Why was this alternative eliminated from further analysis?

74-2 ALT

3.0 Alternatives Considered: The summary at pages S30-35 would appear to make clear the superiority of Alternative 3A to other alternatives and to the LRDP.

3.1 3A, as noted in the draft EIR, is the "environmentally superior alternative" other than the Alternatives 1A & 1B which are not feasible. Alternative 3A would accomplish a lot:

3.1.1: it would bring to St. Luke's a viable hospital complex in contrast to the construction of a free-standing 80 bed hospital which would make no sense in todays medical/hospital world. The notion of a free-standing Children's Hospital or of a free-standing Women's and Children's hospital is one repeated all around the country. In this instance, there would also be an acute care hospital adjacent. In fact, the Children's Hospital generally considered the best in the the country, the Harvard affiliated Children's Hospital in Boston is free standing.

74-3 ALT3A

3.1.2: As noted in the summary, 3A would reduce (to a variable extent) some of the undesirable consequences were the LRDP as proposed be implemented with all the disruptions it would cause at Cathedral Hill. As stated in the draft EIR, under this alternative, "...there would be fewer ["significant and unavoidable"] impacts at Cathedral Hill Campus and its immediate vicinity, including with respect to construction, traffic and transit compared to the LRDP." The impacts at the St. Luke's campus would be slightly greater, but not significantly so.

3.1.3: While the summary indicates this alternative "...would not meet all of the project objectives," it is unclear what objectives would not be met other than having the Women's and Children's Hospital be part of the Cathedral Hill Campus as currently proposed. It need not be part of the Cathedral Hill hospital from a medical/functional point of view. Indeed, the added ground space at St. Luke's would be an attractive benefit for the Women's and Children's Hospital.

3.1.4: Notwithstanding the above, as the draft EIR notes, there are numerous impacts that would occur if <u>any hospital were to be built at Cathedral Hill.</u> Listed among these is: the traffic snarl that would increase unavoidably at Market and

74-4 TR

Van Ness Ave., neighborhood noise and air pollution, the numerous Traffic and Transportation impacts listed on pages S-42-46, and subsequent pages, as "significant and unavoidable", and a "significant impact" (TR-44) involving "potentially hazardous conditions on Franklin St." CPMC complains that changing sites would delay the process beyond the State deadline, but this is a difficulty CPMC has only itself to blame and should not place the Commission in the position of feeling forced by circumstances not of its creation to approve the meritless CPMC LRDP, nor the draft EIR, as they pertain to Cathedral Hill and St. Luke's.

74-4 TR

3.1.5. " Noise Sensitive Receptors:" With all due respect, it is insulting to refer in the noise section to "noise sensitive receptors," when the "receptors" referred to are PEOPLE whose lives and tranquility will be severely upset by the construction and operation of this huge hospital at Cathedral Hill. There are very large numbers of elderly among those in the noise "receptor" area. No mitigation factor proposed would in fact alter significantly the noise that would ensue from the proposed construction and operation of the hospital. Under alternative 3A, with the amount of construction reduced a bit, the noise of construction at least would presumably be slightly less.

74-5 NO

4.0: Additional Matters Not Considered in the Draft EIR

4.1: Taxes: In allowing CPMC to build at the old Jack Tarr site, the city is relinquishing the taxes that site might yield were it used for private purposes (e.g., a condominium tower).

74-6 PH

4.2 St. Francis Hospital: No explanation is offered for how it makes sense to build a huge acute care hospital at the chosen Cathedral Hill site when literally five (5) blocks away there already exists a 239 bed acute care hospital complete with emergency room. In terms of distribution of access to medical care across the city, this makes no sense.

74-7 HC

4.3 Community Service: It may be well for the Planning Commission and Planning Department to consider the community service record of CPMC.

In an article published in the SF Chronicle, Jan. 29, 2008 (page D-1), it is reported that in 2007, CPMC received "close to $70 million in tax breaks ....while spending $5.2 million on charity care." No other SF hospital save Chinese Hospital ("where the difference amounted to about $3.8 million") received more in tax breaks than it provided in charity care. CPMC complained

74-8 HC

to the Chronicle that there were supposed mitigating factors. Even when these were taken into account (though some pertained equally to all the private non-profit hospitals that had actually expended more than they received), CPMC "still fell $4.6 million short on spending compared to its tax benefits." [All quotations are from the San Francisco Chronicle].

74-8 HC

Note: The Chronicle states that "St. Luke's was broken out separately in the [city] charity care report because California Pacific did not own it until last year. St. Luke's received $630,000 in tax benefits and spent $2.5 million on charity care". Even if one gave CPMC the benefit of the St. Luke's achievement, it would still fall $2,730,000 short on spending compared to its tax benefits.

4.4 Cost of Services: Of course the cost of medical care with the new hospital will increase relative to the existing one. This is to be expected since the bonds must be paid off and there will be new high tech equipment, etc. However, the history at CPMC is already one of high costs. In an article in the San Francisco Chronicle, August 22, 2010, at pages D1 and D7, Section D, it states that "Sutter Health prices [are] higher than others." In an accompanying table illustrating charges to Aetna for select procedures, CPMC exceeds in unit costs of procedures Seton Medical Center, UCSF Medical Center, St. Mary's Medical Center and St. Francis (i.e., each of the chosen comparison hospitals). The article lists a number of routine procedures for which CPMC already charges the most of SF hospitals, including colonoscopies and abdominal CT scans to cite but two.

74-9 HC

Thus, allowing the construction of this new facility at 550 beds could be expected to further raise the unit costs of procedures at the hospital that is already the most expensive in unit costs of those in the city, with resulting increase in cost to patients through their charges or cost of insurance, and to government through Medicare and Medical.

5.0 St. Luke's Hospital: It bears repeating that no one in todays medical world, would actually build an 80 bed stand alone acute care hospital in a large urban setting. It makes no financial or medical sense. Proceeding under alternative 3A alleviates this problem (though not others).

74-10 HC

6.0 Specific Responses to Summary Subsections with particular reference to Cathedral Hill Campus (cited by EIR section):

74-11 LU

4.1: Land Use and Planning:

Impact LU-3 ("The project would not have a substantial impact on the existing character of the vicinity."): To claim that the insertion of this massive and tall hospital in the middle of a community of elderly housing, free standing residential condominiums and small businesses will not be severely disruptive is to ignore and belittle the obvious. The hospital would of course completely change and dominate the local community, much to the neighborhood's detriment as following sections in the draft EIR and further comments will make clear. Notwithstanding the EIR's summary sentence (above), LU-3 is labeled a clear "SU" by the Planning Department ("significant and unavoidable impact"). Indeed, it would destroy the neighborhood.

74-11 LU

4.2: Aesthetics

Impact AE-3: Under this heading, the draft EIR states that the Cathedral Hill Campus (Hospital and MOB) "would not substantially degrade the existing visual character or quality of the site [perhaps true] and surroundings..." As noted above, the character and quality of the "surroundings" will be severely and negatively affected by the construction and operation of the proposed hospital and MOB.

74-12 AE

Impact AE-4: The notion that lighting and glare in the neighborhood would not be adversely affected by the new 24 hour hospital is totally without foundation. Common sense would tell one that this cannot be so.

74-13 AE

4.5: Transportation and Circulation: In this section, the impacts are multiple and severe, with numerous impacts labeled SU ("significant and unavoidable").

Impacts TR-1, TR-12, TR-20, TR-23, TR-26, TR-105, TR-111, TR-118, TR-121, TR-124: As noted in the draft EIR, "Implementation of the Cathedral Hill Campus would result in a significant impact at the intersection of Van Ness/Market." The report correctly notes that there are "no feasible mitigation measures" for this calamity (my word). Were this not sufficient, the report notes the adverse and substantial impacts the proposed Cathedral Hill Campus (Hospital and MOB) would have at the intersection of Post/Geary (e.g., Impacts TR-2, TR-6&7, TR-19, Tr-22, TR-25, TR-108, TR-123), as well as Franklin and Bush (Impact-8, TR-106) - none of which can be mitigated or avoided.

74-14 TR

In addition, Impact-100 Identifies unavoidable and severe impacts at Polk/ Geary (TR-19,TR-108, TR-113, TR-117, TR-120) and possibly Franklin/Bush, Van Ness/ Pine (TR-107, TR-112), and Gough/Geary (TR-104).

Impacts TR-29, Tr-30, TR-31 +TR-32-36, TR-99, TR-133-147: The Cathedral Hill campus project would "increase congestion and ridership along Van Ness Ave., which would increase travel times..." for both cars and buses. While the draft report says this is serious and unavoidable, it suggests CPMC could somehow mitigate this by financially compensating the SFMTA for the cost of "providing... additional services" as if this would resolve either the bus or auto problems. It could not. In fact, it might make it worse.

74-15 TR

Impact TR-42: Proceeding with the project would even create a "pedestrian hazard..."

74-16 TR

Impacts-44 and 48: Last but by no means least, implementation and operation of the project at Cathedral Hill could "result [in] potentially hazardous conditions on Franklin St." In an attempt to mitigate this potential hazard, CPMC is to conduct an unsupervised study the results of which will be reported to the Planning Department and the SFMTA. Given no city on-site supervision, there is no reason to believe the results of such a "study."

74-17 TR

The list of unavoidable and serious problems continues:

Impact-55: Refers to project impact from construction vehicle traffic and construction activities on the transportation network in the vicinity. Although enumerated as "SU" (significant and unavoidable impact), there is a lengthy "mitigation" procedure. Essentially, CPMC is to develop a Construction Management plan (TMP) which would "inform" contractors, require use of best practices, coordinate with and require approval of SFMTA, SFDPW, and the Planning Department.

74-18 TR

However, the point is that the Dept. of Planning has NOW already determined that there are NO mitigation measures that will actually deal with the real world problem, hence the assignment of an "SU" code (significant and unavoidable impact). Under these circumstances, it would be poor public policy to approve this project with these severe adverse impacts on the community and the city.

Impact-58: With respect to the pedestrian tunnel under Van Ness Ave., the EIR correctly notes the unavoidable and severe impact this would have on transportation in the project vicinity. This tunnel is a CPMC convenience luxury that offers little if any public benefit compared to the construction chaos it would create.

74-19 TR

Impact TR-152 summarizes that construction of the Cathedral Hill Campus, all variants, "would contribute to cumulative construction impacts in the project vicinity." 74-20 TR

4.6: Noise
The Planning Department and I have very significant differences over the matter of Noise. The noise the Cathedral Hill Hospital and MOB will generate during construction will be immense and is completely unavoidable. There will also be continuing substantial noise from hospital mechanical, delivery, and rubbish removal operations, to name but three. 74-21 NO

As noted earlier, the "noise-sensitive receptors" to which the draft EIR makes repeated reference, are actually human beings living and working in that neighborhood. As stated, a high proportion of these people live in projects of various kinds for the elderly. The draft EIR, if approved as written, would impose on these seniors all the elements of loud and serious noises over both short and long term; first the construction and then the functioning facilities. 74-22 NO

This is completely unreasonable for a relatively quiet, mostly residential neighborhood as Cathedral Hill is presently. As the draft EIR states, "short-term noise generated by project-related construction and/or demolition could [would] expose" local residents "to substantial increases in ambient noise levels." While the draft EIR calls this "possibly significant," that considerably understates the case. It is highly significant and unavoidable if construction is permitted.

The draft conceives that the huge increase in noise that will occur is less than significant given the suggested mitigation steps (Impact NO-1). This is simply absurd. None of the listed mitigators would in real life make the slightest dent in the noise levels. For example, it is suggested that stationary equipment be located as far from neighboring residents as possible. Exactly where could that possibly be? The site is virtually surrounded by condominium towers, large housing projects for the elderly and small businesses. 74-23 NO

The draft suggests that neighbors complain to a "community liaison" when feeling bothered. Exactly what would such a complaint accomplish? (S-60). 74-24 NO

The draft suggests at NO-2, that the permanent increase in traffic noise is less than significant. Not if you're living there. Further, at NO-3, the draft concedes that "...noise levels...would result in a substantial increase in ambient noise." 74-25 NO

The recourse offered the neighbors is to complain to the "noise liaison" who, if the complaints are "excessive" (undefined), might warrant "further action" (undefined). Here are a few ideas: require the beds of trucks removing the debris from demolishing the hotel to have padded bottoms to decrease the noise of dumping the debris into the trucks; require idling cement mixers to be stationed completely outside the neighborhood; do not permit any construction before 8 AM or after 5 PM nor at all on Saturdays, Sundays and holidays; enclose generators and the like in sound proofed structures built for this purpose. There are more real world possibilities that persons trained in these matters could suggest if CPMC were required to collect such ideas.

74-25 NO

Impact NO-5. "Groundborne vibration levels attributable to construction activities...could..." expose land uses sensitive to vibrations (i.e., residential and small businesses) to "levels that exceed acceptable thresholds." Again, the mitigation proposed is to locate vibrations away from neighbors (clearly impossible in the real world) and establish a community liaison to listen to, but have no authority to act upon, community complaints. This is not mitigation; in real life, this is absolutely nothing.

74-26 NO

What mitigation is actually possible? Were the project allowed to proceed, which I do not believe it should, then the only real mitigation is to reduce the size of the project at Cathedral Hill as proposed in alternative 3A (without any implication this alternative is itself acceptable. It is simply the best of the alternatives presented).

74-27 ALT3A

4.7: Air Quality

Impact AQ-1: The draft EIR states that construction "fugitive dust" will not increase. However, in the accompanying table, this is listed as PS (potentially significant). Common sense would tell you there will be a large increase in ambient dust. Among the mitigation actions listed is limiting idling time of machines to 5 or 2 minutes "to the extent feasible [who decides what is feasible?]." This really means that CPMC construction can pollute the air with fugitive dust at will. That is not acceptable.

74-28 AQ

Impacts AQ-2 and 3: AQ-2 simply states that construction activities would expose the people living and working in the neighborhood to "substantial concentrations of toxic air contaminants," and that operations "would exceed ...significance thresholds for mass emission of criteria pollutants and would contribute to a projected air quality violation at full buildout." Similar

74-29 AQ

statements recur at Impacts AQ-7-11. These, in summary and in lay language, say the people in the neighborhood would be subjected to levels of criteria air pollutants exceeding "thresholds for mass criteria pollutant emissions," and would expose people "to substantial concentrations of toxic (emphasis added) air contaminants" ....that would "contribute to an existing or projected air quality violation at full buildout." There are no mitigation actions that would reduce these problems in real world terms.

74-29 AQ

Were construction on the LRDP to proceed as requested by CPMC, simply put, people in the neighborhoods would be breathing contaminated and toxic air. There is no criteria under which this can be viewed as acceptable.

The same holds for Impact GH-3 which states that the project would have a significant negative impact on the environment or conflict with existing rules.

74-30 GH

4.13: Biological Resources: The "amusing" element in this section is that greater concern is expressed for birds et. al., than there is for "significant receptors," - in other words, for people, in this section and throughout the draft EIR.

74-31 BI

7.0: Conclusions

74-32 OTH

7.1: The draft EIR for CPMC should be rejected as it pertains to Cathedral Hill and St. Luke's.

7.2: Use of Property: From the perspective of the city, this property would be better used by an entity that paid real estate taxes.

74-33 PH

7.3: Suitability of Site: The Cathedral Hill portion of the LRDP proposes the construction of structures (hospital and MOB) ill-suited to the neighborhood both by virtue of size (height and bulk) and by virtue of function. Multiple waivers would be required.

74-34 LU

7.4: LRDP Harm: Both the construction of the buildings and the subsequent operation of the hospital will bring substantial daily harm (e.g., air pollution, noise, traffic congestion) to residents and small businesses, particularly in the Cathedral Hill neighborhood.

74-35 AQ

7.5: Location: The placement of a hospital on Cathedral Hill is ill--chosen since an existing full service acute care hospital (St. Francis) sits just 5 blocks away. The new hospital creates hospital overload for the area. 74-36 HC

7.6: 3A: Were the Planning Commission to accept the construction of a hospital at the Cathedral Hill site, alternative 3A is the preferred option. While it eliminates none of the downsides of the project from a neighborhood point of view, it would reduce virtually all the negatives a small amount and further, would create a viable medical entity at the St. Luke's site, large enough to serve as a real hospital. 74-37 ALT3A

7.7: St Luke's: The idea of building an 80 bed full service hospital in an urban center verges on the absurd. An 80 bed free-standing acute care hospital is simply not viable. There would not be enough beds to support all the ancillary functions needed by a modern acute care institution. It would be virtually impossible for a hospital of this size to support itself and to adequately serve the local community. While alternative 3A solves some of these problems, it is the basic concepts underlying the Cathedral Hill/St. Luke's LRDP proposal that are fundamentally flawed and these cannot be corrected by nibbling at the margins. 74-38 HC

7.8: CPMC has a documented record of well below average community service and a cost structure per procedure exceeding that of any other non-profit hospital in the city. This will only be worse with the new hospital. 74-39 HC

7.9: I recommend the Planning Commission reject the draft EIR as it pertains to the entire CPMC LRDP. While this would force CPMC to receive a temporary waiver and time extension under the State's retrofit regulations, given the significance of the decisions involved here, the flaws in the current plan (only some of which have been cited in this memorandum), and the good intentions of CPMC to comply with State regulations, I believe it would be possible to work it out with the CA DOH. Surely this would be better than destroying one neighborhood (Cathedral Hill) and short changing another (St. Luke's). 74-40 OTH

Thank you for this opportunity to respond to the draft EIR regarding the CPMC LRDP.

LETTER 75

NIHONMACHI TERRACE

J. A. R. F. HOUSING, INC.

October 4, 2010

Bill Wycho
Environmental Review Officer
1650 Mission Street, Suite 400
San Francisco, CA 94103

Subject: CPMC EIR

Dear Mr. Wycho,

We, the residents of Nihonmachi Terrace Apartments, write this letter to raise concerns about the deficiencies of the draft CPMC EIR. Our major concerns are in regards to traffic, parking, air quality, and noise pollution to our residents. The DEIR only addresses peak commute period impacts during demolition and construction. We have an objection to the increase in traffic as well as the parking impact after construction to our neighborhood.

Traffic is already a serious problem with regard to speed and inadequate yielding from the drivers. Pedestrian right of way is too often ignored at the intersections of Octavia/Sutter and Octavia/Post Streets. We believe that the CPMC must make every effort to mitigate these affects. Although we have some off-street parking for our residents, many visitors to our community will be seriously impacted in their quest for parking. The garages in this neighborhood are already at capacity and will be severely stressed during demolition and construction. There must be a serious look at mitigation measures that will address some kind of off-site parking for the Construction Company and sub-contractor as they come to work and return home in the evenings. Sub-contractors in particular are most insensitive to neighborhood concerns. The general contractor must establish an enforceable agreement from all sub-contractors that require them to abide by traffic and parking mitigation measures.

75-1 TR

Air quality for our senior residents is also of major concern since our buildings are not part of a closed circulation system. Those with respiratory and other medical problems could have their situation seriously compromised. Therefore mitigation measures to assure healthy air quality for our residents is essential.

75-2 AQ

Enclosed please find a petition signed by residents of Nihonmachi Terrace looking for your help in finding a reasonable solution. We hope that you will recognize our need and take serious consideration in assisting our community.

Should you have any questions, please feel free to contact the management office at (415) 346-1200. We look forward to your response.

Sincerely,

Nihonmachi Terrace Residents

1615 Sutter Street • San Francisco • CA 94109 • Tel. 415-346-1200 • Fax 415-346-1202

Attachment to Letter 75

NIHONMACHI TERRACE

PETITION FOR CPMC TO MITIGATE TRAFFIC AND HEALTH MEASURES

Addressed to Bill Wycho

WE THE UNDERSIGNED WOULD LIKE TO REQUEST MITIGATION MEASURES ADDRESSING TRAFFIC AND HEALTH CONCERNS AS PART OF CPMC EIR.

AGREED UPON BY THE FOLLOWING PEOPLE:

	NAME	ADDRESS	PHONE #
1.	Najmeh Seraji	1620 Laguna Street	817-1071
2.	Mitsu Yamakita	1615 Sutter St #301	359-1683
3.	Michiko Shikata	1661 Sutter St	567-1088
4.	Seiko Fujimoto	1649 Sutter St.	346-1657
5.	Mitsu Eubank	1615 Sutter St. #1207	921-3507
6.	Kay S Morioki	" APT 605	567-9243
7.	Kimiko Pastora	1615 Sutter St. #1212	673-3982
8.	Kikuko Kitze	" #712	771-5969
9.	~~Michiko Eubank~~ Michiko Hom	~~1615 Sutter #1207~~ 1804	346-0433
10.	Seiko Gardner	#212	771-7104
11.	Mikoi Yamamoto	912	931-0690
12.	Edwin Estrada	1572 Post St	415.948.8783
13.	[illegible] Melendez	1570 3D	415-948-9621
14.	[illegible]	213 E Richmond Ave PT Richmond	510-237-1458
15.	Otamako Corkin	1633 SUTTER ST.	415-346-0181

NIHONMACHI TERRACE

PETITION FOR CPMC TO MITIGATE TRAFFIC AND HEALTH MEASURES

	NAME	ADDRESS	PHONE #
16.	Setsuko Suzuki	1015 ~~Hyde~~ Sutter #1105	922-5551
17.			
18.			
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Letter 76

Devyani Jain/CTYPLN/SFGOV
10/20/2010 10:16 AM

To Chelsea Fordham/CTYPLN/SFGOV@SFGOV
cc
bcc
Subject Fw: Comments for CPMC EIR

DEVYANI JAIN, *Senior Planner*
Major Environmental Analysis

San Francisco Planning Department
1650 Mission Street, Suite 400
San Francisco, CA 94103

P: 415.575.9051 | F: 415.558.6409

----- Forwarded by Devyani Jain/CTYPLN/SFGOV on 10/20/2010 10:16 AM -----

Li Chapman <licwa@yahoo.com>
10/19/2010 11:39 PM

To devyani.jain@sfgov.org
cc
Subject Comments for CPMC EIR

FOR: Bill Wycko, Environmental Review Officer
FROM: Linda Chapman
1316 Larkin St
San Francisco CA 94109
licwa@yahoo.com

Comments for CPMC EIR

1. Consistency with General Plan, area plan, zoning, other policies.
The CPMC proposal is inconsistent with applicable policies of the Van Ness Area
Plan (VNAP). It flies in the face of a long-established area plan that is progressively achieving objectives. A traffic-inducing medical use is precluded
for the Van Ness Corridor by a plan that considered traffic impacts, the special
role of Van Ness as a transit corridor for Muni and Golden Gate Transit, and conflicts for a city street with inter-city traffic from Highway 101.

76-1 LU

Exemption from the zoning for housing and limited commercial uses envisaged by the area plan is a huge demand, where that plan comprises a well integrated set
of policies that further interdependent objectives. VNAP objectives include:
Transform a commercial corridor into an imposing boulevard, by adding residential development and landscaping;
Use height limits to create the consistent profile appropriate for a grand boulevard, following topography by stepping up building heights from the waterfront to a mid-rise profile along the high ridge of the boulevard;
Allow sufficient height to encourage dense housing while avoiding traffic-inducing high rise development;

76-2 LU

Foster preservation of architecturally significant commercial buildings, and

CONSIDER permitted heights to avoid visual incongruity with classic buildings;

Promote residential development on a transit corridor (especially affordable housing), by encouraging high density and small units;

Prevent traffic-generating commercial development, such as offices;
Limit new commercial space to lower stories of residential development, where it
buffers street noise;

Limit bulk and potential wind/shadow/view impacts of mid-rise buildings, using design features like set-backs and podiums;
Break up wide building frontages;
Improve traffic circulation and transit on a major highway and transit artery (contemplating subway construction as the long-range goal to avoid transit conflicts).

76-2 LU

The current project undermines the purpose of an area plan elegantly designed to
produce housing instead OF business that generates housing demand. The proposed
use creates housing demand that will put pressure on availability and prices in
surrounding neighborhoods.

76-3 LU

There could be consistency with other planning policies not in the area plan (which should be treated as the governing document in case of conflict).
Locating a hospital where it will not displace existing housing and where there
is transit access could be arguments for the proposal. If a change of use is therefore allowed (in what is designed to be a residential-commercial district),
then maximum adherence to other objectives and policies of the area plan must be
sought.

76-4 LU

The Housing Mitigation strategy proposed below could address an overarching VNAP
objective to produce centrally located affordable housing. In addition to new construction, funding for nonprofit CDCs to acquire and manage existing buildings as affordable housing would be appropriate ways to mediate the 3:1 housing requirement established for the Special Use District (SUD). Funding rehabilitation is consistent with later policies encouraging sustainable development.

76-5 LU

Removal of residential hotel units to make way for the MOB is governed by the Residential Hotel Unit Demolition and Control Ordinance. Reducing scarce housing resources is a situation where renovation cannot substitute for funding
construction of replacement SRO units or efficiency apartments. Mitigation for
a few dwelling units proposed for demolition together with the SRO could also fund the same project.
The EIR notes that exceeding the 130-foot height limit would exacerbate environmental impacts (which include traffic and transportation, housing and economic impacts).
Additionally, it must be acknowledged that the 130-foot limit for this section of the Van Ness Corridor implements these VNAP policies:

76-6 LU

Allows building envelopes intended to meet a city-wide need for large numbers of housing units;
Aims to prevent overdevelopment of housing where high rises could exacerbate traffic problems;

Promotes a consistent profile for one of the city's two grand boulevards; Aims to prevent out-of-scale buildings that would dwarf historic commercial buildings.

76-6 LU

Visual effects, wind and shadow impacts of the proposed hospital should be compared to neighborhood impacts of the Holiday Inn (which VNAP policies were designed to prevent in new development).

2. Housing demand and economic impacts.

The proposed campus would take land in the Van Ness Corridor from uses that benefit the area. A hotel provided customers for two commercial districts and placed less pressure on neighborhood housing stock. The Van Ness Plan identified this area as an ideal location to supply future housing demands, where new construction will not cause significant residential displacement.

Development of this residential-commercial district is intended to focus on small households and favor affordable housing. Residential development allows commercial space only at lower stories. The VNAP accommodates retail, or local services, not traffic inducing institutional development.

76-7 LU

The CPMC proposal defeats the purpose of the SUD, which mandates 3:1 square feet (minimum) of housing to commercial space for development in the Van Ness Corridor. Generally, new construction will accommodate this requirement. If housing is not built on site (e.g., existing commercial building is expanded), then the same 3:1 ratio mandates housing construction elsewhere in the SUD. The proposed campus reduces potential sites for housing construction (the area plan's primary objective). Moreover, it concentrates new workers in an institutional use that VNAP land use policies do not accommodate. It multiplies the impacts of commercial enterprises because this nonconforming use will schedule hundreds of workers around the clock. A purpose of the area plan was to limit non-residential use.

CPMC operations must be considered for housing impacts, not only city-wide, but those likely to intensify local demand. Workers in small households, especially those expecting to come and go at night, will likely put pressure on the housing stock of central city neighborhoods, where prevalent forms are studios and 1-2 bedroom units. Rental tenure dominates most neighborhoods near the site, with condominiums an increasing proportion of new construction.

76-8 PH

Historic impacts on Nob Hill housing of St Francis Hospital, documented over a number of years, demonstrated significant effects, even from a smaller hospital. The hospital acquired rental buildings, on 2-3 blocks, to demolish for an office building; to house specialties like Sports Medicine (illegally); then (defeating enforcement actions) to house residents and interns when on call at night. Tenants, if not forced out, endured years of pressure. Hospital and office staff doubtless competed with other residents for centrally located rental housing in the regular market. An independent laboratory located near the hospital likewise reduced potential housing supply.

76-9 PH

Households In neighborhoods near the proposed campus (lower Nob Hill, Civic Center, Tenderloin) have average incomes lower than the city-wide average. Competition from CPMC staff will result in reduced housing opportunities for current and prospective residents: fewer units available to rent; upward pressure on rents; pressures to terminate tenancies. Households with higher incomes will experience housing pressure in increased rents and competition for
apartments available for purchase.

76-10 PH

Housing Mitigation:
Housing impacts near a Cathedral Hill campus (or in neighborhoods easily accessible by transit) can be reduced, but not eliminated, by relocating some proposed operations to the existing campuses, thereby reducing staff concentration at one problem site.
The area plan's intent to meet housing requirements within SUD boundaries cannot
be met for a development like CPMC (even environmentally preferred Alternative 3). Van Ness Plan policies for affordable housing must be adapted to mitigate development—else the Cathedral Hill project must not proceed. CPMC has the option to build hospital facilities on existing campuses, or to accept requirements applied to development of the Van Ness Corridor for decades since adoption of the area plan.
Mitigation through payment for new housing construction must be required at ratios reasonably related to VNAP objectives. Both rental and for-sale housing should be produced, taking into consideration needs generated by CPMC for its own staff.
Funding non-profit developments on the many in-fill sites in Polk Gulch, Tenderloin, and South of Market should be the priority. New construction and the
rehabilitation of needed housing (such as SROs) in districts where non-profits can acquire structures or infill sites can partly mitigate impacts from altering
the permitted use and housing ratio mandated for the Van Ness Corridor. One of the few advantages of an institutional use is the opportunity to direct funding
to below-market ownership and rental housing.

76-11 LU

Because this developer has no objective to profit from housing, the ratio of below-market units does not affect project feasibility like the ratio of affordable to market-rate units in for-profit residential development. It is therefore appropriate to fund a high proportion of rental housing and plan other
units for sale at "affordable" rates.

Requirements to contribute substantial housing elsewhere must be imposed in return for exemptions from policies limiting the Van Ness Corridor to residential construction. Funding needed housing and amenities like parks in surrounding areas could in part mitigate the more intense environmental and economic impacts of nonresidential development, when they cannot be eliminated.
(However, housing contributions cannot obviate efforts to reduce significant neighborhood impacts like traffic and noise.)

Funding predominantly affordable housing and green spaces could justify reducing
the VNAP 3:1 ratio for housing (the minimum required in for-profit residential-commercial development). A rationale to reduce the 3:1 ratio would be funding housing types that the private market does not support (e.g., SROs, studios, apartments with "efficiency" kitchens suited for one or two occupants).

VNAP objectives to produce affordable housing, with high-density small units (two bedrooms or less), can be met-- in substance-- by means not specified in the area plan: Fund a large number of small units, for construction or rehabilitation by non-profit developers, outside the SUD. As a proxy for the 3:1
square foot ratio imposed for residential-commercial construction in the Van Ness Corridor, this alternative can efficiently produce and manage housing for long-term affordability.

A community proposal for Nob Hill Senior Housing exemplifies how funding that multiplies community benefits can justify reducing the 3:1 ratio predicated on market-rate housing. Numerous infill sites for affordable housing can be identified in the vicinity of Polk Gulch: Among them, in a neighborhood lacking
community facilities, is an abandoned church with adjacent parking lot, suitable
for a senior housing development to incorporate space for community activities and a senior center or children's program. Tenderloin Neighborhood Development Corporation will evaluate the proposal for low-income housing and community amenities. An identified funding source could encourage the property owner to reconsider a previous stalled development plan.

76-11 LU

3. Economic impact of development at Van Ness and Geary on neighborhood retail and services.
Impacts that a hospital "monoculture" can have on the economy of surrounding neighborhoods require attention.

Based on observations elsewhere, neighbors and merchants suggest that staff and
visitors to a hospital and its medical office buildings will purchase subsidized
food, instead of walking to restaurants and other local food vendors. From family experience, I expect a hospital's subsidized public food service to take
some local customers for convenience meals away from small businesses.

76-12 PH

Hospital visitors and staff are expected to generate less retail traffic for the
Polk Gulch/Van Ness shopping districts, where small businesses were patronized by guests of a hotel the project would supplant.
Compared to housing development, proposed rezoning for institutional use can be
predicted to generate low customer traffic for neighborhood businesses. The Van
Ness Area Plan would allow construction for hundreds of residents on the land proposed for a hospital and related uses.
Mitigation
Measures that directly reduce economic impacts for neighborhood businesses are not easy to identify. Mitigation could include funding to improve pedestrian experiences on shopping streets beyond project perimeters, but near enough for businesses and residents to experience impacts. Neighborhood residents, and visitors from beyond the Van Ness and Polk residential/commercial districts, would increasingly frequent the two shopping areas if street environments were more inviting.

76-13 PH

Sidewalk beautification for the Van Ness and Polk commercial corridors (greening, and attractive street furniture) would enhance pedestrian environments.

Funding for small parks and plazas in a neighborhood that offers no

recreational
open space could transform underused public land in Polk Gulch alleys, and some
underutilized commercial sites, to outdoor living rooms. Pedestrians would be encouraged by opportunities to pass public art or green space that would relieve
the experience of a dense urban environment.

Public spaces located in shopping areas would attract people to meet out of doors, relax with food or reading matter, gather for scheduled performances. Sites to create significant open space were identified in public alleys, and at
large lots with minimal private improvements (one by the intersection of Polk and Geary; two adjacent lots close to Polk on the California Street cable car line).

76-13 PH

4. Traffic and transportation

The stated purpose for building on Van Ness Avenue is easy access for drivers from the North Bay, patients and doctors. Adding Highway 101 drivers to the Van
Ness Corridor is sufficient reason to downsize a hospital campus, if it is to locate there at all.
From my experience, traffic congestion on Highway 101 spills over from Van Ness
to Polk Street, clogging two Muni preferential streets. Traffic circulating around a hospital, medical office buildings, and garages will impede through traffic on Van Ness (Highway 101), on Geary Boulevard, and other major automobile routes like Franklin, Gough and Post.

76-14 TR

Circulation on streets of the Polk Street Neighborhood Commercial District (NCD), lower Nob Hill, and the Tenderloin will be affected by cars driving to the hospital and MOB, by adding emergency vehicles, by increasing service vehicles at the site, including trucks.
The campus is ideally situated for its vehicle traffic to impede transit servicde: Golden Gate Transit and two major Muni lines on Van Ness; the 38 on Geary and O'Farrell (the nation's most heavily traveled line); two lines running
on Post and Sutter. Autos that slow traffic as they enter and exit garages, or
execute turns onto streets with garage entries, cannot fail to affect transit on
the same streets.

76-15 TR

EXAMPLE OF EXISTING CONDITIONS:
Absent CPMC impacts, one morning this year when Van Ness was congested, it took
me two hours to catch a 49 at Pine and travel to 22d Street. With traffic at a
standstill, the driver advised passengers heading for Market Street to get off and walk several blocks in the rain. After waiting about an hour to board at Pine, I saw the driver of this packed vehicle leave passengers stranded at subsequent stops-- maybe waiting an hour for the next 49 (after waiting the hour
I'd waited for this one).

76-16 TR

Regardless of traffic studies based on LOS (selected intersections at a particular point in time), those who regularly travel city streets can report that tremendous transit delays, due to congestion around the Van Ness Corridor,
are not uncommon. Viewing intersections a few times may be sufficient to

76-17 TR

estimate normal conditions (but only for hours studied). Congestion that is irregular, but not infrequent, is evidence that the proposed location cannot tolerate traffic inducing uses.

76-17 TR

Where seemingly insignificant temporary conditions (like rain, illegal parking, or holiday events) cause paralyzing congestion, the result shows how vulnerable the Van Ness Corridor is to traffic disruption. Inadequate impact analysis could saddle the area with permanent results from hospital development.

Drivers converging on the campus will circulate through surrounding streets, some hoping to park at off-site garages or curbside, others navigating the one-way street patterns to reach hospital and MOB entries. The more drivers depend on campus garages, the more those garages will tie up traffic when cars waiting for entry back up into the street, and the more drivers will circle surrounding streets when unable to stop in traffic waiting for garage entry. A Polk Gulch resident recounted this condition at an existing CPMC garage, which results in his circling through the neighborhood. Absent other evidence, it is reasonable to assume that conditions at a location already more congested than CPMC's problem garage will be worse.

76-18 TR

Garage entries on Geary require drivers approaching from the west to navigate various one-way streets. Drivers forced to turn onto Van Ness or Polk in order to head west at Geary will add congestion to several transit preferential streets.

76-19 TR

Converting Cedar Alley to garage access creates traffic conflicts. This street is narrow, now lightly used--and accessed from two transit preferential streets that are sometimes congested, without added traffic from a CPMC campus. Cars turning east from the garage would enter Polk at midblock, interrupting traffic flow (including buses) on a relatively narrow street. Results could be delays, and unexpected conflicts confusing drivers, as cars emerge in mid-block. Drivers exiting on Polk intending to head east or north would circulate among one-way streets in Polk Gulch.

76-20 TR

Similar conflicts are predictable if significant numbers of cars use the mid-block alley at Van Ness for garage access. Alleys running between Van Ness and Polk are little used for auto traffic.

Mitigation

Converting Cedar Alley to access for the MOB garage cannot be allowed.

Alternative 3 proposes reducing the Cathedral Hill campus— essential for traffic impacts. However, with proposed garages, traffic impacts will inevitably remain significant.

76-21 TR

Traffic impacts can be reduced by limiting CPMC parking, on-site and off-site. CPMC proposes spaces for 1,055 cars at the Van Ness/Geary site-- where the existing hotel and office building total 405. Two large garages are not needed, in addition to spaces for CPMC at the Sutter Street MOB.

The Legislative Analyst found that Manhattan limits hospitals to 100 parking spaces. Therefore: What is the rationale for this city to require many times more spaces for any hospital campus? What medical need could justify outsized garages in a transit-rich area with severe traffic impacts? What conditions made it possible for hospitals in other cities to offer less public parking?

76-22 TR

Even the reduced Alternative 3 proposes more than one-third increase in square footage for parking, compared to existing conditions. This is unacceptable in the transit-rich central city-- when city policy has advanced to contemplating auto use limited to out of town trips and grocery shopping. The Planning Code eliminated obsolete 1:1 residential requirements for downtown and additional parts of the northeast quadrant, Octavia Boulevard, and some other transit-rich areas. The VNAP should be updated consistent with newer area plans (inasmuch as its intent was to produce a transit-rich residential district). Meanwhile, it is inconsistent with recent policy direction for a planning rule to impose minimum parking spaces for new medical campuses. 76-23 TR

For the Cathedral Hill campus, there should be no approval to build parking, beyond replacing spaces from the hotel and office site. If CPMC wants suburban amenities, they cannot locate a campus in the central city. Attracting autos disrupts not just transit and circulation, but the pedestrian environment and living environment of residents already subjected to urban density and commute traffic.

CPMC articulated a desire to relocate to a transit-rich area. They need to encourage customers and staff to use this amenity. CPMC argues (inconsistently) that people need auto transport to get medical care. The reality for this transit-rich area is that residents found about two-thirds of Nob Hill households had no vehicle. People living in such areas take public transit to medical providers-- including Kaiser and CPMC, where garages invite car owners to drive regardless of need (like that Polk Gulch resident who described circling all over another neighborhood when he uses a CPMC garage). 76-24 TR

Parking to serve Cathedral Hill construction must not exceed 405 spaces. Further reduction is desirable, to reduce adverse impacts in the overburdened Van Ness Corridor and surrounding neighborhoods. Compared to hotel and office use, auto traffic to CPMC garages could drive through our neighborhood many more times (for patient appointments all day, for staff turnover day and night). In contrast to this intense use for round-the-clock medical operations, commuters are likely to enter and leave the neighborhood once a day, hotel guests may just store cars overnight, hotels rarely rent rooms to capacity, and garage spaces rented for evening events likely won't turn over like CPMC garages.

5. Pedestrian environment, neighborhood livability: wind, shadow, noise, pollution

For wind, shadow, and aesthetic impacts, the proposed hospital calls for comparison to neighborhood impacts of the Holiday Inn. 76-25 WS

Impacts of increasing ambient traffic noise on pedestrians and residents of our dense neighborhoods, already subjected to downtown commute traffic, must be considered, in addition to the concerns raised about sirens. Using sidewalks, or rooms with windows facing the street, is a different quality of experience, at times of heavy traffic. 76-26 NO

Economic impacts of traffic congestion and noise for small businesses and the already stressed NCD require consideration. As the pedestrian environment declines, customers from outlying neighborhoods can take their business elsewhere. 76-27 PH

Automobile noise and air pollution will multiply when cars are trapped in ↓ 76-28 TR

congestion, or circulate in residential areas

76-28 TR

6. Impact on service availability, public safety.
Supporters of the current proposal argued prompt medical intervention for birthing and emergency conditions as justification for locating a campus in the
Van Ness Corridor. In view of congestion impacts described above, public safety
could be the best reason to decentralize emergency and critical care units.

76-29 TR

Transportation impediments between the Cathedral Hill campus and the city's southern sector include long Muni trips, traffic delays and meltdowns like an experience described above, which would equally affect patients (or the all important doctors) heading for Cathedral Hill from Marin.

In the event of a disaster, it threatens public safety to concentrate medical services on the north side of the city. After the 1906 earthquake, people resorted to traversing the city on foot. CPMC proposes to build seismically safe
hospitals that much of the population may be unable to reach.

76-30 HC

7. Pedestrian tunnel

The proposal conflicts with the long-range VNAP goal for a subway to reduce traffic conflicts and transit delays. The CPMC plan would divide the right-of-way and could pose conflicts for subway entries near the Van Ness/Geary
intersection.

76-31 TR

MTA's current proposal for "Bus Rapid Transit," is a cheaper, less effective alternative. The VNAP is still the planning document that identifies long-range
goals for the corridor.
The BRT alternative, still in the planning stage, is dismissed by some transportation planners, and observers of traffic conditions in the corridor. BRT cannot fix street networks paralyzed by congestion. A subway could avoid notorious problems transit riders face on Van Ness.

A pedestrian tunnel would affect a published goal for resolving conflicts affecting Highway 101, traffic in densely populated central city neighborhoods,
heavily travelled arteries, Muni and Golden Gate Transit. CPMC's plan cannot be
allowed to prejudice the outcome, when a published long-range goal was deferred
for funding consideration.

76-32 TR

Tunnels for Muni Metro and BART make a subway now considered for Stockton Street
expensive to build and less practical for users because a deep route is required
to avoid underground structures. The same impediment to a VNAP goal is
posed by a pedestrian tunnel.

76-33 TR

LETTER 77



awer cie
<qaz159@hotmail.com>
10/19/2010 12:51 PM

To <devyani.jain@sfgov.org>, <chelsea.fordham@sfgov.org>, <bill.wycko@sfgov.org>
cc
bcc
Subject Public Comment on California Pacific Medical Center

Thank you for the opportunity to comment on the CPMC EIR. I have public comments related to the Cathedral Hill campus. Please confirm receipt of these comments.

The EIR does not adequately address impacts to Muni transit service on Geary Street. Due to the proposed new driveways on Geary, the project would relocate the existing 38 Geary bus stop to the far side of Van Ness. This would cause a significant transit impact to transit, for the following reasons:

1) Moving the bus to the far side would add delay to Muni because it now has to sit through the light before stopping again on the far side
2) Cars entering the hospital garage will have to turn in front of the bus. This will lead to collisions with Muni vehicle
3) The bus would have to start from a much steeper grade, which decreases the accelleration of the bus, and also causes undue wear on the bus motor and transmission

77-1 TR

These three factors will cause a significant impact to Geary transit service, which the EIR fails to disclose.

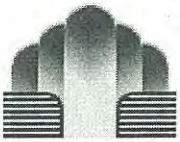
The appropriate mitigation for this impact would be to remove the driveways for both the hospital and the Medical Office Building, which would allow the bus stop to stay where it is currently located. This would prevent the three impacts listed above.

Thank you for your consideration.

Sincerely,

Quivner Zabeles
Cathedral Hill

Letter 78



Devyani Jain/CTYPLN/SFGOV
10/19/2010 02:46 PM

To Chelsea Fordham/CTYPLN/SFGOV@SFGOV
cc
bcc
Subject Fw: Comments on the CPMC Draft EIR

DEVYANI JAIN, *Senior Planner*
Major Environmental Analysis

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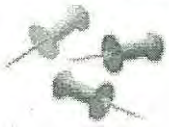
----- Forwarded by Devyani Jain/CTYPLN/SFGOV on 10/19/2010 02:46 PM -----



Bill Wycko/CTYPLN/SFGOV
10/19/2010 02:44 PM

To Devyani Jain/CTYPLN/SFGOV@SFGOV
cc
Subject Fw: Comments on the CPMC Draft EIR

----- Forwarded by Bill Wycko/CTYPLN/SFGOV on 10/19/2010 02:44 PM -----



Arthur Cimento <artcimento@msn.com>
10/19/2010 02:29 PM

To <bill.wycko@sfgov.org>
cc <janet@janetreilly.com>, <info@markfarrell.com>, <cpmcneighbors@pw-sc.com>, <paulhwermer@speakeasy.net>, <marlayne16@gmail.com>, <shyam_lal@mckinsey.com>, <jackiecimento@msn.com>
Subject Comments on the CPMC Draft EIR

Dear Mr. Wycko,

Earlier today, I delivered a letter with our comments on the CPMC draft EIR to your attention at the San Francisco Planning Department office. I am attaching an electronic copy of the letter with this email, for your convenience.

My wife and I are very interested in working with the City and CPMC toward a project at the Pacific campus that improves the quality of life in our neighborhood. We look forward to seeing in the final EIR additional mitigation measures to help achieve this goal.

If we can be of assistance to you and your staff, please contact me at (415) 269-3542 or artcimento@msn.com

Regards,



Art Cimento CPMC Draft EIR Comments - Oct 19, 2010.pdf

Letter 78

October 19, 2010

Mr. Bill Wycko
Environmental Review Officer
San Francisco Planning Department
1650 Mission Street, Suite 400
San Francisco, CA 94103

SUBJECT: Draft Environmental Impact Report for California Pacific Medical Center Long Range Development Plan, Planning Department Case No. 2005.0555E – Pacific Campus

Dear Mr. Wycko,

We are responding to the invitation for public comment on the draft Environmental Impact Report (EIR) for the California Pacific Medical Center (CPMC) Long Range Development Plan.

For over 20 years, my family and I have owned our home on Washington Street which shares the northern property line of CPMC's Pacific campus. In reviewing the draft EIR, there appear to be glaring inconsistencies between the facts presented and the intentions of the project. In particular, there is a disconnect between the size of the proposed North of Clay aboveground parking facility and its stated usage. Given the primary (construction-related) and secondary (long term project induced) impacts of this parking structure, we request that further alternatives be considered. It is not apparent whether the purpose of the parking facility is to support the hospital's staff and patients or introduce a commercial development in violation of existing land use policies for our neighborhood. Further, the project as currently defined fails to achieve the CEQA requirement of reducing impacts to the point of insignificance.

78-1 TR

Specific comments on the draft EIR are attached. We request that the project sponsors address these comments and provide adequate answers before the City makes its determination on the EIR.

It is unfortunate that the project sponsors have chosen to introduce a negative amenity into our neighborhood. While we support the overall mission of CPMC, we wish they would take the opportunity to provide more open space and improve the quality of life in our area.

78-2 OTH

Please contact us if you need any clarification and keep us informed as this project develops. Thank you for the opportunity to comment.

Sincerely,

Arthur Cimento Jacqueline G Cimento

Arthur and Jacqueline Cimento
2317 Washington St.
San Francisco, CA 94115

COMMENTS ON THE DRAFT EIR FOR THE CPMC LONG RANGE DEVELOPMENT PLAN

The following are comments on the draft EIR. These comments are focused on the proposed changes to the Pacific campus, which is adjacent to our home. We request that the final EIR adequately address the issues outlined below and provide further mitigation of impacts than currently proposed. Since the EIR is vague in its assessment of many aspects of the Pacific campus project, we also request that a project level, focused EIR be conducted for the Pacific campus modifications before they are approved.

1) Project Violates Existing Conditional Use Permits

The draft EIR contains several references to the current conditional use permit under which the medical center is permitted to operate in a residential zone. This conditional use permit has been in place in the 1960's (page 3-16). The applicable planning code section permits this conditional use if inpatient care is the primary use (page 4.1-53). It is the stated intent of the long-range plan to convert this campus to outpatient care, which violates the terms of the existing conditional use permit. There is no analysis or discussion of why the inpatient use restrictions were originally put in place. Perhaps they were to preserve the unique character of our neighborhood. Furthermore, there is no discussion of whether a change in the permitted use would apply to similar facilities in other residential zones in the City or just to our neighborhood.

78-3 LU

Later in the EIR, the Pacific Heights neighborhood is described as an "Outstanding and Unique Area" (page 4.2-34). The proposed project would result in a campus with "denser more intense development than exists at present" (page 4.2-149). Why isn't this change considered a potentially significant impact? We believe there is inadequate discussion of this change to the conditional use restrictions which have been in place for 50 years. The project sponsors are well aware of the neighborhood opposition to the intensification of development associated with this project. Presumably the restrictions in the existing conditional use permit were intended to protect against just such development.

Further on, on page 5-8, the draft EIR states "all construction and renovation at the Pacific, Davies, and St. Luke's campus would occur entirely within the existing campus footprint; medical uses would continue on these campuses, and therefore **no change in land use would occur**." Since the proposed changes to the Pacific campus will violate its existing conditional use permit, this statement is inaccurate and misleading. We request that the conditional use permit for the Pacific campus not be modified until the full impact of this development on our neighborhood's essential character is understood and our community's position is considered.

2) **Long-term Secondary Impacts of the Project Are Not Adequately Addressed**

The draft EIR does not adequately address any induced development from the project. Such development could arise from a shift from inpatient to outpatient care (discussed above) and the addition of 688 new parking spots **in the middle of a residential neighborhood** (Table 2-7b).

The project is located two blocks off of the commercial district of Fillmore Street, which sees many visitors on most weekends and evenings. The availability of a large parking facility close to this district will undoubtedly attract more traffic into the neighboring streets, well above what is required for the medical facility. Also, it is of concern that the character of this traffic may differ from the traffic associated with an in-patient facility, since many users of the facility will be patronizing bars and restaurants at night. In addition, the facility is located on transit lines that are convenient to downtown, making the parking facility a magnet for commuter automobiles. The EIR is inadequate in that it does not consider such changed usage patterns.

78-4 TR

According to the EIR, the San Francisco Planning Code incorporates the Accountable Planning Initiative which includes "protection of neighborhood character" and "discouragement of commuter automobiles" (page 3-19). Residents of our neighborhood are entitled to quiet enjoyment of our homes. This facility has significant potential to become an attractive nuisance. The EIR needs to reconcile the apparent conflicts of the project with existing land use, zoning, and City Codes and identify specific mitigation measures to reduce its negative impacts to insignificance.

78-5 LU

As a minimum, we expect the facility will comply with existing noise regulations at the property boundary. We would also request additional mitigation measures such as limiting the parking facility's hours of operation to exclude evenings and weekends or restricting its use to bona fide users of the medical facility.

78-6 NO

78-7 TR

3) **Oversized Parking Requirement; No Alternatives Considered**

The draft EIR's analysis of the parking requirements and visitation patterns is inconsistent with the addition of 688 parking spots on the Pacific campus. On page 4.5-49, the draft EIR states that 1,095 parking spaces for CPMC employees and 410 parking spaces for visitors already exist. This parking supply is adequate for the existing use (pages 4.5-47 to 4.5-49).

78-8 TR

In the traffic analysis, there is an estimated **reduction** in net new parking demand at the Pacific campus of 229 parking spaces (Table 4.5-13) and an expected **reduction** of trips by 4,700 as a result of the proposed change in usage (Table 4.5-10). Even at peak hours, there are only 71 new vehicle trips at the Pacific campus (Table 4.5-11). This analysis is used to support the premise that there will be little impact on surface street traffic from the project.

The EIR cannot have it both ways. It is inconsistent to state that current parking provisions are adequate, there is a reduction in parking demand, and the proposed project reduces the number of trips, but then propose 688 additional parking spaces at the campus. Yet the project calls for excavation of two city blocks and construction of a seven story parking facility across an entire city block. We request that a revised EIR be issued that addresses a reduction, not an increase, in parking capacity to reflect the draft EIR's stated reduction in auto trips. 78-8 TR

We question whether the motive of the project sponsor is to support the medical mission of the campus or run a commercial parking business. There are no alternatives to this scheme considered in the EIR. Alternatives could include no parking facility at all or addition of additional underground parking which could eliminate the need for an above ground structure.

In particular, we would like consideration of using this footprint for more open space in our neighborhood as opposed to the current plan which reduces open space (page 4.2 -149). This project represents a rare opportunity to create open space. One viable alternative that should be considered is the elimination of the above ground portion of the garage entirely and the creation of an open space and park. Given the primary and secondary impacts of the parking facility, we believe that these are reasonable alternatives that should be considered. 78-9 RE

4) **Primary Impacts Cannot Be Mitigated**

There are numerous project impacts at the Pacific campus where no mitigation is provided. Construction noise could reach 90 Vdb in our home, which the draft EIR notes "could be significant" (page 4.6-95). The EIR notes additional primary impacts associated with construction (e.g., air quality) which are "significant and unavoidable" (section 4.7).

In addition, several primary impacts from the facility are noted without any mitigation provided. These include light from vehicle head lamps which will shine into homes (page 4.2-89) and noise from ventilation units. There are other impacts which are not discussed such as the noise from traffic entering and leaving the above ground parking facility and the increase in CO2 from vehicles idling in the garage. 78-10 OTH

Again, our understanding of CEQA is that project impacts must be mitigated to the point of insignificance. The draft EIR does not attain this standard.

5) **Inadequate Detail on Project Definition**

In numerous places, the draft EIR does not go into detail on the Pacific campus, using the rationale that the design on this campus is not finalized (e.g., pages 4.2-149, 4.6-80, and 4.9-31). Therefore, we would like clarification as to what entitlements CPMC would receive for the Pacific campus should this EIR be certified. 78-11 PD

Since many of the mitigation measures associated with the Pacific campus are vague and depend on the final design (e.g., page 4.6-82), we believe that CPMC should not have any entitlements to proceed with the Pacific campus portion of the long range plan until a Project EIR is completed. This EIR should address all of the primary and secondary impacts of the project and provide adequate mitigation.

78-11
PD-PA

Letter 79

Devyani Jain/CTYPLN/SFGOV
10/19/2010 10:44 AM

To Chelsea Fordham/CTYPLN/SFGOV@SFGOV
cc
bcc
Subject Fw: CPMC Comment letter

DEVYANI JAIN, *Senior Planner*
Major Environmental Analysis

San Francisco Planning Department
1650 Mission Street, Suite 400
San Francisco, CA 94103

P: 415.575.9051 | F: 415.558.6409

----- Forwarded by Devyani Jain/CTYPLN/SFGOV on 10/19/2010 10:44 AM -----

Bill Wycko/CTYPLN/SFGOV
10/19/2010 10:43 AM

To Devyani Jain/CTYPLN/SFGOV@SFGOV
cc
Subject Fw: CPMC Comment letter

----- Forwarded by Bill Wycko/CTYPLN/SFGOV on 10/19/2010 10:42 AM -----

"cbfreas22@netzero.net" <cbfreas22@netzero.net>
10/19/2010 10:38 AM

To Bill.Wycko@sfgov.org
cc charlie.freas@flysfo.com
Subject CPMC Comment letter

PLease note my comments about proposed project. Thank you for your consideration.

$13/Month Car Insurance?
Insurance deal just passed now allows you to get car insurance for $13

GoGetAutoInsurance.com B Wycko 10 19 cbf.pdf

PO Box 283044
San Francisco, CA 94128
October 19, 2010

San Francisco Planning Department
Attention: Mr. Bill Wycko
1650 Mission Street, Suite 400
San Francisco, CA 94103

Re: EIR–CPMC Long Range Development Plan - Alternative 3A

Dear Mr. Wycko,

The EIR for the CPMC project contains too many convenient assumptions that will come back to haunt the City if implemented. The gargantuan Cathedral Hill Hospital as Sutter prefers is too problematic and it's environmental impacts too great.

The EIR acknowledges that a significant number of traffic problems are significant, unavoidable (SU) and impossible to mitigate. Further, these issues impact a concentration of critical east/west and north/south arterials –Geary, Van Ness (Hwy 101), Franklin, and Gough. The streets surrounding this area that are expected to drain off this impacted flow are not efficient distributors and will simply exacerbate the problem. 79-1TR

Parking challenges are given short shrift and yet what will be their real traffic friction flow impact? 79-2TR

Construction impacts are particularly challenging, such as the proposed 185 truck trips per day which averages over 20 trucks per hour or 3 minutes per load time – an efficiency I have never seen in my over 30 years of engineering and construction management – is fiction. Particularly true for such a congested and compact construction site. 79-3 TR

While well detailed in some respects, the EIR contains recurring statements about the CEQA process not needing to address certain environmental aspects which are all too real to the surrounding Cathedral Hill community. The EIR analysis appears to conveniently support the desired outcome in too many instances, while making assumptions that may not come true. 79-4 OTH

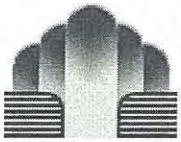
The EIR discusses Alternate 3A which reduces the Cathedral Hill building by a third and increases the size at St. Luke's. This will reduce the number of cars and trucks by 1/3. The EIR indicates that this is the environmentally preferred option but then goes on to say that it is rejected by CPMC. 79-5 ALT3A

I believe that Alternative 3A is an effective solution. I would urge the City to require CPMC to redesign the project to stay within the existing zoning restrictions and to effectively mitigate those most challenging outcomes.

Sincerely,

Charles B. Freas BSCE

LETTER 80



Devyani Jain/CTYPLN/SFGOV
10/19/2010 10:36 AM

To Chelsea Fordham/CTYPLN/SFGOV@SFGOV
cc
bcc
Subject Fw: Cathedral Hill Hospital



DEVYANI JAIN, *Senior Planner*
Major Environmental Analysis

San Francisco Planning Department
1650 Mission Street, Suite 400
San Francisco, CA 94103

P: 415.575.9051 | F: 415.558.6409

----- Forwarded by Devyani Jain/CTYPLN/SFGOV on 10/19/2010 10:36 AM -----



Bill Wycko/CTYPLN/SFGOV
10/19/2010 10:33 AM

To Devyani Jain/CTYPLN/SFGOV@SFGOV
cc
Subject Fw: Cathedral Hill Hospital

----- Forwarded by Bill Wycko/CTYPLN/SFGOV on 10/19/2010 10:33 AM -----



Beth Pewther <artcrazy@artfools.com>
10/19/2010 08:32 AM

To bill.wycko@sfgov.org
cc
Subject Caathedral Hill Hospital

Bill Wycko
SF Planning Dept.
I support the position of the Unitarian Church and as a member of that church am very concerned about the hospital plan which does not provide enough off street parking for it's activities.
Beth Pewther

80-1 TR

LETTER 81

awer cie
<qaz159@hotmail.com>
10/19/2010 02:36 PM

To <devyani.jain@sfgov.org>, <chelsea.fordham@sfgov.org>, <bill.wycko@sfgov.org>
cc
bcc
Subject RE: Public Comment on California Pacific Medical Center

My apologies, I have an additional comment on the CPMC EIR.

The EIR says that the Geary street driveways for both the hospital and the MOB are "revocable". What does this mean? Who would revoke them, and under what circumstances? Does Cpmc waive it's right to sue if the driveways are revoked? 81-1 TR

Thank you
Quivner Zabeles

From: qaz159@hotmail.com
To: devyani.jain@sfgov.org; chelsea.fordham@sfgov.org; bill.wycko@sfgov.org
Subject: Public Comment on California Pacific Medical Center
Date: Tue, 19 Oct 2010 19:51:23 +0000

Thank you for the opportunity to comment on the CPMC EIR. I have public comments related to the Cathedral Hill campus. Please confirm receipt of these comments.

The EIR does not adequately address impacts to Muni transit service on Geary Street. Due to the proposed new driveways on Geary, the project would relocate the existing 38 Geary bus stop to the far side of Van Ness. This would cause a significant transit impact to transit, for the following reasons:

1) Moving the bus to the far side would add delay to Muni because it now has to sit through the light before stopping again on the far side
2) Cars entering the hospital garage will have to turn in front of the bus. This will lead to collisions with Muni vehicle
3) The bus would have to start from a much steeper grade, which decreases the accelleration of the bus, and also causes undue wear on the bus motor and transmission 81-2 TR

These three factors will cause a significant impact to Geary transit service, which the EIR fails to disclose.

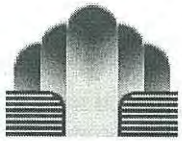
The appropriate mitigation for this impact would be to remove the driveways for both the hospital and the Medical Office Building, which would allow the bus stop to stay where it is currently located. This would prevent the three impacts listed above.

Thank you for your consideration.

Sincerely,

Quivner Zabeles
Cathedral Hill

LETTER 82



Devyani Jain /CTYPLN/SFGOV
10/19/2010 12:30 PM

To Chelsea Fordham/CTYPLN/SFGOV@SFGOV
cc
bcc
Subject Fw: Case 2005.0555E - CPMC Long Range Development Plan



DEVYANI JAIN, *Senior Planner*
Major Environmental Analysis

San Francisco Planning Department
1650 Mission Street, Suite 400
San Francisco, CA 94103

P: 415.575.9051 | F: 415.558.6409

----- Forwarded by Devyani Jain/CTYPLN/SFGOV on 10/19/2010 12:30 PM -----



Bill Wycko /CTYPLN/SFGOV
10/19/2010 12:26 PM

To Devyani Jain/CTYPLN/SFGOV@SFGOV
cc
Subject Fw: Case 2005.0555E - CPMC Long Range Development Plan

----- Forwarded by Bill Wycko/CTYPLN/SFGOV on 10/19/2010 12:26 PM -----



Hossein Sepas <sseeppaass @yahoo.com>
10/19/2010 11:00 AM

To Bill.Wycko@sfgov.org
cc
Subject Case 2005.0555E - CPMC Long Range Development Plan

Dear Mr. Wycko and S.F. Planning Commissioners,

c/o Bill.Wycko@sfgov.org

Re: Case 2005.0555E – CPMC Long Range Development Plan

CMPC's proposes to consolidate many services from its five campuses into one new site on Cathedral Hill and downgrade several of their other properties. Heaven help anyone who has a heart attack or other serious problem who has to take an ambulance all the way to Cathedral Hill; they might die on the way to the enormous traffic jams in the already congested Van Ness Avenue , Gough, and Franklin corridor. It is not fair to the people of the Mission to lower the services and bed count at St. Luke's Hospital and make those CPMC patients go all the way to Van Ness and Geary. St. Luke's should be increased over what CPMC proposes and Cathedral Hill hospital should be decreased. They should be more in alignment in regard to the number of beds. A high concentration of hospital beds in one part of town and a lower number in other parts cannot be a good plan. We need more balance. CPMC says it is good for their business operation to consolidate services and since they provide a public service they should be allowed to do so, if PG&E, Pac Bell (AT&T), any bank or other private corporation which "provides a public service" were to suggest the same logic to have a larger building they would be laughed out of town. 82-1 HC

Alternate 3A of the DEIR, concludes that the "*least amount of negative environmental impact*" would come from "*reducing*" the size of the Cathedral Hill project to 400 beds and *increasing* the size of the St. Luke's Hospital in the Mission by 160 beds. Please have them go in that direction and submit a plan which explores and improves upon that idea. 82-2 ALT3A

Cathedral Hill already has the huge Mt Zion and Kaiser campus' nearby and ambulances are non stop, to have a huge hospital at Geary & Van Ness when Geary & Divisadero (a few blocks away) is already the home of major medical facilities is just too much medical care in a small area. Plus there is St. Francis Hospital a few blocks to the east; there is simply too high concentration of medical care in one area to the detriment and other parts of San Francisco . 82-3 HC

It is too windy on Cathedral Hill and the Van Ness area below it now; it will become even windier after the construction of such a large hospital. The draft E.I.R states: *"In San Francisco , wind strength is generally greater along*

streets that run approximately east-west because buildings along those streets tend to act as a channel for winds." That is certainly true of Geary and O'Farrell Streets, the west-east wind is already very strong, and coming down from the top of Cathedral Hill it is even stronger. It is sometimes difficult to walk down Geary or Starr King now with the strong winds swirling around the existing high rises; it will be even worse if the hospital is built to the mass they propose. The draft EIR also states that wind speeds at many points *"around the campus site and vicinity are currently in exceedance of the pedestrian-comfort value …as established by Section 148 of the San Francisco Planning Code (Planning Code)".* 82-4 WS

Jefferson Square Park is large, is used by many birds, and is only a quarter of a mile away from the proposed tower. The "bird issue" was used in part to stop the 555 Washington tower next to the Transamerica Pyramid yet the proposed 555 Washington tower was only half as tall as its immediate neighbor and much shorter than many other buildings nearby. If this rule applied at 555 Washington then it will surely apply at CPMC since it would be the only glass high rise in that area (and they are proposing blue glass). The closeness of the park ensures that migrating birds will be in the vicinity of the proposed glass tower. 82-5 BI

Traffic is already grid locked on Van Ness. Gough and Franklin are not much better. It will not be easy to get there quickly when traffic is frequently at a 82-6 TR

stand still. O'Farrell already has a great deal of traffic to the point it is often a standstill (especially with the new 38 Geary dedicated traffic lane) and more than its share of ambulance noise. 82-6 TR

Concentrating so many medical services in one are will have a huge impact on noise in an already noisy area. The dense residential corridor surrounding the Geary/O'Farrell corridor is already very noisy, as is the Van Ness, Franklin , Gough corridor. These areas take more than their fair share of noise from ambulances traveling back and forth. 82-7 NO

The Van Ness corridor is supposed to be a residential corridor with activated streets which cater to the residents. A huge medical center is not a relaxing neighbor; all of the ambulance noise is to contrary to quiet living. Pedestrian life will not be vibrant at night when the hospital is closed, it will be dead zone except the occasional visitor to a patient, but most of those visitors will use the garage and not activate the streets of use restaurants, coffee shops, stores or the local cinemas. The existing hotel on the site (which is now closed) was a much more compatible neighbor as it brought people to activate the streets and shops at all hours of the day or night. Furthermore the hospitals proposed mass does not match the goal of a grand unified boulevard; the tall buildings are supposed to go on top of the hills to make San Francisco's famous hills seem taller; Van Ness' residential corridor is supposed to be lower in height than the buildings on the surrounding hills. Van Ness is supposed to be somewhat of a gracious residential boulevard with buildings of a similar height and use. 82-8 LU

Regards,

Hossein Sepas

1200 Gough 21A

San Francisco, CA 94109

Letter 83

Devyani Jain/CTYPLN/SFGOV
10/19/2010 10:36 AM

To Chelsea Fordham/CTYPLN/SFGOV@SFGOV
cc
bcc
Subject Fw: CPMC - DEIR

DEVYANI JAIN, *Senior Planner*
Major Environmental Analysis

San Francisco Planning Department
1650 Mission Street, Suite 400
San Francisco, CA 94103

P: 415.575.9051 | F: 415.558.6409

----- Forwarded by Devyani Jain/CTYPLN/SFGOV on 10/19/2010 10:36 AM -----

Bill Wycko/CTYPLN/SFGOV
10/19/2010 10:33 AM

To Devyani Jain/CTYPLN/SFGOV@SFGOV
cc
Subject Fw: CPMC - DEIR

----- Forwarded by Bill Wycko/CTYPLN/SFGOV on 10/19/2010 10:32 AM -----

"Patrick Carney" <PatC@hellermanus.com>
10/19/2010 09:21 AM

To <Bill.Wycko@sfgov.org>
cc
Subject CPMC - DEIR

Dear Mr. Wycko and S.F. Planning Commissioners,
c/o Bill.Wycko@sfgov.org

Re: Case 2005.0555E –CPMC Long Range Development Plan

Attached are comments regarding CPMC's draft EIR.

Too much concentration of medical care in one area:

Alternate 3A of the DEIR, concludes that the "*least amount of negative environmental impact*" would come from "*reducing*" the size of the Cathedral Hill project to 400 beds and *increasing* the size of the St. Luke's Hospital in the Mission by 160 beds. Please have them go in that direction and submit a plan which explores and improves upon that idea. 83-1 ALT3A

CMPC's proposes to consolidate many services from its five campuses into one new site on Cathedral Hill and downgrade several of their other properties. St. Luke's should be increased over what CPMC proposes and Cathedral Hill hospital should be decreased. They should be more in alignment in regard to the number of beds. A high concentration of hospital beds in one part of town and a lower number in other parts cannot be a good plan. We need more balance. CPMC says it is good for their business 83-2 HC

operation to consolidate services and since they provide a public service they should be allowed to do so, if PG&E, Pac Bell (AT&T), any bank or other private corporation which "provides a public service" were to suggest the same logic to have a larger building they would be laughed out of town. Heaven help anyone who has a heart attack or other serious problem who has to take an ambulance all the way to Cathedral Hill; they might die on the way to the hospital in the enormous traffic jams in the already congested Van Ness Avenue, Gough, and Franklin corridor. It is not fair to the people of the Mission to lower the services and bed count at St. Luke's Hospital and make those CPMC patients go all the way to Van Ness and Geary.

83-2 HC

Cathedral Hill already has the huge Mt Zion and Kaiser campus' nearby and ambulances are non stop, to have a huge hospital at Geary & Van Ness when Geary & Divisadero (a few blocks away) is already the home of major medical facilities is just too much medical care in a small area. Plus there is St. Francis Hospital a few blocks to the east; there is simply too high concentration of medical care in one area to the detriment and other parts of San Francisco.

83-3 HC

Wind:

It is too windy on Cathedral Hill and the Van Ness area below it now; it will become even windier after the construction of such a large hospital. The draft E.I.R states: *"In San Francisco, wind strength is generally greater along*
streets that run approximately east-west because buildings along those streets tend to act as a channel for winds." That is certainly true of Geary and O'Farrell Streets, the west-east wind is already very strong, and coming down from the top of Cathedral Hill it is even stronger. It is sometimes difficult to walk down Geary or Starr King now with the strong winds swirling around the existing high rises; it will be even worse if the hospital is built to the mass they propose. The draft EIR also states that wind speeds at many points *"around the campus site and vicinity are currently in exceedance of the pedestrian-comfort value …as established by Section 148 of the San Francisco Planning Code (Planning Code)".*

83-4 WS

Birds:

Jefferson Square Park is large, is used by many birds, and is only a quarter of a mile away from the proposed tower. The "bird issue" was used in part to stop the 555 Washington tower next to the Transamerica Pyramid yet the proposed 555 Washington tower was only half as tall as its immediate neighbor and much shorter than many other buildings nearby. If this rule applied at 555 Washington then it will surely apply at CPMC since it would be the only glass high rise in that area (and they are proposing blue glass). The closeness of the park ensures that migrating birds will be in the vicinity of the proposed glass tower.

83-5 B1

Traffic:

Traffic is already grid locked on Van Ness. Gough and Franklin are not much better. It will not be easy to get there quickly when traffic is frequently at a stand still. O'Farrell already has a great deal of traffic to the point it is often a standstill (especially with the new 38 Geary dedicated traffic lane) and more than its share of ambulance noise.

83-6 TR

Noise:

Concentrating so many medical services in one are will have a huge impact on noise in an already noisy area. The dense residential corridor surrounding the Geary/O'Farrell corridor is already very noisy, as is the Van Ness, Franklin, Gough corridor. These areas take more than their fair share of noise from ambulances traveling back and forth.

83-7 NO

The CPMC plan is contrary to the long established goals for the Van Ness corridor:

The Van Ness corridor is supposed to be a "residential corridor" with activated streets which serve the residents. A huge medical center is not a relaxing neighbor; all of the ambulance noise is contrary to quiet living. Pedestrian life will not be vibrant at night when the hospital is closed, it will be dead zone except for the occasional visitor to a patient, but most of those visitors will use the garage and not activate the streets or use restaurants, coffee shops, stores or the local cinemas. The existing hotel on the site (which is now closed) was a much more compatible neighbor as it brought people to activate the streets and shops at all hours of the day or night. Furthermore the hospital's proposed mass does not match the goal of a grand

83-8 LU

unified boulevard with similar setbacks and heights. Van Ness is supposed to be somewhat of a gracious residential boulevard with buildings of a similar height and use. The tall buildings are supposed to go on top of the hills to make San Francisco's famous hills seem taller; Van Ness' residential corridor is supposed to be lower in height than the buildings on top of the surrounding hills. CPMC will spring up from the bottom of Cathedral Hill and be as tall as buildings on top of the hill, contrary to a long established precedent intended to preserve San Francisco's unique scale and topography.

83-8 LU

Best,
Patrick Carney
631 O'Farrell Street #607
San Francisco, CA 94109
(415) 929-0250

Letter 84

Devyani Jain/CTYPLN/SFGOV
10/19/2010 03:11 PM

To Chelsea Fordham/CTYPLN/SFGOV@SFGOV
cc
bcc
Subject Fw: CPMC Draft EIR Comment Letter from the Chinese Progressive Association

DEVYANI JAIN, *Senior Planner*
Major Environmental Analysis

San Francisco Planning Department
1650 Mission Street, Suite 400
San Francisco, CA 94103

P: 415.575.9051 | F: 415.558.6409

----- Forwarded by Devyani Jain/CTYPLN/SFGOV on 10/19/2010 03:11 PM -----

Emily Lee <emily@cpasf.org>

10/19/2010 03:07 PM

To Devyani.Jain@sfgov.org, bill.wycko@sfgov.org
cc
Subject CPMC Draft EIR Comment Letter from the Chinese Progressive Association

Dear Mr. Wycko and Ms. Jain,

Please find attached the Chinese Progressive Association's comment letter for the CPMC Draft EIR. Please let me know if there are any questions.

Thank you,
Emily Lee
--
Emily Jieming Lee □□□
Youth Organizer
Chinese Progressive Association
415.391.6986 x303
emily@cpasf.org

20101019_CPMC_DEIR_Comment.pdf

華人進步會
CHINESE PROGRESSIVE ASSOCIATION

Chinese Progressive Association
1042 Grant Ave. 5th Floor
San Francisco, CA 94133
Tel: (415) 391-6986 Fax: (415) 391-6897 justice@cpasf.org

San Francisco Planning Department
Attn: Mr. Bill Wycko & Ms. Devyani Jain
1650 Mission St., Suite 400
San Francisco, CA 94103

Re: Case 2005.0555E – CPMC Long Range Development Plan

Dear Mr. Wycko and Ms. Jain,

I am writing this letter to state the Chinese Progressive Association's position regarding Sutter/CPMC's Draft EIR which was heard at the September 23, 2010 Planning Commission hearing. We urge the San Francisco Planning Department and the Planning Commission to ensure that the following community concerns are adequately addressed in the Final EIR. We will base our decision to support or oppose the project on whether the following concerns are adequately addressed.

Community Concerns:

1. **Clustering health services in northern sector of SF**. The EIR fails to analyze how the reduction of health care services at St. Luke's Hospital, and the construction of a larger hospital at Cathedral Hill, will result in a clustering of health services in the northern sector of the city and limit access of residents in the south east sector of the city. Currently the south east sector of San Francisco has only 2 hospitals – St. Luke's and SF General – while the northern sector has 10 hospitals. Additionally, CPMC plans to reduce patient beds at St. Luke's from 229 beds to 80 beds, and San Francisco's only public hospital, SF General is already overcrowded.

   The Draft EIR does not adequately address the General Plan's Commerce & Industry Element, Objective 7, Policy 7.3 to: "Promote the provision of adequate health and educational services to all geographical districts and cultural groups in the city. The General Plan acknowledges that the clustering of major health care facilities in relatively few areas creates problems such as limiting the access of residents in other parts of the City to the health care and employment opportunities which these large institutions offer. The city should actively encourage the decentralization of major institutional facilities to other areas of San Francisco, particularly those presently without adequate services."

2. **Alternative 3A as a starting point**. Our community supports the environmentally superior alternative of a larger St. Luke's Hospital with a variety of services and a smaller Cathedral Hill Hospital. The Draft EIR is incomplete in failing to adequately analyze the health care implications of rejecting an environmentally superior alternative. CPMC's dismissal of Alternative 3A fails to consider the disadvantages to San Francisco of a St. Luke's facility that is too small to be viable.

84-1 HC

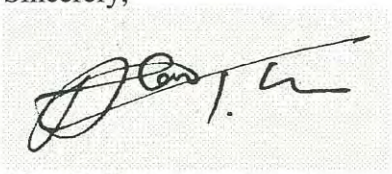
84-2 HC

84-3 ALT3A

Additionally, we believe that Alternative 3A is a good start because it shifts 160 beds and a significant core of services to St. Luke's Hospital, but it does not go far enough in creating equitable distribution of services for communities living in south east San Francisco. While Alternative 3A distributes some services to St. Luke's, we want to see CPMC commit to anchoring a variety of services at St. Luke's to ensure long term viability and investment.

84-3 ALT3A

Sincerely,



Alex T. Tom
Executive Director

Letter 85

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October 18, 2010

VIA US MAIL and EMAIL
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bill.wycko@sfgov.org

Re: Comments on Draft Environmental Impact Report for the California Pacific Medical Center Long Range Development Plan (Case No. 2005.0555E)

On behalf of the Chinatown Community Development Center, I submit comments to the Draft Environmental Impact Report of the California Pacific Medical Center Long Range Development Plan, Planning Department Case No. 2005.0555E (the "EIR"). Chinatown CDC builds community and enhances the quality of life for all San Francisco residents. Based in the Chinatown neighborhood, Chinatown CDC also serves other San Francisco neighborhoods, including North Beach and the Tenderloin. We are a comprehensive community development organization with many roles, serving as neighborhood advocates, organizers, planners, and as developers and managers of affordable housing.

Over the past year, Chinatown CDC has worked closely with the residential tenants of 1036 and 1054 Geary Street, both of which will be demolished to make way for the medical office building adjacent to the Cathedral Hill campus (the "MOB"). Presently, six (6) households remain in these two buildings and the present project will certainly displace these remaining households. Unfortunately, all of these households are very-low to low-income and are among the most vulnerable to homelessness in San Francisco. The project sponsor must acknowledge this displacement impact as a significant.

85-1 PH

All told, the proposed MOB will lead to the displacement of at least twenty-five residential units – twenty (20) of which are residential hotel rooms and five (5) of which are rental apartment units. Each of these units are significant housing resources to San Francisco residents, especially given that they have by and large served as *de facto* affordable housing units to low-income San Franciscans. The demolition of these units as part of the MOB project will have a significant impact on San Francisco's housing stock and necessitate, either by legal mandate or by strong public policy considerations, replacement by the project sponsor.

While the project sponsor has initiated discussions with CCDC and residents to mitigate the above impacts, they have not finalized any such plans and have not incorporated these plans formally into the project development. This DEIR, moreover, has not incorporated these any such plans as mitigations to Impacts PH1, PH2, and PH3. The DEIR, as a result, is deficient and must be amended before the City can approve it.

NeighborWorks CHARTERED MEMBER

*Properties professionally managed by **Chinatown Community Development Center** do not discriminate based on race, color, creed, religion, sex, national origin, age, familial status, handicap, ancestry, medical condition, physical handicap, veteran status, sexual orientation, AIDS, AIDS related condition (ARC), mental disability, marital status, source of income, or any other arbitrary status.*

EQUAL HOUSING OPPORTUNITY

Section 4.3, Impact PH-2 for Near-Term Projects/Cathedral Hill Campus (Demolition of 20 Residential Hotel Units and 5 Rental Housing Units): Determination of Significance Should Be "Potentially Significant"

The MOB project will necessitate demolition of 20 single room occupancy residential hotel rooms (the "SRO Units") and 5 rental apartment units (the "Rental Units"). The displacement of these units will have a substantial impact on San Francisco's housing stock and, as a result, will necessitate construction of replacement housing. Consequently, the EIR should determine this impact to be "Potentially Significant." 85-2 PH

The City of San Francisco has found that displacement of any residential hotel rooms constitutes a significant impact on the city's housing stock. Section 41.3 of the San Francisco Administrative Code makes this point abundantly clear. Under this section, the City finds the following:

- there is a severe shortage of affordable housing (see subsection (a)),
- that residential hotel rooms to constitute a significant source of affordable housing (see subsection (c)), and 85-3 PH
- that residential hotels are "endangered housing resources and must be protected" (see subsection (f)).

Given this strong statement from the City, removal of even one SRO room constitutes a significant impact, necessitating construction of replacement units. This replacement obligation, in fact, has been codified under Section 41.13.

The City has made a similar determination with regard to "standard" rental housing stock. In short, both the City's General Plan and Section 317(a) of the San Francisco Planning Code find that "existing housing is the greatest stock of rental and financially accessible residential units, and is a resource in need of protection." In this instance, this statement is particularly true. The five apartment units slated for demolition presently house (or in the very near-past have housed) very-low to low-income households. As a result, the demolition of these 5 units constitutes demolition of *de facto* affordable housing. Given this statement of severe need for affordable housing, the demolition of these five units also constitutes a significant impact. 85-4 PH

While construction of replacement housing is not codified in this instance, public policy mitigates strongly in favor of such a requirement. This is particularly true in light of the fact that San Francisco fell far short of its affordable housing production goals between 1999 and 2006.[1] This further points to the strong necessity to replace these unit, triggering a "potentially significant impact." 85-5 PH

[1] While San Francisco as a whole produced 153% of its market rate housing goal during this period, the City only produced 80% of its very-low income housing goal, 52% of its low-income housing goal, and 13% of its moderate income housing goal. See San Francisco Department of Planning, *San Francisco Housing Element Part I: Data and Needs (Draft 2),* Revised June 2010, p. 98, posted online at http://housingelement2009.sfplanning.org/docs/Housing_Element_PartI_Data_Needs_Jun_10.pdf.

While the underlying basis for determining significance in this instance may be characterized as an economic or social impact (i.e., the negative impact on the city's affordable housing stock), economic and/or social impacts are in fact permitted considerations when tied to a physical change, such as demolition of housing stock. Section 15064(e) of Title 14 of the California Code of Regulations makes clear that the "economic and social effect of a physical change may be used to determine that the physical change is a significant effect on the environment." Here, the demolition (i.e., the physical change) will severely impact the city's stock of affordable housing (i.e., the social and economic impact), necessitating a determination of "potentially significant impact." As a result, Impact PH-2 regarding the near term impact of the Cathedral Hill campus must be amended to reflect this determination.

85-6 PH

An alternative determination of "Less than Significant with Mitigation Incorporated" is not yet justified. While the EIR discusses CPMC's replacement housing obligation under Section 41.13 of the SF Admin Code and CPMC's ongoing discussions with the SF Mayor's Office of Housing (MOH) around how to fulfill these obligation, CPMC has not proposed an actual, concrete mitigation plan. The EIR merely discusses various "options" that CPMC has raised with MOH but does not commit to them as proposed mitigations. Worse yet, the EIR includes absolutely NO discussion of how CPMC will mitigate the demolition impact of the 5 rental housing units.

85-7 PH

Without actual proposed mitigations, the public cannot assess the degree to which the project will actually reduce the impact of the displacement of the 20 residential hotel units and 5 rental housing units.

Section 4.3, Impact PH-3 for Near-Term Projects/Cathedral Hill Campus (Displacement of Very-Low and Low Income Households): Determination of Significance Should Be "Potentially Significant"

The EIR should determine that the displacement of six (6) tenant households from the Cathedral Hill MOB site is a "Potentially Significant Impact." Because all six (6) tenant households are all low to very low income and because there is a severe shortage of affordable housing in San Francisco, any displacement of low-income individuals must be considered significant. As with the PH-2 discussion, the EIR fails to identify concrete mitigation proposals so cannot qualify for a determination of "Less than Significant with Mitigation Incorporated."

85-8 PH

Any demolition that causes displacement of low to very-low income households in San Francisco has a significant environmental impact. Because of the severe shortage of affordable housing identified above, the likelihood that displaced households will find suitable replacement housing in the area or even in San Francisco as a whole is very low. In fact, the decrease of low to very low income households between 2000 and 2006 in the project area is staggering, ranging between 45% to 58%!![2] And while this impact is again economic and social in nature, as discussed above, economic and social factors (i.e., income level of displaced residents and unavailability of affordable replacement housing) can be used to determined the significance of any physical change (i.e., the demolition and resulting displacement).

85-9 PH

[2] See Association of Bay Area Governments, *Development without Displacement: Development with Diversity* (December 2009), p. 31 posted online at http://www.bayareavision.org/initiatives/dwd-final.pdf.

Moreover, any "environmental effects of a project [that] will cause substantial adverse effects on human beings, either directly or indirectly" mandates a finding of significance (see Title 14, Cal.Code of Regs, section 15065(a)(4). In this instance, the demolition will displace tenant households. Under any standard, displacement from one's home has a substantial adverse effect on a human being.

85-9 PH

As with Impact PH-2, an alternative determination of "Less than Significant with Mitigation Incorporated" is not yet justified. The EIR states that "CPMC would provide for the relocation of tenants needing assistance, in excess of that required by law" and that "[t]enants would be offered suitable units elsewhere under the oversight of the Mayor's Office of Housing and the Board of Supervisors" (see EIR, p. 4.3-43 to 4.3-44).

First, the EIR does not indicate whether CPMC has committed to any relocation plan as an environmental impact mitigation or whether CPMC has incorporated them into the Cathedral Hill project. And second, even if the CPMC had been incorporated them, as written the EIR does not provide sufficient detail to determine whether these proposed plans could sufficiently mitigate the impact. The relocation assistance proposal does not state what "law" the plan will exceed so there is no way to determine from the EIR even the basics of the relocation plan. Moreover, there is no more detail regarding the proposal regarding MOH and the Board of Supervisor's oversight of the re-housing of the displacement households (not to mention any discussion of a concrete agreement reached by MOH or the BOS that they have agreed to such oversight).

85-10 PH

As with PH-2, without actual, proposed mitigations, the public cannot assess the degree to which the project will reduce the impact of the displacement of the low-income tenant households.

Section 4.3, Impact PH-1 for Near-Term Projects/Cathedral Hill Campus (Population Growth): Determination of Significance Should Be "Potentially Significant"

The EIR should determine that impact PH-1 addressing population growth is "Potentially Significant." The present determination of "Less than Significant" is simply untenable, particularly in light of the data provided in the EIR itself.

Based upon table 4.3-9 of the EIR, the Cathedral Hill campus would account for a staggering 30% of SF's population growth between 2006 and 2015, translating into roughly 8% of SF's household growth during this same period. The fact that one project can account for a statistically significant portion of the City's population growth over a ten year period is in and of itself significant.

85-11 PH

In evaluating the specific near term impacts of the Cathedral Hill campus, the EIR offsets the growth induced by the Cathedral Hill campus with the unemployment created by the closure of the Pacific campus. This offset, according to the EIR, will reduce the above figures to 8% of the population growth and 2% of the household growth. Despite this, let me reiterate the above conclusion. <u>The fact that one project can account for a statistically significant portion of the City's population growth over a ten year period must be significant.</u>

The EIR further dismisses the impact of the growth induced by the Cathedral Hill campus by turning to irrelevant and misleading San Francisco housing data. First, the EIR suggests that the roughly seventeen

85-12 PH

thousand (17,000) vacant units in the City can more than account for the household growth induced by the Cathedral Hill campus. The vacancy data, however, is meaningless unless compared to the average historic vacancy rate in SF. Put simply, every real estate market has a relatively stable vacancy rate because of "natural" turnover. Vacancy rates can dip or rise based upon the market demand – but vacancy rates never actually go to "0." Without knowing how the 17,000 number compares to SF's historic vacancy rate, it is impossible to tell whether the SF real estate market, as is, can absorb the additional households created by the Cathedral Hill project.

85-12 PH

Second, the EIR suggests that SF is zoned to support development of up to additional 34,100 units over the 2009 – 2014 period (see EIR, p. 4.3-20) and therefore the City can easily absorb any additional population growth. The 34,100 number, however, constitutes "potential" but UNBUILT units. Put simply, these 34,100 units do not exist. "Someone" could build them. But until they are built, they cannot be relied upon as a housing resource to absorb population growth.

85-13 PH

Third, neither the vacancy rate analysis nor the "potential unit" analysis examines the "jobs and income housing fit." In short, the above two approaches fail to analyze whether the new households generated by the Cathedral Hill campus can actually afford to live in the existing vacant units or the unbuilt, but "zoned" units. Again put simply, the EIR fails to analyze whether the household growth induced by the Cathedral Hill campus will require construction of affordable housing in particular.

85-14 PH

Given this, the Planning Commission should amend the EIR to determine that the PH-1 impact is "Potentially Significant."

Finally, the project sponsor must propose a mitigation to address the potentially significant impact of the population growth induced by the CPMC project. Towards this end (and as with residential hotel units), the existing area land use controls provide ample guidance on what that mitigation must be. CPMC must comply with the Van Ness SUD residential to non-residential production requirements or substantially fulfill that requirement.

85-15 PH

Respectfully Submitted on Behalf of the Chinatown Community Development Center.

Sincerely,

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Letter 86

17 October 2010

347 Oak Park Drive

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Mr. Bill Wycko, Environmental Review Officer

San Francisco Planning Department,

1650 Mission Street, Suite 400

San Francisco, CA 94103

Re: Case 2005.0555E – CPMC: Draft Environmental Impact Report

Dear Mr. Wycko:

The proposed building, presented at the recent public review of the CPMC-DEIR before the Planning Commission at City Hall, depicts a new structure at the Cathedral Hill site that would be grossly oversized and functionally ineffective. Its main bulk is depicted at just over 300 feet in height or approximately twice current zoning restrictions for that property on Franklin and Van Ness, 86-1 LU

Usually, zoning aspects of projected properties are reviewed separately from environmental considerations; however the aspects may be closely related. Certainly that is true of this proposal. The new hospital, projected to accommodate 550 patient beds, would be congested with several thousand employees in the course of each day, plus hundreds of visitors, suppliers, *et al*. The site bounded by Van Ness, Geary, Franklin and Post would be the single most densely inhabited city block (24 hours a day, 365 days a year) in San Francisco. 86-2 LU

The fact that this structure would be imposed on three of our most traffic-congested streets would affect adversely every aspect of the neighborhood (noise, air quality, safety, aesthetics.) 86-3 TR

The present mid-rise zoning established has been considered carefully for prior developments proposed for this neighborhood. The conclusions have been that the height and scale are appropriate for a successful blending of housing and diverse functions, 86-4 LU

Whatever the outcome of the Draft Environmental Impact Report in interpretation of technical rules, evident zoning violations will be cause for civil charges from distressed and affronted neighbors. I urge the professional staff of SF City Plan to consider the larger picture of what such a colossal CPMC endeavor would create for the Cathedral Hill community. 86-5 LU

Sincerely,

Wallace B. Cleland

Wallace B. Cleland, AIA, Architect

Letter 87

Devyani Jain/CTYPLN/SFGOV
10/19/2010 05:11 PM

To Chelsea Fordham/CTYPLN/SFGOV@SFGOV
cc
bcc
Subject Fw: Comments on CPMC DEIR

DEVYANI JAIN, *Senior Planner*
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----- Forwarded by Devyani Jain/CTYPLN/SFGOV on 10/19/2010 05:11 PM -----

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10/19/2010 03:49 PM

To 'Bill Wycko' <Bill.Wycko@sfgov.org>, "'Devyani.Jain@sfgov.org'" <Devyani.Jain@sfgov.org>
cc 'Joseph Smooke' <jsmooke@bhnc.org>, Kevin Kitchingham <kkitchingham@bhnc.org>, "Marlayne Morgan (marlayne16@gmail.com)" <marlayne16@gmail.com>, George Mayer <george.mayer@att.net>
Subject Comments on CPMC DEIR

Attached are comments on the CPMC EIR from our clients, the Bernal Heights Neighborhood Center and the Cathedral Hill Neighbors Association. A hard copy will follow by mail. We appreciate your assistance.

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GOLDFARB & LIPMAN LLP

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Analysis of CPMC's DEIR.PDF

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October 19, 2010

Via E-mail and U.S. Mail

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RE: DRAFT ENVIRONMENTAL IMPACT REPORT – CALIFORNIA PACIFIC MEDICAL CENTER (CPMC) LONG RANGE DEVELOPMENT PLAN (Planning Case No. 2005.0555E)

Dear Mr. Wycko:

This letter transmits the comments of our clients, the Cathedral Hill Neighbors Association (CHNA) and the Bernal Heights Neighborhood Center (Bernal) regarding the Draft Environmental Impact Report (DEIR) prepared by the City of and County of San Francisco for the proposed California Pacific Medical Center (CPMC) Long Range Development Plan. CHNA supports sustainable urban development in the 36-square block neighborhood bounded by Grove, Sacramento, Polk, and Fillmore Streets that includes over 44,000 dwellings, churches, schools, and many large and small businesses. Bernal is a membership based, nonprofit public benefit corporation formed in 1978 with an all-volunteer board of directors elected from its membership base of over 1,000 and works to preserve and enhance the ethnic, cultural, and economic diversity of Bernal Heights and surrounding neighborhoods, promoting community action to build a just and equitable community for all and focusing on the needs of people with low and moderate incomes. Despite their diverse geographical locations and missions, CHNA and Bernal are united in their view of the proposed Long Range Development Plan and the deficiencies of the DEIR.

87-1 OTH

In our view, the DEIR is seriously deficient, fundamentally flawed, and fails to comply with long-established principles relating to review under the California Environmental Quality Act (Public Resources Code §§ 21000 – 21177) (CEQA) and adopted implementing regulations (14 California Code of Regulations §§ 15000 – 15387) (CEQA Guidelines). The DEIR is "so fundamentally and basically inadequate and conclusory" as to preclude meaningful public review and comments. It should be redrafted in conformance with CEQA and recirculated so that the public may have the opportunity to understand the environmental impacts of the CPMC Long Range Plan and, in particular, to develop serious mitigation measures and alternatives that will

87-2 INTRO

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mitigate *devastating impacts on health care* provided to underserved communities located south of Market Street and *devastating impacts on the communities* near the proposed monster Cathedral Hill hospital.

87-2 HC

The DEIR's most serious deficiencies can be summarized as follows:

1. The DEIR contains such a detailed and constrained list of project objectives that only CPMC's proposed project could possibly satisfy those objectives, effectively precluding any project alternatives.

87-3 PD

2. The DEIR contains no substantial evidence to support its findings that the environmentally superior alternatives to CPMC's project are infeasible, or fail to comply with project objectives.

87-4 ALT

3. The DEIR does not consider public health impacts of the Long Range Plan.

87-5 HC

4. The DEIR's analysis of the consistency of CPMC's plans with existing planning and zoning makes a mockery of CEQA by finding that a proposal to amend the plans eliminates the inconsistencies.

87-6 LU

5. The DEIR does not adequately analyze many environmental impacts. In particular, its analysis of transportation impacts does not meet the requirements of CEQA.

87-7 TR

6. Mitigation measures contained in the DEIR often do not actually mitigate project impacts.

87-8 INTRO

7. The DEIR limits its consideration of significant impacts to City-defined "criteria of significance," which in many cases omit potentially significant impacts or permit significant impacts to occur.

87-9 INTRO

CEQA requires that EIRs be redrafted and recirculated when a DEIR is "so fundamentally and basically inadequate and conclusory in nature that meaningful public review and comments were precluded" (CEQA Guidelines section 15088.5(a)(4)). Despite the length of the DEIR, its analysis of the project impacts is inadequate and does not provide an opportunity for meaningful public review of the *CPMC Long Range Plan*. The DEIR should be redrafted in conformance with CEQA and recirculated so that the public may have the opportunity to understand the environmental impacts of the CPMC Long Range Plan.

87-10 INTRO

Detailed Comments on the DEIR

A. The Defined Project Objectives Are Too Narrow and Seek to Preclude the Consideration of Environmentally Superior Projects.

The DEIR on pages 2-7 to 2-9 (repeated on pages 6-5 to 6-7) contains such a detailed list of project objectives as to preclude any project alternatives inconsistent with the Long Range Plan proposed by CPMC. While the "Overarching Objectives," to construct seismically safe hospital facilities and provide the highest quality of patient care, may be appropriate, many of the "Specific Objectives" simply describe the plan that CPMC is proposing, such as:

87-11 PD

- Consolidating a long list of specialty services with the Women's and Children's Center.
- Rebuilding St. Luke's as a "community hospital" with limited defined specialties.
- Locating facilities on sites owned or easily purchased by CPMC consistent with the mandates of SB 1953. (Note that SB 608, effective January 1, 2011, will extend the former SB 1953 limits by up to five additional years.)
- Locating facilities on a site big enough to accommodate the consolidation of services proposed by CPMC.

When a project and its objectives are defined too narrowly, the EIR may fail to examine a reasonable range of alternatives. (*See City of Santee v. County of San Diego* (1989) 214 Cal. App. 3d 1438, 1455 (alternatives inadequate and unduly narrow because project objectives inaccurate)). A project sponsor like CPMC may not seek to limit the scope of environmental review by proceeding with investments in a project (such as the purchase of land) and then declaring that any change in its proposal is infeasible. " 'The CEQA reporting process is not designed to freeze the ultimate proposal in the precise mold of the initial project . . .' Otherwise, CEQA's mandate to consider alternatives would be meaningless." (*Kings County Farm Bureau v. City of Hanford* (1990) 221 Cal. App. 3d 692, 736-37 (citing *County of Inyo v. City of Los Angeles* (1977) 71 Cal. App.3d 185, 199)).

87-11 PD

The constrained nature of these objectives severely limits the consideration of alternatives. No objectives are included relating to access to health services by target populations, the highest priority in the Public Health Department's strategic plan. The project objectives should be redefined in the EIR so that they do not "freeze the ultimate proposal in the precise mold" of the proposed CPMC Long Range Plan and include broader community objectives for the provision of health services.

B. <u>No Substantial Evidence is Provided to Support the DEIR's Conclusions that the Environmentally Superior Alternative, Alternative 3A, Does Not Meet Project Objectives</u>.

Alternative 3A is identified in the DEIR as the environmentally superior alternative. As proposed, it would relocate Women's and Children's Services to St Luke's. The DEIR concludes (pages. 6-399 – 6-400) that Alternative 3A does not meet project objectives because, if Women's and Children's Services are relocated, the project:

87-12 ALT3A

- Will not provide "the most high-quality, cost-effective, and efficient patient care."
- Will not "efficiently consolidat[e] specialized services."
- Will not be "appropriately located."
- Will not rebuild St. Luke's as a "community hospital" (i.e., St. Luke's will be larger than CPMC wants).

- Will not "optimize patient safety and clinical outcomes."
- Will not "minimize redundancies."

The rejection of Alternative 3A can be summarized as: unless the Cathedral Hill Hospital is as large as proposed in the Long Range Plan, and St. Luke's is as small as proposed in the Long Range Plan, project objectives are not met. Yet no evidence is included in the DEIR to demonstrate that the combination of a 555-bed hospital and an 80-bed hospital would maximize patient outcomes; improve quality of care; provide greater patient access; be more centrally located; provide greater efficiencies; or achieve other benefits to a greater extent than the combination of a 400-bed hospital at Cathedral Hill and a 240-bed hospital at St Luke's. Although the DEIR repeatedly states that the Cathedral Hill campus is more "centrally located" and "more accessible," no data is provided to support these contentions.

87-12 ALT3A

Clearly, achieving high-quality care does not require that all specialties be located at one campus. Even CPMC itself proposes to locate neuroscience-related treatment at the proposed 201-bed Davies Medical Center. Within the Kaiser Permanente system, an integrated health maintenance organization which includes numerous specialized centers, no hospital in the Bay Area has more than 398 licensed beds.[1] None of Kaiser's hospitals have fewer than 117-120 licensed beds, and those are located in much less densely populated Sonoma and Marin Counties.

87-13 HC

In addition, the constrained nature of the project objectives analyzed in the DEIR eliminates all consideration of equitable provision of health services. If added to the project objectives, Alternative 3A would be far more consistent with the project objectives than the proposed Long Range Plan.

87-14 ALT3A

Under the CEQA Guidelines, "[s]ubstantial evidence shall include facts, reasonable assumptions predicated upon facts, and expert opinion supported by facts." (§ 15384(b)) The conclusions regarding the feasibility of Alternative 3A in the DEIR are "at best. . . an irrelevant generalization, too vague and nonspecific to amount to substantial evidence of anything." (*See Lucas Valley Homeowners Assn. v. County of Marin* (1991) 233 Cal.App.3d 130, 157.)

C. Modifications to Alternative 3A Consistent with the Recommendations of the Blue Ribbon Panel Should Be Reviewed in the FEIR

Alternative 3A, as proposed, relocated the Women's and Children's Center to St. Luke's. The Blue Ribbon Panel, however, which completed its study in 2008, recommended that a different mix of services be located at St. Luke's, including:

- Center of Excellence in gynecology and low-intervention obstetrics
- Medical/Surgical Services (e.g., cardiology, respiratory)
- Emergency Department

87-15 ALT3A

[1] California Hospital Association, 2008 Member Hospitals (January 2008). That facility is the Oakland Medical Center, which is being replaced and will include only 349 licensed beds upon completion.

- ICU
- Urgent Care
- Pediatrics
- Center of Excellence in Senior Health Care (e.g., orthopedics, diabetology, oncology, rehab)
- Skilled Nursing beds to serve orthopedics, Senior Health, and Med/Surg

Alternative 3A is environmentally superior primarily because the number of licensed beds is reduced at the proposed Cathedral Hill Hospital and is increased at St. Luke's. It is also environmentally superior because it will provide substantial benefits to the public by distributing services more equitably and making more services available in underserved neighborhoods. However, these benefits can be obtained with a different distribution of services than proposed in Alternative 3A. If the DEIR concludes that relocating the Women's and Children's Center to St. Luke's may not meet the constrained and limited project objectives listed in the DEIR, then an alternative must be proposed that both reduces environmental impacts *and* meets project objectives, so that the examination of alternatives is not an empty exercise. One alternative may be to provide services at St. Luke's that are consistent with the recommendations of the Blue Ribbon Panel. (A broader list of project objectives may well demonstrate that Alternative 3A better meets those objectives than the proposed Long Range Plan.)

87-15 ALT3A

D. The DEIR Does Not Examine Physical Public Health Impacts Created by the Proposed Project.

The DEIR does not examine foreseeable public health impacts created by the proposed Long Range Plan, many of which Bernal and CHNA asked to have reviewed in their letter submitted in September 2009 in response to the Notice of Preparation:

87-16 HC

- Reduction in access to medical care from underserved neighborhoods near St. Luke's Hospital, including increased travel time to emergency and hospital rooms, caused by a reduction in licensed beds at St. Luke's from 229 to 80 and removal of all obstetric and skilled nursing services from the campus.

87-17 HC

- Effects of overall reductions of licensed inpatient beds (from 1,273 to 854) on emergency services, including the ability to respond to epidemics or disasters such as earthquakes.

87-18 HC

- Reasonably foreseeable need for construction of additional public health facilities caused by reductions in licensed skilled nursing beds (from 218 to 38), while demand for these services is increasing in the City. *San Francisco's Strategy for Excellence in Dementia Care*[2] found that San Francisco is "facing a crisis in dementia care," and estimated that, in the next 20 years, there will be a 49 percent increase in the number of people with Alzheimer's related dementia. Yet, the *Strategy* also found that there is now a shortage of skilled nursing

[2] Department of Aging and Adult Services, Alzheimer's/Dementia Expert Panel (December 2009).

facilities (SNFs), especially those with specialized Alzheimer's units that accept Medi-Cal, and no new SNF facility has been built in San Francisco in the last 25 years. Further, the new Laguna Honda, another SNF, will have fewer licensed beds than the existing facility. The loss of an additional 180 beds as proposed in the Long Range Plan creates a foreseeable need for the construction of additional skilled nursing facilities.

87-18 HC

- Reasonably foreseeable need for construction of additional public health facilities caused by reductions in inpatient psychiatric beds (from 40 to 18). The number of inpatient psychiatric beds in San Francisco has steadily declined, from 87 to 42 at San Francisco General, for example, and mentally ills persons are four times as likely to be housed in jails as in inpatient facilities.[3] The loss of additional inpatient psychiatric beds creates a foreseeable need for the construction of additional facilities to serve this population.

87-19 HC

E. The DEIR's Analysis of the Consistency of CPMC's Plans With Existing Planning and Zoning Makes a Mockery Of CEQA by Finding That a Proposal to Amend the Plans Eliminates the Inconsistencies.

The proposed CPMC Long Range Plan is entirely inconsistent with current planning and zoning provisions applicable to the Cathedral Hill site, including the Van Ness Avenue Area Plan and the Planning Code. Among the significant inconsistencies are these (Table 2-3; pages 3-10 to 3-11; 3-15 to 3-16; 4.1-47 to 4.1-48):

- Proposed height more than double that permitted, 265 feet where 130 feet are permitted.
- 30% increase in permitted floor area ratio, from 7:1 to 9:1.
- Maximum permitted parking for Cathedral Hill Hospital increased from 96 spaces to 1,055 spaces.
- Bulk limits increased by a factor of 3, from 110 to 140 feet, to 265 to 405 feet.
- Exemption from requirement that residential uses be developed at a ratio of 35 sq. ft. of residential uses for each 15 sq. ft. of nonresidential uses.[4]
- Zoning code amendments allowing numerous additional exemptions.

87-20 LU

Yet, the DEIR concludes that the project would *not* conflict with any applicable plan or policy because, *if all of these changes are approved*, the project would then be consistent.

Such a finding makes a mockery of the requirement in CEQA Guidelines § 15125(d) that the EIR discuss any inconsistencies between the proposed project and applicable

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[3] "Mentally Ill Californians Most Likely Jailed, Not Hospitalized," Treatment Advocacy Center (June 2, 2010).

[4] The DEIR does not even calculate the amount of housing that would be provided by a conforming project as opposed to the absence of any housing in the proposed Long Range Plan, so that the effects of this inconsistency cannot be examined

plans, since no inconsistency would ever be found where the project proposed to amend the applicable plans. Consistency with approved plans, like all environmental impacts is to be determined based on comparing the project with conditions existing *at the time the Notice of Preparation is issued.* (CEQA Guidelines § 15125(a), (d), and (e).) To meet the requirements of CEQA, the DEIR must acknowledge those inconsistencies and then examine the environmental effects of each inconsistency in the appropriate section of the DEIR. Inconsistency of the plan's height and bulk limits would be examined in the land use section; inconsistencies with parking limitations in the transportation section; reduced housing production in the population and housing section. By not providing this analysis, the DEIR fails completely to evaluate the environmental effects of the project's inconsistency with adopted plans.

87-20 LU

F. The DEIR's Analysis of Transportation Impacts Is Incomplete and Not Supported by Substantial Evidence.

1. Incomplete Peak Hour Analysis.

The DEIR analyzes traffic impacts only during the evening peak hour (5-6 pm), except at the proposed Cathedral Hill Hospital, where traffic impacts are also analyzed during the morning peak hour (8-9 am) (Page 4.5-15). Yet nothing in the DEIR identifies the daily pattern of traffic generated by hospitals and medical office buildings (MOBs) to determine whether higher levels of traffic generated by the hospitals and MOBs at other times may also have significant effects. The examined "peak" hours do not coincide with the pattern of hospital traffic, which peaks at shift changes (7 am, 3 pm, 11 pm; see page 4.5-73), or MOB traffic, which peaks at key appointment times (mid-morning and mid-afternoon). The effect of this differential pattern of peak traffic may be to extend periods of congestion, or, on some streets, to reduce traffic levels of service at periods other than those studied. The analysis of traffic impacts needs to extend to periods that coincide with the peak periods of the medical facilities and extends beyond the limited peak periods identified.

87-21 TR

2. Outdated Data.

The key surveys of employees, patients, and visitors were completed in 2001. Travel surveys and counts were completed in 2002 and 2003. (Page 4.5-72). Pedestrian and bicycle counts were taken in 2006. Numerous changes in street configurations, transit service, bicycle access, etc. have occurred since this outdated data was generated, and all need to be redone.

87-22 TR

3. Baseline for Analysis Inconsistent with CEQA.

Rather than determining traffic and transportation impacts based on existing conditions, the DEIR determined these impacts using an illusory "Modified Baseline" *projected* for 2015, 2020, and/or 2030. This "Modified Baseline" also assumed the implementation of the Cesar Chavez Street Streetscape Plan and the SF Muni Transit Effectiveness Project (pp. 4.5-61-67), despite evidence in the DEIR itself regarding Muni cuts to *existing* service, let alone Muni's ability to implement the Effectiveness Project (page 4.5-17).

87-23 TR

Section 15125(a) the CEQA Guidelines provides: "An EIR must include a description of the physical environmental conditions in the vicinity of the project, *as they exist at the time the notice of preparation is published,* . . This environmental setting will normally constitute the baseline physical conditions by which a lead agency determines whether an impact is significant." As stated by the California Supreme Court, "a long line of Court of Appeal decisions holds. . . that the impacts of a proposed project are ordinarily to be compared to the actual environmental conditions existing at the time of CEQA analysis, rather than to allowable conditions defined by a plan or regulatory framework. . . .[T]he baseline for CEQA analysis must be the 'existing physical conditions in the affected area,' that is, the 'real conditions on the ground'. . .An approach using hypothetical allowable conditions as the baseline results in 'illusory' comparisons that 'can only mislead the public as to the reality of the impacts and subvert full consideration of the actual environmental impacts,' a result at direct odds with CEQA's intent." *Communities for a Better Environment v. South Coast Air Quality Management Dist.* (2010) 48 Cal. 4th 310, 320-322 (citations omitted). 87-23 TR

By using *projected* rather than *existing* traffic as the baseline, the DEIR minimizes the actual impacts of the Long Range Plan. For instance, traffic generated by the Long Range Plan, if added to existing traffic, may cause intersection levels of service to deteriorate from D to E or F, a significant impact. But if both Long Range Plan traffic and projected 2015 traffic (which may or may not occur) are added to existing traffic, the effect of Long Range Plan traffic may be masked by projected traffic. Hence, the analysis provides only the "illusory" comparisons that the Supreme Court found unacceptable. 87-24 TR

Similarly, the DEIR cannot include proposals for *future* improvements in transit service or street design as part of the baseline. Only conditions *existing* when the Notice of Preparation was issued can be used to determine project impacts. 87-25 TR

4. No Effort to Identify Feasible Mitigation Measures.

The DEIR identifies numerous significant traffic and transportation effects yet makes no effort to identify feasible mitigation measures for these impacts. For instance, pages 4 4.5-93 to 4.5-116 identify 26 significant impacts yet identify only *one* mitigation measure, declaring the rest of the impacts to be "significant and unavoidable." There is no serious discussion of potential mitigation. Instead, the same language is repeated throughout: that physical modifications would require narrowing of sidewalks or demolition of buildings, which is infeasible; and that changes in signal timing would "likely" be infeasible. No analysis whatsoever of either of these mitigations is included in the DEIR, nor of any other typical measures to mitigate traffic impacts, such as changes in lane configurations, removal of on-street parking, etc. More importantly, the DEIR utterly fails to consider mitigations that would reduce trip generation—additional shuttles provided by CPMC, reduced parking, greater incentives for transit use, etc. 87-26 TR 87-27 TR

The failure to identify any serious mitigation for traffic impacts carries over into the analysis of impacts on transit. Numerous significant and unavoidable transit impacts are related to the increased traffic congestion created by the Long Range Plan; yet, the 87-28 TR

DEIR identifies no mitigation measures that could reduce traffic generation from the project.

87-28 TR

A fundamental purpose of an EIR is to identify how significant effects can be mitigated or avoided. (Public Resources Code § 21001.1(a).) The DEIR makes no effort to do this. "A gloomy forecast of environmental degradation is of little or no value without pragmatic, concrete means to minimize the impacts." *Environmental Council of Sacramento v. City of Sacramento* (2006) 142 Cal. App. 4th 1018, 1039.

87-29 INTRO

5. No Substantial Evidence to Support Conclusions Regarding Pedestrian Impacts.

The DEIR states that the proposed project would have no significant impacts on pedestrians or pedestrian safety, yet the evidence in the DEIR belies those conclusions. The DEIR reveals that:

- Virtually the entire street frontage along Franklin and Post Streets adjacent to the proposed Cathedral Hill Hospital will be used for loading docks, passenger drop-offs, ambulance bays, parking garage entrances, and shuttle drop-offs. A large drive-through extends from Geary Blvd. to Post St.
- The proposed Cathedral Hill MOB proposes to convert virtually its entire Van Ness frontage to a passenger drop-off, extending around the corner to Cedar Street.

87-30 TR

The DEIR's conclusion that these obvious conflicts between pedestrians and vehicles create no conflicts or safety hazards is unsupported by any analysis. It is also contrary to the numerous letters sent to the City regarding the number of seniors in the Cathedral Hill area and existing pedestrian hazards. CPMC proposes an underground pedestrian tunnel between its proposed MOB and the Cathedral Hill Hospital. Clearly CPMC itself recognizes that even crossing Van Ness Avenue poses a significant obstacle to pedestrians, made worse by the increasing congestion and traffic created by the proposed Hospital.

This absence of any substantial evidence to support conclusions regarding pedestrian safety and the pedestrian environment is repeated throughout in the analysis of pedestrian impacts at other facilities. For instance, at the Pacific Campus, although street frontage would be converted to a new shuttle stop, new driveway, and new parking garage entrance, the DEIR simply states that there will be no effects on pedestrians, without analysis.

87-31 TR

6. No Adequate Analysis or Mitigation of Loading Impacts.

At each proposed CPMC campus, there will be extensive loading and unloading activities on busy streets. At the proposed Cathedral Hill campus, during the peak loading period, up to 19 trucks will be loading and unloading at one time; at the Pacific campus, up to 9 trucks. However, these projections are based on implementation of a proposed master delivery plan designed to reduce the number of trucks that would otherwise enter the sites based on current use patterns. Such a plan has not been implemented by CPMC, and its success cannot be accurately predicted. A more

87-32 TR

conservative analysis should be provided indicating the impacts if delivery patterns mirror existing conditions at CPMC's existing campuses. 87-32 TR

Even assuming that these reductions in truck deliveries can be achieved, the analysis does not fully analyze all potential impacts. At the Cathedral Hill site, for instance, the DEIR indicates that trucks longer than 46 feet entering the loading dock from Franklin Street have the potential to significantly disrupt traffic, but provides no analysis of the impacts of smaller trucks, which undoubtedly will also slow down traffic considerably, especially during the peak demand when 19 trucks at one time will be loading and unloading. No analysis is provided of delays when trucks must wait for other trucks to enter or leave the facility. Mitigation Measure MM-TR-44 both creates new impacts and improperly defers mitigation. It requires only that CPMC submit a report on deliveries by large vehicles to the City, and neither provides a commitment to mitigation nor any performance standards that the mitigation must meet; nor does it provide alternative approaches to mitigation. Requiring that deliveries by large trucks occur between 10 pm to 5 am creates additional noise impacts, which are not analyzed in the DEIR. 87-33 TR

G. The DEIR Does Not Adequately Analyze Other Potentially Significant Impacts.

The DEIR either fails to analyze other significant impacts or concludes that impacts are insignificant when that conclusion is not supported by substantial evidence. Examples include the following. 87-34 PH

1. Population and Housing

The DEIR concludes that all housing and population impacts–those due to the removal of housing, those due to failure to comply with the 3:1 housing requirements of the Van Ness Specific Plan, and those due to increased employment—are mitigated by 17,000 vacant units and the availability of sites for 34,000 housing units. *Neither of these facts adequately mitigates the impact, because neither implies any commitment to actually providing housing.* Having sites available for housing construction does not guarantee that housing will be built, nor does it guarantee that the housing that will be built will be affordable to CPMC's employees or to those displaced by housing construction. There is no analysis of vacant units to determine if they are actually available for rent at all, or with rents that are affordable to the needs created by the project. CPMC has proposed no plan for replacing the rent-controlled housing that will be demolished if the Long Range Plan is implemented. 87-35 PH 87-36 PH 87-37 PH

2. Indirect Land Use Changes.

A large hospital, such as is proposed at Cathedral Hill, typically attracts numerous similar uses, such as additional medical and medical-related uses (as at "Pill Hill" in Oakland). Also, the increases in traffic, loading, noise, and disruptions to the pedestrian environment can all be expected to combine to make the area less desirable for pedestrians, residents, local-serving retail businesses, and nearby churches and schools. Community members have expressed concern about the viability of nearby St. Francis Medical Center. None of these potential land use changes induced by the Long Range Plan have been addressed in the DEIR. 87-38 PH 87-39 TR 87-40 HC 87-41 PH

3. Neighborhood Character.

The DEIR's conclusion that the Cathedral Hill Hospital would not be out of character with the neighborhood is not supported by substantial evidence. The discussion on page 4.1-57 considers only the number of stories of nearby buildings, not their *height.* Because *each* hospital story is much taller than stories in typical office buildings and high-rise residences, a 15-story hospital is much taller than a 15-story residence. Additionally, the discussion of scale does not include the substantial increases in bulk requested by CPMC. This discussion should include a map showing actual building *heights* (not the number of stories) in the surrounding area, as well as building bulk, to determine whether the Hospital is in character with the surrounding area. 87-42 LU 87-43 AE

Further, the DEIR does not analyze the project's inconsistency with the intended character of Van Ness Avenue as discussed in the Van Ness Avenue Area Plan. For example, the intent of the Plan was to have dense residential development over a podium of commercial uses (Policy 1.1) and to maximize the number of housing units (Policy 1.4); the proposed Long Range Plan includes no residential development and converts a large block to neither residential nor commercial development. The adopted height and bulk controls were intended to provide a "good proportion between [Van Ness Avenue] and that of its buildings," so that the street would be an interesting and pleasant place, to encourage definition of the 93-foot wide Avenue, and to create a coherent street wall along the Avenue through property line development at approximately the same height (Policies 5-3 and 5-4). However, the proposed Long Range Plan would double the building height limit and substantially increase the bulk limits adopted to meet these goals. 87-44 LU 87-45 LU 87-46 LU 87-47 LU

Objective 8 includes a variety of policies designed to turn Van Ness Avenue into a residential boulevard. The Cathedral Hill MOB, however, would utilize its entire Van Ness Avenue frontage for loading and unloading. The Cathedral Hill Hospital is at a scale and use that is not consistent with a residential boulevard. Finally, the Van Ness Area Plan requires that the east-west minor streets should provide safe and attractive pathways for pedestrian travel (Policy 9.11). Instead, the proposed Cathedral Hill Hospital would convert Post Street almost entirely to passenger and vehicle loading and unloading, while a large portion of Cedar Street would similarly be converted to passenger loading. 87-48 LU 87-49 LU

4. Stationary Noise Sources.

The analysis of noise generated by loading docks in Chapter 4.6 considers only loading docks at the proposed hospital facilities. Yet, the discussion of the need for loading docks on pages 4.5-80-83 reveals substantial use of loading docks at the MOBs and, in fact, a plan to use the loading docks at the Cathedral Hill MOB and the 1375 Sutter MOB 24 hours a day, with deliveries from CPMC's Burlingame facility purposefully scheduled *between 9:30 pm and 4:00 am* and numerous other deliveries scheduled before 7 am and after 7 pm. Trash pickup would occur between 4 am and 5 am. Vehicles longer than 55 feet would be prohibited from entering the hospital's loading dock and so would idle on the street and block traffic. 87-50 NO

Traffic impacts due to these policies and increases in night noise generation at sensitive receptors are nowhere discussed in Chapter 4.6. 87-51 NO

5. Impacts on Cultural Resources.

The DEIR does not analyze the impacts of the Cathedral Hill Hospital on the Unitarian Universalist Church, a locally significant historic resource, in particular, the effects of increased noise and traffic and reduced parking on the viability of the Church. The DEIR also has not analyzed impacts on Japantown, as referenced in the e-mail sent to the City on October 8, 2010 by the Japantown BNP Organizing Committee. 87-52 CP 87-53 PH

H. The DEIR Improperly Defers Mitigation of Numerous Impacts or Proposes Mitigation that Does Not Mitigate Project Impacts to a Level of Insignificance.

Mitigation measures must be fully enforceable or incorporated into a project (CEQA Guidelines section 15126.4(a)(2)). A DEIR can defer providing precise mitigation measures only when it: (1) commits itself to mitigation; (2) provides performance standards that the mitigation must meet; and (3) provides alternative approaches to mitigation (*Endangered Habitats League, Inc. v. County of Orange,* 131 Cal. App. 4th 777, 793-94 (2005)). Numerous mitigation measures in the DEIR do not meet these standards or rely on adopted plans that lack any commitment to implementation. 87-54 INTRO

We provide examples here.

1. Construction Noise.

The noisiest phase of construction includes site preparation, demolition, and excavation (page 4.6-41). During this period, CPMC proposes two shifts of construction, extending from 7 am to midnight on all work days, plus Saturday construction from 7 am to 5 pm (page 4.6-43). The DEIR accurately states that noise from construction would exceed the City's standard of 80 dB during the day at sensitive receptors, but provides no analysis of noise increases in the evening or on weekends. Mitigation Measure M-NO-N1a is proposed to mitigate this impact. Although, as discussed below, even the 80 dB standard is too high for sensitive receptors, the proposed mitigation measure *does not even require that noise levels be reduced to the City's 80 dB standard, or to the standard of 5 dB above ambient levels at night.* Reduction of construction noise is required only "where feasible." The "construction noise management plan" requires only that *nighttime* construction noise be evaluated, and even this plan for nighttime noise does not *require* that noise levels be reduced to 5 dB above ambient levels. An obvious mitigation measure—limiting construction exceeding noise standards to 7 am to 5 pm Monday through Friday—is not even examined. Unless the mitigation requires *actual* reduction of construction noise, rather than *attempts* to mitigate noise, the impact is not mitigated. 87-55 NO

2. Noise from Stationary Sources.

The City's standards for stationary sources require both that noise increases not exceed 8 dB (a standard we believe is too high; see below) and that interior spaces in sensitive receptors, such as nearby churches and residences, not exceed -specified standards. Yet, 87-56 NO

proposed Mitigation M- NO-N3a proposes only that noise generated by mechanical equipment be measured, not that noise within those sensitive receptors be verified. The impact is not mitigated to a level of insignificance unless it is sufficiently reduced in *all* sensitive receptors.

87-56 NO

Further, the DEIR reviews stationary noise sources at the proposed Cathedral Hill Hospital separately, rather than examining the cumulative noise environment from all sources. It fails to consider alternative mitigation measures to further reduce impacts, such as: building larger oxygen tanks so that deliveries may take place less frequently;[5] restricting oxygen deliveries to Monday through Friday from 9 am to 5 pm; designing the loading dock with revolving turnarounds for trucks (as at the downtown Nordstrom's dock), eliminating beeping; constructing sound walls around the Aduromed equipment; relocating the loading dock to a less sensitive location. Given the size of the facility and peak hour loading demand of 19 delivery trucks at one time (Table 4.5-14), realistically the bay doors will be open most of the time, and mitigation measures should not assume that the bay doors will be closed.

87-57 NO

I. The DEIR Improperly Limits Its Consideration of Significant Impacts to City-Defined "Criteria of Significance," Thereby Failing to Consider Actual Impacts

The DEIR confines its evaluation of potential environmental impacts to City-defined "criteria of significance," which are often the same as the questions asked in Appendix G of the CEQA Guidelines. A threshold of significance, however, is not conclusive evidence of the level of impact (*Mejia v. City of Los Angeles,* 130 Cal. App. 4th 322, 342 (2005)); and Appendix G states specifically that the "sample questions *do not necessarily represent thresholds of significance*" (emphasis added). Nonetheless, the DEIR uses the Appendix G criteria and other City-defined criteria to limit its discussion of significant impacts. Examples follow.

87-58 INTRO

1. Construction Noise.

The City's adopted threshold of significance for daytime construction noise is 80 dB. Yet, for sensitive receptors such as churches and residences, noise levels above 65 dB are normally unacceptable. The 80 dB threshold does not recognize the significant increases in noise levels that would occur during construction, especially given that the noisiest phase of construction is intended to be done in two shifts, between 7 am and midnight, and on Saturdays between 7 am and 5 pm.

87-59 NO

2. Noise from Emergency Vehicles.

The DEIR (pages 4.6-70-71) states that ambulance sirens could generate up to 106 dB, but does not include any consideration of noise due to emergency sirens and horns in its calculations of traffic noise impacts because this noise is exempt from the noise provisions of the San Francisco Municipal Code (page 4.6-57 to 58). However, this exclusion does not mean that these noise sources have no physical impact! The analysis

87-60 NO

[5] The proposed Oakland Kaiser facility anticipates oxygen deliveries only every 3 weeks due to use of larger tanks.

of traffic noise increases due to the Long Range Plan cannot accurately reflect future conditions unless it includes these significant sources of future noise. 87-60 NO

The DEIR should also indicate whether a helipad is proposed at any of the hospitals included in the Long Range Plan. 87-61 PD

3. Noise from Stationary Sources.

The DEIR assumes that a noise increase of 8 dB due to stationary equipment is acceptable and "insignificant" because that is the standard in the City's noise ordinance. However, Table 4.6-1 shows that an increase of 8 dB is somewhere between "clearly noticeable" and "twice as loud." For traffic noise, an increase of only 3 dB is sufficient to create a significant impact. From the viewpoint of an affected person, there is no justification for allowing greater increases in noise levels from mechanical equipment than from traffic, especially since the mechanical equipment and other stationary sources at the hospital will operate 24 hours per day. 87-62 NO 87-63 NO

4. Aesthetics.

The discussion of aesthetics considers only the loss of scenic vistas and not impacts on views from existing residences. As can be seen in Figure 4.2-2, the proposed Cathedral Hill Hospital would be substantially taller than existing nearby structures, more than double the height currently allowed, and would block views from existing nearby residences and other structures. CEQA requires that impacts to private views be reviewed as a potentially significant effect. (*See Ocean View Estates Homeowners Ass'n, Inc. v. Montecito Water Dist.* (2004) 116 Cal. App. 4th 396.) 87-64 AE

Conclusion

CEQA requires that EIRs be redrafted and recirculated when a DEIR is "so fundamentally and basically inadequate and conclusory in nature that meaningful public review and comments were precluded." The DEIR prepared for the CPMC Long Range Plan is fatally flawed. It rejects the environmentally superior alternative without substantial evidence, fails to analyze many impacts at all, defers mitigation, and fails to develop mitigation measures. It should be redrafted in conformance with CEQA and recirculated so that the public may have the opportunity to understand the environmental impacts of the CPMC Long Range Plan and be able to respond to the proposal as fully informed citizens. 87-65 INTRO

Sincerely,

Barbara E. Kautz

Letter 88

Devyani Jain/CTYPLN/SFGOV
10/19/2010 05:11 PM

To Chelsea Fordham/CTYPLN/SFGOV@SFGOV
cc
bcc
Subject Fw: Comments on DEIR for CPMC LRDP

DEVYANI JAIN, *Senior Planner*
Major Environmental Analysis

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----- Forwarded by Devyani Jain/CTYPLN/SFGOV on 10/19/2010 05:11 PM -----

Sheila Mahoney <sheilainsf@aol.com>
10/19/2010 04:20 PM

To Elizabeth.Watty@sfgov.org, Devyani.Jain@sfgov.org, Bill.Wycko@sfgov.org
cc
Subject Comments on DEIR for CPMC LRDP

Please consider and enter the attached letter into public comments for the DEIR.

Thank you.

Sheila Mahoney
and James B. Frame
25 Duncan Street

SF 94110 CPMC DEIR from Mahoney and Frame.doc

Sheila Mahoney
James B. Frame
25 Duncan Street
San Francisco, CA 94110

October 19, 2010

Bill Wycko
Environmental Review Officer
San Francisco Planning Department
1650 Mission Street, Suite 400
San Francisco, CA 94103

Re: Comments from Two "Sensitive Receptors"
On the DEIR for the St. Luke's Hospital Portion
Of the CPMC Long-Range Development Plan

Dear Mr. Wycko:

We own and live in our home just across the street from St. Luke's Monteagle Building and parking garage. The DEIR so-called analysis of the impacts on Duncan Street is entirely inadequate. It even identifies our unit block as a "sensitive receptor," but mislabels it as "1600-1700 Duncan" (see Tables 4.6-24 and 4.6-35). The various analyses mainly focus on the two busy (freeway-like) junctions of Cesar Chavez with Guerrero and Valencia – not our quiet residential block of Duncan. 88-1 NO

Frankly I'm not surprised, because from the convening of the Blue Ribbon Panel until recently (with the release of the DEIR), the adjoining neighbors have been ignored.

Because we are seniors, who probably won't live to see the completion of the LRDP, our comments focus on the <u>construction period impacts</u> on our street: <u>noise, vibration and air pollution</u>.

<u>Housing Stock and Population</u> 88-2 NO
The eleven buildings on our block are mostly owner occupied. The houses date back 100 years, so our old foundations and leaky windows will have significant ground vibration damage issues. Ours was an ideal SF neighborhood with very little turnover--affordable for the middle-class, racially and ethnically diverse. Seniors, who won't be able to escape the noise and the pollution, live in a quarter of the buildings. There is an infant living next door to us.

Construction Truck Route

At a recent neighborhood meeting a CPMC representative informed us that they hoped to underground their utilities on Duncan (excavating to a depth of 23') and that Duncan would be the route for all the construction trucks, which they estimated at 70 a day. Even excluding Alternative 3A, which would place more years of intensive construction literally on our doorstep, the impacts of the proposed—but not mentioned—construction circulation pattern will be significant and should have been studied from a Duncan Street perspective.

88-3 TR

Health Concerns

The secondary impacts on physical and mental health caused by the noise and air pollution also need to be better addressed and mitigated, considering the population affected.

88-4 NO

For example, Impact AQ-10 regarding short-term increases in emissions of diesel particulate matter (page 4.7-65) which is rated as significant and unavoidable with mitigation is paramount to this household of seniors, since one of us is asthmatic.

88-5 AQ

Urban Decay

This potential effect (p. 5-17) of the St. Luke's plan should not have been so cavalierly dismissed. Our neighbors have worked hard to improve our streets and linked up to create a neighborhood identity. This project will serve to segregate us again into a couple of isolated small streets.

88-6 LU

Recently renters on Duncan, San Jose, 27th and Guerrero have been moving out soley because they don't want to live in the middle of a construction zone. Owners aren't so lucky. We're stuck with homes that have become worthless and will remain so until CPMC's plans have been approved and executed, 20-some years from now. Personally Sheila has kept working so that we could pay for a lot of expensive deferred maintenance (like a new roof and paint job, stair repairs and utility porch replacement), before retiring. However, it doesn't make much sense putting good retirement money into a losing proposition. I know we are not alone in these considerations.

88-7 PH

In summation

Obviously, as an adjoining neighbor our preference would be for Alternative 1B, making St. Luke's a new non-acute care, outpatient facility. We think this is what's needed by the city and would be most financially beneficial to CPMC. However, it's long been obvious we're pawns in a political game.

88-8 ALT3A

Looked at dispassionately, we don't think Alternative 3A, no matter how much the St. Luke's employees and the Cathedral Hill constituency like it, makes much sense. Segregating these specialized services from the proposed hospital on Van Ness Avenue would only make the California Campus clientele more likely to switch to UCSF's proposed Women's and Children's Hospital in Mission Bay.

88-9 ALT3A

This DEIR needs a lot more work! If this is the plan, our neighborhood should not be destroyed. There needs to be a much more inclusive analysis of all the impacts on the adjoining residential streets. Too often the DEIR says that impacts are substantial and unavoidable even with mitigation, but that it doesn't matter because they are "short-term." The cumulative effect of the 20+ years of construction proposed for our neighborhood is not "short-term."

88-10 INTRO

88-11 TR

Practically speaking, we feel the best path for the city in this depressed economic climate is to do it right by undertaking the proposed city-wide health-needs study now and make it apply to CPMC. To do otherwise is squandering a great opportunity.

88-12 HC

Very truly yours,

Sheila Mahoney
James B. Frame

LETTER 89

Devyani Jain/CTYPLN/SFGOV
10/19/2010 03:11 PM

To Chelsea Fordham/CTYPLN/SFGOV@SFGOV
cc
bcc
Subject Fw: CPMC Comments

DEVYANI JAIN, *Senior Planner*
Major Environmental Analysis

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----- Forwarded by Devyani Jain/CTYPLN/SFGOV on 10/19/2010 03:11 PM -----

Sue Hestor <hestor@earthlink.net>
10/19/2010 02:58 PM

To devyani.jain@sfgov.org
cc
Subject CPMC Comments

CPMC DEIR comments.doc

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October 19, 2010

Devyani Jain
Planning Department
1650 Mission Street 4th fl
San Francisco CA 94103

2005.0555E - California Pacific Medical Center Long Range Development Plan DEIR

Dear Ms. Jain:

I am submitting these comments on the DEIR my own behalf.

Cathedral Hill Transportation Impacts

CPMC proposes to dramatically transform the intersection of two major arterials, one of them US Rte 101 and two major transit streets. Van Ness and Geary. The transportation analysis for Cathedral Hill is replete with Impact analyses that conclude as it does for **Impact TR-1** (significant impact at the intersection of Van Ness/Market - "no feasible measures are available for Impact TR-1.) 89-1 TR

Another "reply" is as for **Impact TR-29** (increase congestion and ridership along Van Ness Avenue, which would increase travel times and impact operations of the 49-Van Ness-Mission bus route) for which the response is "financially compensating the SFMTA for the cost of providing the service needed to accommodate the project at proposed levels of service. The financial contribution shall be calculated and applied in a manner that is consistent with the SFMTA cost/scheduling model. The amount and schedule for payment and commitment to application of service needs shall be set forth in a Transit Mitigation Agreement between CPMC and SFMTA." Similar language is used for the impacts on other streets with busses. 89-2 TR

There needs to be a much STRONGER analysis and requirement.

CPMC has decided ON ITS OWN to pick up and leave or reduce certain services that are currently provided in other neighborhoods and MOVE THEM TO ONE OF THE MOST CONGESTED and CRITICAL TRANSIT INTERSECTIONS IN THE CITY. The starting point for any CITY analysis of that decision must be resolution of serious problems that converge at this area. 89-3 TR

The City has had on its books for MANY years planned resolution of Van Ness Avenue congestion/delays by construction of the Van Ness Bus Rapid Transit. This route extends to **Van Ness and Market** (the intersection with "no feasible measures") and beyond to Mission Street. 89-4 TR

Similarly, Muni has problems on Geary Street/Boulevard for which the City knows that an important solution is construction of the Geary Street BRT.

Once CPMC made a PRIVATE decision to impose its PRIVATE facilities in the middle of these public transportation problems, it became responsible and should be required by the City to make sure that the SOLUTIONS ARE IMPLEMENTED. They are planning to change the circulation pattern around the west and east blocks on the north side of Van Ness and Geary. The project will not only affect busses running on Van Ness and Geary, but those on Post and Polk in the immediate area, and other lines that connect to Geary and Van Ness several blocks away. 89-4 TR

CPMC is not only planning to rip up those two blocks, they also want to tunnel under Van Ness. 89-5 PD

This EIR, as part of its analysis, must do the analysis for tieing mandatory construction of the Van Ness BRT and the Geary BRT (at least as far west as Divisadero so that Geary busses can connect with north-south lines that connect to other campuses) to the massive work CPMC contemplates for their own benefits. 89-6 TR

The EIR - as insufficient as it may be - shows substantial impacts on transportation and transit. Shifting patients, visitors and staff around means that CPMC must take ENORMOUS steps to really encourage transit usage. Which best occurs when transit is accessible, reliable and fast. CPMC must make that happen, again because they have chosen to "blow out" the Geary and Van Ness intersection. 89-7 TR

The CPMC development project must be TIED TO and significantly FUND construction of the Van Ness and Geary BRT lines which shall be open at the same time CPMC opens on Cathedral Hill. Coordinating construction so that it occurs in the shortest amount of time possible will reduce construction impacts on nearby residents and businesses, on MUNI and other transit lines, and on traffic. [The EIR should discuss the impacts of serial construction of CPMC, then BRT(s) later.] 89-8 TR 89-9 TR

THIS SIMULTANEOUS or COORDINATED CONSTRUCTION of the BRT lines and CPMC BUILDINGS SHOULD BE A GOAL OF THE PROJECT AND REQUIREMENT ANALYZED IN THE EIR. 89-10 TR

Medical Services when Earthquake

The claimed project objective is to provide seismically safe hospital facilities that will remain operational in the event of a major disaster - to serve CPMC's patients and play an important role in San Francisco's disaster response and preparedness system. 89-11 PD

The EIR is clearly aimed at serving CPMC in facilities which serve CPMC's patient base. Please explain how the income level and residence location of that "patient base" matches that of the San Francisco population. 89-12 HC

The analysis of how the CITY is served is substantially lacking in regard to a major disaster, which in San Francisco means an earthquake. The distribution of health facilities - particularly the original plan which closed St Luke's, and currently includes closure of Children's/California campus - shifts hospital services to a smaller area in the eastern part of the City. 89-13 HC

Please provide two maps. One showing the location of hospitals and other medical facilities which will be available in an earthquake (Laguna Honda may be such) AFTER the CPMC is implemented. It will show the new UCSF hospital in Mission Bay as well. Then please provide one as a benchmark from whenever CPMC acquired its first facility in San Francisco (under whatever name CPMC functioned at the time of that acquisition.) The map will show the virtual abandonment of the western part of San Francisco. There is still a VA hospital, but the US Public Health hospital has closed. Please explain the TERRAIN problems and difficulties of circulation after an earthquake. To the extent the CPMC helps bleed available emergency and medical facilities to the east - so that it more convenient for physicians - the ability of the City to function after a disaster may be impaired.

89-13 OTH

This project is being sold as enabling BUILDINGS to survive an earthquake. Please discuss the City's ability to provide medical services throughout the City abstracted from THESE buildings. The reason St Luke's is so important - AND MUST BE STRENGTHENED BEYOND EVEN ALT 3A - is that it is located where it is ACCESSIBLE to a lot more people, in particular those in the southeast and southern parts of San Francisco who may be able to get to Mission and Cesar Chavez but would have physical impediments getting to other locations. Medical SERVICES, not just hospital buildings, are important in a major disaster.

89-14 HC

What is a "rational" system to CPMC, may not be a "rational" system to the broader public interest.

89-15a HC

Please explain the amount of property taxes anticipated to be paid by the entirety of CPMC facilities in San Francisco. Which aspects of CPMC are for profit and which are non-profit?

89-15b HC

Respectfully submitted,

Sue C. Hestor

LETTER 90

Devyani Jain/CTYPLN/SFGOV
10/20/2010 10:15 AM

To Chelsea Fordham/CTYPLN/SFGOV@SFGOV
cc
bcc
Subject Fw: CNA Comments on CPMC DEIR: Email 1

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----- Forwarded by Devyani Jain/CTYPLN/SFGOV on 10/20/2010 10:15 AM -----

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10/19/2010 09:39 PM
Please respond to gloria@gsmithlaw.com

To bill wycko <bill.wycko@sfgov.org>, Devyani Jain <Devyani.Jain@sfgov.org>
cc ngreen@calnurses.org
Subject CNA Comments on CPMC DEIR: Email 1

Please find attached comments from the California Nurses Association on the CPMC DEIR. Additional emails containin
you have any questions, please do not hesitate to contact me.

The Law Offices of Gloria D. Smith

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GDS CPMC DEIR comments.pdf

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October 19, 2010

Environmental Review Officer
San Francisco Planning Department
1650 Mission Street, Suite 400
San Francisco, CA 94103

Re: Preliminary Comments on the Draft Environmental Impact Report for the CPMC Long Range Development Plan

Dear Review Officer:

On behalf of the California Nurses Association/National Nurses United ("CNA"), this letter provides **preliminary** comments on the draft environmental impact report ("DEIR") for the CPMC Long Range Development Plan ("Project"). These comments are preliminary because the applicant, California Pacific Medical Center, and the City's Planning Department have failed to provide CNA with foundational data and information the City relied upon to draft its analyses and to support its conclusions in the DEIR. Requests for DEIR background data and studies were either greatly delayed by unnecessary back and forth or were denied altogether. As a result, CNA was unable to ascertain exactly what it is the City is proposing to do; it was in many instances impossible to verify many of the DEIR's technical analyses, assumptions and conclusions. If and when we obtain the withheld data, we will supplement these comments accordingly.

90-1 AQ

I. INTRODUCTION

CNA has been actively involved in every aspect of CPMC's long range planning efforts. Most recently, CNA spoke at the Planning Department's June 9, 2009, scoping meeting and submitted written comments on June 26, 2010. CNA's scoping comments pointed out the need for the City to properly address, among other things, project alternatives, cumulative impacts, traffic congestion and the need for the City to not present the public with an overly complicated EIR given its wish to combine both project-specific and programmatic issues into one CEQA document. Unfortunately, as explained below, the City's DEIR did not reflect the myriad of substantive comments from numerous members of the public submitted after the Notice of Preparation for the DEIR. Nor did the DEIR comply with the requirements of the California Environmental Quality Act ("CEQA").[1] Accordingly, the City may not approve the Project or grant any permits for it until it revises the EIR in a manner that makes it understandable to the reader and addresses all of the Project's environmental impacts. The City must recirculate a revised EIR for public review and comment.

90-2 INTRO

90-3 INTRO

[1] Public Resources Code §§ 21000 *et seq.*

CNA is one of California's oldest nonprofit social welfare institutions. Founded in 1903, today CNA represents over 80,000 members throughout the country. CNA has represented its members on nursing and public health issues before municipal, county, and state bodies for over 100 years. CNA members provide professional care for patients in medical facilities in San Francisco and throughout the Bay Area. CNA's comments are made in its representative capacity of CNA members and their families who currently reside in San Francisco County, on behalf of its members and their families throughout California, and on behalf of health care consumers generally who are directly affected in their health and general welfare by the availability of, access to, and quality and safety of health care services.

In addition, like the public at large, CNA members are concerned about sane and sustainable land use and development in San Francisco. CNA members live in the communities that suffer the impacts of environmentally detrimental and poorly planned projects. Ill-conceived development, in turn, may jeopardize human health and safety. This is particularly true here because numerous CNA members work in or live near Project facilities and will be negatively impacted by, among other things, increased traffic, poor air quality, undisclosed and unmitigated ground water and soil contamination, and impacts on affordable housing. Finally, CNA members are harmed by the fact that the City failed to comprehensively address the Project's effects on various communities' access to safe and affordable medical care. CNA therefore has a strong interest in enforcing environmental laws such as CEQA to protect its members. 90-4 OTH

We have prepared these comments with the assistance of four technical experts: Dr. Petra Pless, Ms. Terrell Watt, Mr. Tom Brohard, P.E. and Mr. Matt Hagemann, P.E. The comments of each of these experts along with their *curriculum vitae* are attached herein. Please note that this letter merely discusses only a small portion of each expert's comments; therefore, each expert's letter should be addressed and responded to separately.

II. PROJECT DESCRIPTION

The DEIR is both a project-specific and 20-year, long range development plan that encompasses CPMC's multi-phased plan to meet state seismic safety requirements. In addition to changes at its four existing medical facilities, the DEIR proposes a new hospital complex, the Cathedral Hill Campus. The four existing CPMC medical campuses are the Pacific Campus in the Pacific Heights area, the California Campus in the Presidio Heights area, the Davies Campus in the Duboce Triangle area, and the St. Luke's Campus in the Mission District. 90-5 PD

A. Cathedral Hill Campus

At this site, the existing Cathedral Hill Hotel and 1255 Post Street Buildings would be demolished and CPMC would design, construct, and operate the proposed Cathedral Hill Campus. This campus would include a newly constructed 15-story, 555-bed hospital at the northwest corner of the intersection of Van Ness Avenue and Geary Boulevard and a medical office building ("MOB") at the northeast corner of the intersection of Van Ness Avenue and Geary Street, across Van Ness Avenue from the proposed Cathedral Hill Hospital site. A pedestrian tunnel beneath Van Ness Avenue would connect the hospital and MOB. An existing MOB at the intersection of Sutter and Franklin Streets, currently partially used as an MOB, would be fully converted for use as an MOB. 90-6 PD

B. Pacific Campus

At this campus, CPMC would convert an existing hospital into a new ambulatory care center, including a new building, additional underground parking, renovation of other existing buildings and demolition of four existing buildings. The existing acute-care services and Women's and Children's Center would be relocated to the proposed Cathedral Hill Hospital.

90-7 PD

C. Davies Campus

New development would include the construction of a new Neuroscience Institute building, a new MOB, and related parking improvements.

90-8 PD

D. St. Luke's Campus

Development would include demolition of the existing St. Luke's Hospital tower, Redwood Administration Building, and magnetic resonance imaging trailer; construction of the new 80-bed, acute-care St. Luke's Replacement Hospital; and construction of the proposed MOB/Expansion Building and associated underground parking.

90-9 PD

E. California Campus

The existing acute-care services and Women's and Children's Center would be relocated to the proposed Cathedral Hill Hospital. CPMC would sell the California Campus by 2020, after relocating that campus's inpatient services (*i.e.*, care of all patients staying longer than 24 hours) to the proposed Cathedral Hill Hospital and its other services to the Pacific Campus. Some existing on-site medical activities would continue at the California Campus in a relatively small amount of space that CPMC would lease back from the new property owner indefinitely.

90-10 PD

The DEIR/LRDP would be implemented in two phases: the *near-term* phase (Cathedral Hill Campus and St. Luke's Campus projects and Neuroscience Institute at Davies Campus) and the *long-term* phase, *i.e.*, projects that would commence significantly after 2015 or are contingent upon the completion of near-term projects (including projects the Pacific Campus and California Campus and Castro Street/14th Street MOB at Davies Campus).

90-11 PD

III. THE DEIR DID NOT COMPLY WITH CEQA

A. The DEIR Is So Poorly Organized and Poorly Written It Precludes Informed Decision Making

CEQA requires agencies to inform the public and responsible officials of the environmental consequences of their decisions ***before*** they are made, thereby protecting the environment and informed self-government.[2] A well-prepared and fully documented EIR is the "heart" of this requirement.[3] The following are examples of how DEIR failed to satisfy these purposes:

- The DEIR is so poorly written and so poorly organized that it is largely comprehensible to even the most seasoned CEQA practitioners.
- The DEIR created confusing and unconventional terms to describe the significance of a particular environmental impact. In nearly 15 years of reviewing CEQA documents, our office has never seen, for instance, an EIR describe an environmental impact as "potentially significant and unavoidable." This term in oxymoronic. Environmental impacts can only be deemed significant and unavoidable at the end of the process ***after*** the lead agency has imposed all feasible alternatives and/or measures to mitigate significant impacts. 90-12 INTRO
- The City did not need to invent nine different ways to distinguish between significant and insignificant impacts. These terms served no other purpose than to confuse readers.
- The DEIR employed far too many acronyms for any reviewer to keep track of. There is no reason why the preparers could not take the time to spell out infrequently used terms.
- The DEIR's structural and organizational flaws render the document nearly incomprehensible. For example, the DEIR's Transportation and Circulation chapter is organized by topic such as roadway network, intersection operations, transit operations, bicycle facilities, parking, impact evaluations, and mitigation measures. Discussions of each campus are presented one after the other under the individual topic rather than continuously as a complete discussion of each campus. Such organization makes it extremely difficult and unnecessarily complex to follow the analysis of the individual projects proposed for each of the five campuses. This technique demonstrates nothing more than lazy drafting. 90-13 TR
- The EIR omitted credible analysis and substantial evidence for its conclusions regarding the significance of Project impacts. Instead, conclusions are based on bare and unverifiable assertions. 90-14 OTH
- The DEIR omitted a mitigation monitoring and reporting plan ("MMRP"). Instead, mitigations measures lack specificity, performance objectives, enforceability and timelines for implementation. 90-15 OTH

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[2] CEQA Guidelines § 15002(a)(1);*Berkeley Keep Jets Over the Bay Com. v. Board of Port Comrs.* (2001) 91 Cal.App.4th 1344, 1354.

[3] *No Oil, Inc. v. City of Los Angeles* (1974) 13 Cal.3d 68, 84.

Given the intense public interest surrounding this project from all quarters of the City, as evidenced by the large turnouts at both the scoping and Planning Commission hearings, it is unconscionable for the City to issue a CEQA document that no one can understand.

90-16 OTH

Indeed, while the Project is large, and will affect numerous San Francisco communities, it is not a particularly complicated project *per se*. Had the City taken the time to prepare a decently organized CEQA document, it would not have precluded an untold number of interested residents from even understanding what it is CPMC is proposing to do. Shamefully, the City's substandard work has done just that. However, if, on the other hand, the City did view the Project as so complicated that it was unable to issue an EIR that anyone could comprehend, then the Project itself is too large and complicated to be considered under a single CEQA document and the Project requires several smaller actions. Either way, the City's EIR has made a mockery of informed decision making and must be withdrawn and properly revised.

Substantively, as best as we can discern given the DEIR's impenetrable nature, the document did not comply with CEQA because it:

- Failed to accurately describe the Project and its environmental setting;
- Failed to disclose all potentially significant environmental impacts;
- Employed misleading and illegal baselines;
- Deferred mitigation;
- Failed to identify effective and enforceable mitigation for each significant impact; and,
- Recommended that the City override some 100 significant Project impacts absent any attempt to mitigate these impacts.

90-17 INTRO

Based on the above deficiencies, the City failed, as a matter of law, to inform the public and decision makers about the Project's significant impacts on air quality, traffic and transit, land use, the loss of access to affordable health care, and soil and ground water contamination at the Project's various sites.

In addition, the DEIR identified a number of significant and unavoidable environmental impacts associated with the construction and operation of the Project. The City may adopt a statement of overriding considerations only ***after*** it has imposed all feasible mitigation and analyzed all feasible alternatives to reduce the Project's impact to less than significant levels.[4] CEQA prohibits the City from approving the Project with significant environmental impacts when feasible mitigation measures or alternatives can substantially lessen or avoid its impacts.[5]

90-18 OTH

Finally, if a mitigation measure or alternative would itself cause one or more significant effects in addition to those that would be caused by the Project as proposed, the effects of the mitigation measure must be analyzed.[6]

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[4] CEQA Guidelines §§ 15126.4, 15091.

[5] CEQA § 21002.

[6] CEQA Guidelines, at § 15126.4(a)(1)(D).

A. THE EIR FAILS TO INCLUDE ALL THE RELEVANT DATA IN A SINGLE REPORT

An EIR must be "a compilation of all relevant data into a single formal report which would facilitate both public input and the decision making process."[7] The City failed to provide the public with the DEIR's appendices and supporting documentation despite this data being an integral and inseparable component of the EIR itself. In our experience, DEIR appendices are physically attached to the DEIR and include traffic counts, air quality data and other supporting studies and information on which the preparers relied in their analyses and conclusions. Here, the City separated the supporting documentation from the DEIR and would only provide this information in compact disc ("CD") format after a member of the public pre-paid $10.00 per CD. Creating extra red tape and charging the public for information it is freely entitled to violates CEQA.

90-19 OTH

B. THE EIR DID NOT ADEQUATELY DESCRIBE THE PROJECT

An accurate, stable and finite project description is the *sine qua non* of an informative and legally adequate EIR.[8] Without it, CEQA's objective of fostering public disclosure and informed environmental decision-making is stymied. Only through an accurate view of the Project may affected outsiders and public decision-makers balance the proposal's benefit against its environmental cost, consider mitigation measures, assess the advantage of terminating the proposal and weigh other alternatives in the balance. "An accurate, stable, and finite Project Description is the sine qua non of an informative and legally sufficient EIR."[9] The adequacy of an EIR's project description is closely linked to the adequacy of the EIR's analysis of the project's environmental effects. "If the description is inadequate because it failed to discuss the complete project, the environmental analysis will probably reflect the same mistake."[10]

90-20 PD

More specifically, an EIR must include a description of the physical environmental conditions in the vicinity of the Project.[11] Conversely, an EIR violates CEQA if the description of the Project's environmental setting, including the surrounding area, is inaccurate, incomplete or misleading.[12] The DEIR omitted an overall description of the Project's environmental setting within San Francisco and the relevant Bay Area communities. The DEIR was required to describe the Project in regional terms for all of the relevant resource areas such as land use, air quality, traffic and transit, access to safe and affordable health care and public services, to name a few. Instead, the DEIR narrowly discussed the environmental setting, regulatory framework, cumulative conditions, significance criteria, and impact evaluations for each impact evaluation. This approach denied the reader of an understanding of the entire Project's overall impacts on the City and surrounding communities outside San Francisco.

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[7] (*Russian Hill Improvement Association v. Board of Permit Appeals* (1975) 44 Cal.App.3d 158, 168.)

[8] *County of Inyo v. City of Los Angeles* (1977) 71 Cal.App.3d 185, 192.

[9] *Id.*

[10] Kostka and Zischke, "Practice Under the California Environmental Quality Act."

[11] CEQA Guidelines § 15125

[12] *Bakersfield Citizens for Local Control v. City of Bakersfield* (2004) 124 Cal.App.4th 1184.

Then, within the DEIR's narrow impact evaluations, it first provided a summary of the level of significance for each campus including mitigation, if required, and then discussed impacts associated with construction and operation of the Project components and their mitigation measures separately for *Near-Term Projects* at the Cathedral Hill, Davies, and St. Luke's Campuses and *Long-Term Projects* at the Pacific and Davies Campuses.[13] In some sections project-specific individual and cumulative impacts were discussed in separate sections (*e.g.*, land use), in other instances they are discussed in the same paragraph (*e.g.*, air quality). In short, the DEIR contains an impermissibly narrow description of the Project's environmental setting depriving readers of the Project's regional impacts.

90-21 OTH

1. The DEIR Omitted a Description of Changes in Access to Health Care in San Francisco and the Bay Area

Most troublesome is the DEIR's complete silence on a description of CMPC's current regionalization process that permeates all aspects of access to healthcare in San Francisco and the Bay Area at large. CPMC is affiliated with Sutter Health. Sutter is going through a process of "regionalization," in which its twenty-six affiliate hospitals are collapsed into five regional structures. As a result, the corporate entity of CPMC has ceased to exist, while all CPMC operations, finance, and governance have dissolved into Sutter West Bay, which encompasses all of San Francisco.

Sutter's regionalization entails large-scale closures of services and increased transfer of patients between cities in the Bay Area. CNA has now been involved in CEQA review regarding Sutter's construction plans in Castro Valley, Oakland, Santa Rosa, San Mateo County, and San Francisco. In each instance, Sutter presents the respective plan in a vacuum, isolated from the simultaneous rebuilds the next town over. [14]

90-22 HC

Sutter has drastically reduced the number of licensed hospital beds both at CMPC campuses and regionally. Specifically, if all of Sutter's plans in the Bay Area were approved, would entail eliminating 881 licensed hospital beds in the Bay Area between the CPMC campuses, Alta Bates Summit Medical Center in Berkeley and Oakland (Herrick Campus and Summit Campus), San Leandro Medical Campus (complete closure proposed), Eden Medical Center in Castro Valley, Sutter Medical Center of Santa Rosa, and Mills-Peninsula Health Services ("Mills Peninsula") in Burlingame and San Mateo.

The planned consolidation of by Sutter across the Bay Area assumes increased transfer of patients between cities. For example, earlier this spring a stroke patient in Novato was transferred to CPMC in San Francisco rather than to the nearest stroke center in Greenbrae in Marin County. Traffic burdens (and associated air quality and greenhouse gas emissions) caused by additional patient transports to and from San Francisco as a result of regionalization are not addressed in the DEIR. This information must be included a revised EIR that fully and accurately depicts the regional setting for health care.

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[13] Draft EIR at pages 4-1 – 4-3.

[14] *See* attached Letter from Michael Lighty, CNA Director of Public Policy, (Oct. 19, 2010.)

2. Additional Omissions from the DEIR's Project Description

Below are examples of omitted environmental setting information from a land use perspective that must be included in a revised EIR are:

90-23 HC

- A detailed description of the distribution of existing health care services in San Francisco and the surrounding Bay Area communities including the overall availability of general and specialized services, facilities locations and size, emergency room admissions and ambulance trips, personnel, charity care and trauma, among other factors.
- A complete description of both the local and regional health care service setting must provide information on any gaps or leakage of San Francisco's health care needs, accessibility of services, and other basic background information to provide "baseline conditions" for analyzing Project impacts.[15]

90-24 HC

- Projected health care services needs based on changing demographics and geographical distribution (*e.g.*, aging population, and projected growth in the City's southeastern quadrant).

90-25 HC

- Information on the housing in the areas surrounding all five campuses.

90-26 PH

- Information concerning cumulative projects including potential cumulative development of other health care services projects in the City and adjacent Bay Area communities.

90-27 HC

- Information on existing jobs-housing balance and jobs-housing fit in San Francisco and adjacent Bay Area communities.

90-28 PH

C. The DEIR Failed To Fully Analyze Alternatives

The DEIR failed to adequately describe a full and reasonable range of Project alternatives. CEQA requires that an EIR "describe a range of reasonable alternatives to the project … which would feasibly attain most of the basic objectives of the project but would avoid or substantially lessen any of the significant effects of the project, and evaluate the comparative merits of the alternatives.[16] Here, the DEIR failed to consider feasible alternatives to the 555-bed hospital complex at the Cathedral Hill site. While the DEIR was not required to analyze an inordinate number of alternatives, it was required to consider a reasonable number with enough specificity so that the public and decision makers could fully evaluate Project options.

90-29 ALT

The Project's centerpiece is the proposed 555-bed Cathedral Hill campus from which all other Project components derive. The presumed inevitability of the Cathedral Hill campus permeates the entire EIR and resulted in a cursory and deficient alternatives analysis, especially with respect to larger, viable St. Luke's campus.

90-30 PD

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[15] Without this information, very basic impact analyses cannot be performed (*e.g.*, how far will patients travel for care? What are the transportation and air quality impacts of those travel patterns?).

[16] CEQA Guidelines § 15126.6(a); *Citizens of Goleta Valley v. Board of Supervisors* (1990) 52 Cal.3d 553; *Laurel Heights Improvement Association v. Regents of the University of California* (1988) 47 Cal.3d 376.

The DEIR's alternatives section enumerates CPMC's "core medical" objects for the project, [17] among those are:

- Consolidating CPMC's campuses by consolidating specialized services and Women's and Children's services into one centralized acute-care hospital;
- Distributing inpatient capacity among campuses which includes "an optimal number" of smaller, community based hospitals, ambulatory care facilities, and medical offices;
- Ensuring that consolidation minimizes redundancies in terms of staffing, equipment, support spaces, central processing and other facilities to avoid inefficiency and unnecessary costs;
- Rebuilding St. Luke's into a community hospital that provides medical/surgical care, critical care, emergency care and gynecologic and low-intervention obstetric care;
- Maintaining CPMC's prominent role in San Francisco and the greater Bay Area in terms of research and medical education; and,
- Enhancing CPMC's role as a provider of medical and administrative jobs.

90-30 PD

In a nutshell, the DEIR's preferred alternative seeks to largely consolidate CPMC services into one 555-bed mega-hospital and MOB, on one tiny parcel, in one of the most diverse and gridlock-plagued sections of the City, Geary Street at Van Ness/Highway 101. The DEIR failed to justify the geographic inequity the preferred alternative would create in the City. At Project completion, patients in the City's southeast quadrant will still have to travel to other sections of the City for most specialized care; whereas, residents and local small businesses close to Cathedral Hill will be burdened by a medical facility too large for the site to adequately support in terms of land use, traffic and transit.

90-31 ALT

90-32 HC

In terms of reducing traffic congestion and to better serve the community, CPMC should spread the proposed development to several other campuses including to the St. Luke's Campus rather than concentrating services at the Cathedral Hill Campus. Access to and from St. Luke's Campus is closer to Highway 101 for vehicles and to major transit facilities such as the 24th Street BART Station for transit patrons. Moreover, the St. Luke's Campus is the most accessible CPMC facility for those Sutter patients traveling from San Mateo and Santa Clara counties. From a transportation perspective, a Project alternative that distributes patients and services equally across the City should be evaluated in a revised EIR.

90-33 ALT3A

The DEIR concluded that alternative 3A would be the environmentally superior alternative. This alternative entails a larger St Luke's Hospital and smaller Cathedral Hill Hospital. However, the DEIR designed a bigger St Luke's Hospital around a relocated women's and children's program. As Mr. Lighty explained in his attached letter, this creates an alternative that is not supportable because it would shift most women's and children's services to the southern half of the City (CPMC and U.C.S.F. Mission Bay). CNA supports the environmentally superior alternative of a larger St Luke's, but with a different complement of services. Instead of shifting all of women's and children's services to St. Luke's, CPMC can easily centralize other services already planned at St Luke's Hospital. CPMC currently plans to offer some level of

90-34 ALT3A

[17] DEIR at page 6-6, 7.

cardiology, oncology, orthopedics, gastroenterology, respiratory, and urology at St. Luke's Hospital and to duplicate every single one of these services at Cathedral Hill Hospital with a higher standard of care for insured patients. Instead, CPMC could centralize some combination of these services for all CPMC patients at St. Luke's Hospital.[18] 90-34 ALT3A

In contrast to the proposed project, a smaller Cathedral Hill Hospital and a larger St. Luke's Hospital would be by far preferable in terms of health care and would also considerably reduce some of these environmental impacts. We support the environmentally superior alternative of a larger St. Luke's Hospital with a clinical anchor and a smaller Cathedral Hill Hospital. 90-35 ALT3A

D. The DEIR Failed to Disclose and/or Analyze All Potentially Significant Impacts

An EIR must disclose all of a project's potentially significant environmental impacts, because CEQA requires public agencies to avoid or reduce environmental damage by requiring alternatives and/or mitigation measures, and disclosing these requirements prior to project approval.[19] Here, the DEIR failed to disclose and/or analyze numerous potentially significant impacts. Instead, the DEIR contains only cursory analyses of impacts associated with soil and groundwater contamination, traffic and transit, land use, air quality, and access to affordable and safe healthcare. With these omissions, the City violated one of CEQA's most critical components because only after the City investigates and discloses these impacts can it move to the next step of showing it has imposed all feasible alternatives and/or measures to mitigate the Project's significant impacts. In short, unless these impacts are properly analyzed, they will not be fully addressed through either mitigation or alternatives, all in violation of CEQA. 90-36 OTH

1. The DEIR Failed To Adequately Analyze Potential Contaminants in Soil and Groundwater

According CNA's hazardous waste expert, Matt Hageman, a former EPA senior scientist, CPMC has known for at least two years that all five Project sites present some level of contamination that has not been adequately investigated and disclosed. Indeed, the DEIR and its supporting documents indicate numerous instances of potential soil and groundwater contamination, along with evidence of additional widespread contamination that must be fully investigated in a revised EIR.[20] These are potentially serious problems given each of the Project sites occur in densely populated areas in very close proximity to neighboring residents, passersby, workers at nearby businesses and construction workers at the sites themselves. 90-37 HZ

A revised EIR must include special precautions to ensure that construction workers are not put at risk when they touch and breathe contaminants through dust and vapors. Likewise a revised EIR must include protection for neighboring residents and those living along transportation corridors at risk from harmful dust and vapors generated during excavation and transport of contaminated soil in and through their neighborhoods. 90-38 HZ

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[18] Camden Group Utilization Project Report at page 22.

[19] CEQA section 21100(b)(1); CEQA Guidelines § 15002(a)(2) and (3); *see also Citizens of Goleta Valley v. Board of Supervisors* (1990) 52 Cal.3d 553, 564; *Laurel Heights Improvement Ass'n v. Regents of the University of California* (1988) 47 Cal.3d 376, 400).

[20] Matt Hagemann Letter (Oct. 18, 2010) at page 17.

Not only did the DEIR fail to fully inform the public of these hazards, CPMC has not contacted the San Francisco Department of Public Health, the agency that oversees subsurface soil and water contamination of the type presented here. The SFDPH should have been contacted so that its independent assessment of any necessary remediation or mitigation could be included in the DEIR for public review. Mr. Hagemann's attached letter details the specific contaminant risk for each DEIR site, and shows the need for SFDPH oversight. 90-39 HZ

2. The DEIR Failed to Disclose Severe Impacts on Traffic and Transit

The DEIR minimized the Project's actual impacts on traffic congestion because unlike most California jurisdictions, the City's criteria used to identify significant impacts for development projects do not address incremental increases in delay at intersections once gridlock conditions occur at Level of Service (LOS) F. This means that a development project could add any number of trips to an already failing intersection without being considered as contributing to cumulative traffic increases for the most congested roadways. This lax criterion in turn allows a developer to minimize a project's actual impacts and allows it to avoid mitigating its worst impacts on traffic congestion. 90-40a TR

Here, many of the intersections identified in the DEIR already operate at LOS F in peak hours under existing conditions, and the number of failing intersections will significantly increase in Years 2015, 2020, and 2030.[21] The Project's contributions to additional vehicle trips to these failing intersections will increase delay well beyond existing conditions. This issue is particularly serious for a hospital project. For example, the DEIR did not analyze how the increased traffic around the Cathedral Hill Campus will affect access for ambulances, labor and delivery vehicles and others urgently trying to reach the hospital. During gridlock traffic conditions which are much of the time around Van Ness Avenue, emergency patients may face life threatening delays while waiting in traffic. The DEIR failed to consider these and other critical circumstances in the traffic analysis. 90-40b TR

Concerning Project-specific impacts, the DEIR did not adequately analyze increases in both transit use and vehicle miles traveled resulting from the Project. CPMC is the second largest employer in San Francisco.[22] The total number of employees at all of the CPMC campuses will increase by 4,170 employees system-wide. This new employment, while certainly a benefit to the City, will create population growth and household growth.[23] People traveling into the City and across the City for these new job opportunities will increase traffic and further burden public transit. Because the DEIR did not factor in these new commuters, a revised EIR must analyze this impact. 90-41 TR

Concerning public transit, the DEIR made erroneous assumptions that transit service would increase once the Project was operational. However, given severe budgetary constraints which directly affect/reduce service levels for the San Francisco Municipal Transportation Agency (Muni), and given projected increases in ridership, the DEIR grossly underestimated impacts the Project would have on Muni. According to the DEIR, the City is in the process of implementing "recommendations designed to make Muni service more reliable, quicker and 90-42 TR

[21] DEIR Tables 4.5-17, 4.5-18, 4.5-35, 4.5-37, 4.5-38, and 4.5-39.

[22] DEIR at page 5-16.

[23] *Id.* at page 4.3-31.

more frequent." [24] From this, the DEIR assumed that increased Muni service would accommodate increased Project-related ridership thereby mitigating any potential transit impacts. But, as shown below, these assumptions are wrong; thus, the DEIR failed to calculate and disclose the Project's actual impacts on public transit.

CNA's traffic expert, engineer Tom Brohard, determined that transit service enhancements have, in fact, been suspended given the ongoing fiscal emergency. Indeed Muni service is frequently cut and then occasionally partially restored, with only incremental losses at best but never system-wide increases. Accordingly, in Mr. Brohard's opinion, the DEIR erred in its finding that it was reasonably foreseeable that Muni would increase services in the areas serving the five CPMC campuses.[25] Where the DEIR assumed that service enhancements would be made, the transit analysis of near term and long term transit conditions was flawed. This flawed analysis in turn resulted in a significant under estimation of impacts.

90-42 TR

Mr. Brohard also found numerous errors in the DEIR's ridership data for all five campuses. These errors were both within various tables as well as in comparison to the DEIR's forecast number of Project transit riders in the description of transit impacts. These errors are described in detail in Mr. Brohard's attached comment letter.

3. The DEIR Failed to Disclose Significant Impacts on Land Use

90-43 LU

The Project would have numerous potentially significant impacts on San Francisco land use, including its local planning and policies, on its population, housing and employment. None of these were adequately disclosed in the DEIR. Below is a brief example of the significant impacts CNA's land use expert Terrell Watt uncovered:

- Impacts related to population, housing and jobs including an increased demand for housing affordable to the full CPMC workforce generated by the proposed Project (*e.g.*, construction plus induced and indirect employees);

90-44 PH

- Impacts associated with the Project's inconsistencies on local plans and policies such as amendments to the General Plan, zoning code and other departures from adopted plans, policies and regulations;

90-45 LU

- Growth-inducing impacts as a result of unmet demand for housing and particularly housing affordable to the Project workforce as well as growth inducing impacts associated with exempting this Project from applicable policies, plans and regulations. In addition, the DEIR failed to analyze the growth inducing impacts related to indirect and induced growth in employment to serve the Project and foreseeable uses at the California Campus sites once sold;

90-46 GRO

- Cumulative impacts, including those related to housing demand, public services, employment and air quality within San Francisco and the greater Bay Area.

90-47 PH

- Impacts associated with the shifts and changes in health care city-wide that would in turn change patient patterns (travel distances, types of trips, etc.), increased impacts on air quality emissions, public services and possibly other health care services (*e.g.*,

90-48 HC

[24] DEIR at page 4.5-61.

[25] Transit services were dramatically reduced in December 2009 and May 2010, twice in the last 10 months, and partially restored in September 2010.

competition and or the abandonment of the California Street Campus could result in loss of other existing services).

90-48 HC

As mentioned, the Project would require General Plan amendments, variances from the existing Codes, FAR amendments, parking reductions and other significant departures from adopted plans, policies and regulations. The numerous sweeping departures from adopted plans and policies call into question whether the Project benefits and merits justify all of necessary land use changes required for Project approval. Among the inconsistencies are proposals to deviate from:

90-49 LU

- Height and bulk limits: for example, an amendment is required to the Height and Bulk District map to reclassify the block for the Cathedral Hill hospital from the 130-V Height and Bulk District to a 265-V Height and Bulk District, allowing a maximum height of 265 feet.

90-50 LU

- Height limit for Cathedral Hill campus: Conditional Use authorization is required for the Cathedral Hill Hospital and Cathedral Hill MOB in an RC-4 zoning district to allow buildings taller than 40 feet within the Van Ness Special Use District.
- Off-street loading space dimension: the proposed Cathedral Hill campus would also require Conditional Use authorization to exceed the allowable parking..

90-51 TR

Also, because the DEIR omitted critical documents for review (*e.g.* text for proposed policy amendments), it is impossible to fully evaluate the Project's consistency/inconsistency with the City's plans and policies. Moreover, the DEIR based its findings of Project consistency on the presumption that the Project would obtain all of the myriad major entitlements, amendments and exceptions from existing plans, policies and regulations such as changes to:

- The San Francisco General Plan and all applicable elements, including the Housing Element
- Regional Plans and policies (*e.g.*, Bay Area Air Quality Management plans and regulations)
- Van Ness Avenue Area Plan ("VNAP")
- Market & Octavia Neighborhood Plan
- Mission Area Plan
- Japantown Better Neighborhood Plan
- Mission District Streetscape Plan
- Measure M

90-52 LU

The DEIR's Project consistency "analysis" provided only conclusory statements of consistency that are in most cases unsupported by evidence in the record. A revised EIR must include a table with the text of applicable policies and provisions and a specific description of why the Project is or is not consistent with each applicable policy or provision. As it stands, the DEIR failed to disclose significant impacts on land use.

4. The DEIR Failed to Disclose Significant Impacts on Housing

The Project will result in significant unmitigated impacts on affordable housing; specifically impacts on affordable housing that will be needed to meet the Project's workforce. The DEIR concluded that the Project would not have negative effects on housing because it relied on numerous erroneous assumptions.[26] Conversely, the DEIR ignored important factors indicating that housing demand would be much greater than disclosed, such as the Project's full new household demand, including the construction workforce and including indirect and induced jobs (the multiplier effect); jobs-housing fit; and cumulative jobs-housing fit. Finally, the DEIR omitted key considerations which wrongly skewed the conclusion that the Project's impacts on housing impacts would not be significant. Among those were: 90-53 PH

- The DEIR failed to describe all elements of the Project that would generate housing demand, such as construction workforce, Project-induced and indirect employees. A proper analysis of full housing demand would result in a significant shortfall of housing, particularly housing affordable to segments of the new direct, Project-induced, indirect and long-term construction workforce. 90-54 PH
- The DEIR failed to account for the additional indirect employment (based on a reasonable multiplier[27]) generated by Project construction. As a result, net new demand for housing will likely be even greater. 90-55 PH
- The DEIR failed to investigate where workers will likely live. Instead, the DEIR simply relied on the assumption from the CPMC IMP that 49% of employees reside in San Francisco, 22% in the South Bay/Peninsula, less than 19% in the East Bay, and 8% in the North Bay to extrapolate the locations where future employees will reside. Census and other information are available to more accurately project the likely places workers will live. 90-56 PH
- The DEIR failed to deduct from planned and projected housing, housing that would be developed on these sites under current planning and zoning, absent the proposed Project. 90-57 LU
- The DEIR omitted new housing required under current City regulations, which CPMC is now seeking an exemption from constructing.[28] 90-58 LU
- The DEIR failed to analyze the "housing fit" – that is the cost of housing compared with the Project workforce's ability to pay for that housing. Various segments of the net new workforce, as well as indirect and induced jobs, are likely to fall into lower income categories. 90-59 PH

Had the DEIR taken the above factors into consideration it would have more accurately reflected the Project's contribution to the significant demand on housing affordable to the CPMC

[26] Terrell Watt Letter (October 18, 2010) at page 11.

[27] The total jobs generated by a project can be determined using "multipliers" that indicate the number ratio of direct jobs to indirect and induced jobs. Used to measure the number of times each dollar of direct spending cycles through an economy thereby producing indirect and induced spending, multipliers also describe indirect and induced employment produced by a project's economic impacts.

[28] DEIR at page 4.3-33.

workforce. The DEIR must be revised to take into account the above factors as fully described in Ms. Terrell's comment letter.

90-59 PH

5. The DEIR Failed to Disclose and Adequately Mitigate Significant Impacts on Air Quality

In its air quality section, the DEIR failed to identify and mitigate significant impacts on air quality because it failed to provide an analysis after buildout of all near-term projects in 2015. Instead, the DEIR only provided emission estimates and conclusions as to their significance for the year 2030, long after all LRDP-related projects will be build out. Consequently, the DEIR fails to require mitigation for those significant impacts it failed to identify.

90-60 AQ

6. The DEIR Failed To Disclose Impacts on Health Care Access

Under the LRDP, CMPC is proposing to remove from service approximately 743 licensed beds at the existing St. Luke's Hospital (149 beds), California Campus (299 beds), and Pacific Campus (295 beds). The newly constructed Cathedral Hill Hospital would only provide 555 beds, exclusively in private single-occupancy rooms,[29] *i.e.*, 188 fewer beds than currently provided by the existing CPMC campuses many of which are in double-occupancy rooms.[30] This removal of beds would result in reduced access to health care and a major shift of the current hospital patient population to other hospitals in the region, particularly for patients at the St. Luke's Campus. The DEIR failed to address any of the associated impacts on traffic, transportation, parking, air quality, and public services.

90-61 HC

St. Luke's Hospital provides accessible acute care and inpatient services to the local community consisting of ethnically diverse, predominantly low-income patients from neighborhoods regardless of the patients' economical class or hospital reimbursement status. The most recent available data for the St. Luke's Hospital indicate that in 74.5% of the inpatient population was covered by Medicare, Medi-Cal, Workers' Compensation, or other government health programs (38.1% were covered by Medi-Cal, California's public health insurance program which provides needed health care services for low-income individuals including families with children, seniors, persons with disabilities, foster care, pregnant women, and low income people with specific diseases such as tuberculosis, breast cancer or HIV/AIDS[31]), and only 21.3% were covered by private insurance.[32] In contrast, the most recent available data for the Pacific Campus indicate that only 34.3% of the inpatient population was covered by government programs (7.5% by Medi-Cal) and that 63.5% of patients were covered by private insurance.[33]

90-62 HC

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[29] Draft EIR at page 1-21.

[30] Draft EIR at page 2-8.

[31] Medi-Cal is financed equally by the State and federal government.

[32] California Office of Statewide Health Planning and Development, Hospital Discharge Summary Reports, St. Luke's Hospital, Report Period: January 1, 2009 – June 30, 2009 and Report Period: July 1, 2009 – December 31, 2009; http://www.oshpd.ca.gov/MIRCal/Default.aspx.

[33] California Office of Statewide Health Planning and Development, Hospital Discharge Summary Reports, California Pacific Medical Center - Pacific Campus, Report Period: July 1, 2009 – December 31, 2010 and Report Period: January 1, 2010 – June 30, 2010; http://www.oshpd.ca.gov/MIRCal/Default.aspx.

The proposed Cathedral Hill Hospital (555 beds) would barely accommodate the 594 acute-care services and Women's and Children's Center that would be relocated from the California Campus (299 beds) and the Pacific Campus (295 beds) to the proposed Cathedral Hill. It can be anticipated that few patients currently relying on the 229 beds at the existing St. Luke's Hospital would be accommodated at the new Cathedral Hill Hospital for a number of reasons:

- Not all services that are currently available at St. Luke's Hospital would be available at the Cathedral Hill Hospital, including SNF beds.
- Physicians are free to decide whether they will accept Medi-Cal patients, which constitute a large portion of St. Luke's Hospital patient population. Given the choice between higher-paying private or government insurance, they often deny Medi-Cal patients.
- Beneficiaries of government programs are often not eligible for private single-occupancy room services[34] if multiple-occupancy rooms are available.

90-63 HC

As a result, most patients with insurance coverage limitations and relying on the acute care and SNF beds at the existing St. Luke's Hospital would not have access to the services offered by the new Cathedral Hill Hospital and would have to resort to accessing other hospitals in the City, or when those hospitals are overwhelmed as is often the case, in the greater region. Many of the patients currently frequenting St. Luke's Hospital do not have access to personal transportation and would be limited to time-consuming public transportation from the City to elsewhere. This may severely affect their health care.

The shift of the current patient population with insurance coverage limitations from the community-accessible St. Luke's Hospital to other hospitals in the City and region would have a number of adverse effects and consequences. For one, it would increase the regional vehicle miles traveled as patients and visitors would be forced to travel to hospitals that are located further from their homes and out of the City. Emergency service vehicles, forced to transport patients to hospitals located further away, would be tied up longer for transports to emergency departments at other hospitals which, in turn, would put additional pressure on the dispatch capacity at the City and County's Police Department and the Fire Department and increase the average response time and associated adverse consequences on the timely delivery of emergency cases to acute care units.

90-64 HC

90-65 HC

The increased vehicle miles traveled associated with the longer trips of patient, visitor, and emergency vehicles to and from other hospitals would also increase the regional air pollutant and greenhouse gas emissions and associated adverse impacts on public health. Most importantly, however, the shift of patient populations from the existing St. Luke's Hospital to other hospitals, including government and county-funded community hospitals (*e.g.*, San Francisco General Hospital and Laguna Honda Hospital and Rehabilitation Center) and the loss of an additional 109 acute care beds would put a severe strain on the already severely overtaxed

90-66 HC

90-67 HC

[34] *See,* for example, the following provisions of the Medicare Claims Processing Manual: Chapter 2: Admission and Registration Requirements, Section 10.6 – Hospitals May Require Payment for Noncovered Services, Revision 1472 dated March 6, 2008, and Chapter 3: Inpatient Hospital Billing, Section 40.2.2 – Charges to Beneficiaries for Part A Services, (I) Private Room Care, Revisions 1609 and 1612 dated October 3, 2008. These rules provide that private room (1-bed patient care room) care is not a Medicare covered service. Thus, private rooms may be denied by a Medicare provider to a beneficiary "who requests it but is unable to prepay or offer the assurance of payment..." (*see* Chapter 2, Section 10.6.)

acute care capacity in the City and County. For example, because the San Francisco General Hospital is the only Level I Trauma Center in a service area of over one million people, the hospital maintains a very high patient volume and is usually on a constant "Total Divert" status, which means that incoming emergency patients (with the exception of trauma, psychiatric, pediatrics, and obstetrics and gynecology) are diverted to other nearby hospitals. In addition, the loss of local access to acute care would result in disproportionate adverse socio-economic impacts on low-income residents who are already faced with a lack of and access to other medical care, child care, transportation, etc. Adding this extra burden of not having local access to community-based acute care would constitute environmental injustice.

90-67 HC

The EIR is inadequate because it does not analyze the burden on City services for the services CPMC has already eliminated or would not provide in the future. CPMC has already closed 55% of its psychiatric services (at the Davies Campus) over the course of the past five years and 70% over the past decade, despite a growing need for those same services. From 2000 through 2007, inpatient psychiatric census went up 20% at CPMC, before the closure at Davies Campus.[35] Instead, their psychiatric patients are shifted to other providers. Citywide there is a crisis of inpatient adult psychiatric services. Citywide inpatient psychiatric bed capacity has dropped by 23% since 2000, according to licensing data published by the Office of Statewide Health Planning and Development ("OSHPD"). CPMC is responsible for 63 of the 79 psychiatric beds that have been closed in the City since 2000. This primarily places additional burden on San Francisco General Hospital ("SF General"), but also on St. Francis Memorial Hospital ("St Francis") which is operated by Catholic Health Care West ("CHW"). The City has no data about the need for psychiatric services, let alone psychiatric emergencies, 5150s[36], substance abuse, drug detoxification, etc. and the Draft EIR fails to provide any information how the LRDP would impact the need and supply for these services.

90-68 HC

In addition, there are unknown and unexamined additional losses of services at Davies Medical Center. Davies has historically served as a community hospital for the Castro District, and has been home to AIDS and HIV services. The LDRP reduces licensed bed capacity at the Davies Campus substantially and proposes to shift its clinical focus away from community-serving functions to neuroscience services. The DEIR, IMP, and LDRP lack any explanation of what services would be lost at the Davies Campus in order to make way for the new expanded neurosciences program, and specifically any commitments to maintain AIDS/HIV programs. It would be a significant loss of services if AIDS/HIV patients had to travel to new providers because of an erosion of CPMC's commitment as a result of its clinical realignment.

90-69 HC

In sum, the DEIR omitted any investigation and disclosure of the direct physical changes and reasonably foreseeable indirect physical changes described above. In addition, it failed to analyze the potentially significant adverse individual and cumulative impacts associated with the physical change of closing the existing hospital facilities and the resulting transfer of a large

90-70 HC

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[35] *See* attached Letter from Michael Lighty.

[36] Section 5150 is a section of the California Welfare and Institutions Code (specifically, the Lanterman-Petris-Short Act) which allows a qualified officer or clinician to involuntarily confine a person deemed to have a mental disorder that makes them a danger to him or her self, and/or others and/or gravely disabled. A qualified officer, which includes any California peace officer, as well as any specifically designated county clinician, can request the confinement after signing a written declaration. When used as a term, 5150 (pronounced "fifty-one-fifty") can informally refer to the person being confined or to the declaration itself.

portion of the existing patient population to other hospitals. All of this must be included in a revised EIR.

90-70 HC

E. The DEIR Must Describe Effective Mitigation Measures for Each Significant Environmental Impact

An EIR must propose and describe mitigation measures sufficient to minimize the identified significant adverse environmental impacts.[37] Also, mitigation measures must be designed to minimize, reduce or avoid an identified environmental impact or to rectify or compensate for that impact.[38] Where several mitigation measures are available to mitigate an impact, each should be discussed and the basis for selecting a particular measure should be explained. [39] The City may not rely on mitigation measures of uncertain efficacy or feasibility.[40] "Feasible" means capable of being accomplished in a successful manner within a reasonable period of time, taking into account economic, environmental, legal, social and technological factors.[41] Mitigation measures must be fully enforceable through permit conditions, agreements or other legally binding instruments. [42] A lead agency may not make the required CEQA findings unless the administrative record clearly shows that all uncertainties regarding the mitigation of significant environmental impacts have been resolved.

90-71 INTRO

Here, the DEIR lacks effective mitigation for impacts associated with site contamination, affordable housing, traffic congestion and public transit, and toxic air emissions. Additional mitigation measures must be included and a full EIR recirculated for public review.

1. The DEIR Lacks Effective Measures to Mitigate Soil and Groundwater Contamination

As shown above, Mr. Hagemann's review of the DEIR and associated documents evidenced widespread risks associated with soil and groundwater contamination affecting all five Project sites. Nevertheless, the DEIR proposed just one mitigation measure for this potentially significant impact. Worse, the fatally vague and unenforceable measure would defer any mitigation to just before commencement of excavation/construction work. Specifically, the DEIR proposed "management protocols based on the site-specific environmental contingency plans once work begins.[43] Not only is this measure completely void of meaningful specificity, it unlawfully defers mitigation to just prior to the time of actual excavation.

90-72 HZ

CEQA requires the City to fully assess and disclose the extent of the contamination before Project approval, and then propose feasible alternatives and/or measures to mitigate these impacts. In addition, in Mr. Hagemann's opinion, the applicant must immediately engage the City of San Francisco's Public Health Department through a voluntary cleanup application, and

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[37] CEQA sections 21002.1(a), 21100(b)(3).

[38] CEQA Guidelines section 15370.

[39] *Id.* at section 15126.4(a)(1)(B).

[40] *Kings County Farm Bureau v. City of Hanford* (1990) 221 Cal.App.3d 692, 727 (finding groundwater purchase agreement inadequate mitigation measure because no record evidence existed that replacement water was available).

[41] CEQA Guidelines section 15364.

[42] *Id.* at section 15126.4(a)(2).

[43] See M-HZ-N1a, DEIR at page 4.16-43.

disclose that process in a revised EIR. By entering into a voluntary cleanup agreement, the applicant can be assured that assessment and cleanup of the contamination will be sufficient for a regulatory determination that no further action is warranted. This step will also ensure that the clean-up efforts are dealt with well before site excavation, thereby protecting construction workers and nearby residents. Finally, all action required by the SFDPH must be included in a revised EIR along with the results of investigations to address soil and groundwater contaminants. The SFDPH requirements must be included as mitigation measures to ensure the measures are enforceable and actually occur.

90-72 HZ

2. The DEIR Lacks Effective Measures to Mitigate the Project's Impacts on Affordable Housing

90-73 PH

As shown above, the DEIR's impact analysis for Project-related impacts on housing was incomplete and seriously flawed. A revised DEIR that included the impacts described by CNA expert Terrell Watts, would require measures to mitigate significant housing affordability, supply, including jobs-housing balance issues. Generally speaking, a revised EIR must show that CPMC will replace units demolished as a result of construction of the Cathedral Hill campus. In addition, a revised EIR must show that CPMC will provide housing required under the Van Ness Avenue Area Plan and other policies calling for housing on a square footage basis based on commercial development, along with impact fees and other means of generating financing for housing that is affordable for the Project's workforce. Other measures that must be analyzed in a revised EIR include:

90-74 LU

- A commitment to build housing for the workforce at one or more of the Project sites. Total units should be based on a nexus study or other detailed study of actual Project-related housing demand and jobs-housing fit analyses.
- A revolving loan fund at no interest toward the building of new affordable units in the Project areas and/or rehabilitation of existing units by community non-profits.

90-75 PH

- An additional revolving loan fund at no interest to rehabilitate local area housing with specific attention to leveraging other funding to increase the energy efficiency of these units (thereby saving residents on energy bills and reducing greenhouse gas and air quality emissions).
- Creation of a "Coalition Advisory Committee" (and specialized technical sub-committees on housing, energy efficiency and other issues). Among the considerations of the Committee should be to support local community land trust that would help to provide affordable housing in the Project areas and a rental assistance program for low-income staff and workforce.

3. The DEIR Lack Effective Measures to Mitigate the Project's Impacts on Traffic Congestion and Public Transit

90-76 TR

The DEIR identified over 150 traffic impacts associated with the LRDP. For the near term, years 2015 and 2020, the DEIR identified 98 traffic impacts, with 58 of those associated with the Cathedral Hill Campus alone. For the long term, year 2030, the DEIR identified 53 cumulative traffic and transit impacts, with 42 of these associated with the Cathedral Hill Campus alone. The intense development proposed for the Cathedral Hill Campus creates nearly two-thirds of all of the Project's overall impacts to the roadway and transit system. Of the

100 traffic impacts associated with the Cathedral Hill Campus, the DEIR indicated that 30 impacts are significant, unavoidable, and cannot be mitigated. Worse, in Mr. Brohard's expert opinion, the DEIR's estimate of unmitigable impacts is likely low.

For 2015, the DEIR identified the intersections of Van Ness/Market and Polk/Geary as significantly impacted by traffic generated by the Cathedral Hill Campus.[44] For both, the DEIR found that mitigation in terms of increasing vehicular capacity at the intersections was not feasible. Therefore, the DEIR omitted any mitigation measures to reduce Project impacts to less-than-significant levels aside from hoping that CPMC would expand its current transportation demand management program ("TDM") to discourage use of private automobiles. Although this may reduce the number of trips through the intersection, the extent of this program or reduction to impacts is not known, is vague and wholly unenforceable.

90-76 TR

CEQA requires that the City impose all feasible alternatives and/or mitigation measures before concluding that traffic impacts are "significant and unavoidable" as it did here. The DEIR must document the geometry of both intersections that the City finds to have significant and unavoidable traffic impacts, then identify the specific traffic measures or alternatives evaluated, and discuss why each of these options cannot feasibly be implemented. Without adding this analysis to a revised EIR for public review, the City may not dismiss the potential mitigation measures as infeasible.

All feasible mitigation measures must also include enhancements to the current CPMC TDM plan. The DEIR acknowledged that "CPMC has indicated that it is planning on expanding its current TDM program…" but offers no specifics or evaluation of potential vehicle trip reductions that could be achieved. Enhancements to the existing CPMC TDM Plan include the following:

- Designating a TDM Coordinator
- Promoting the TDM Program
- Increasing financial incentives to transit use and disincentives to single occupancy vehicle ("SOV") use
- Providing amenities to transit and bicycle users
- Expanding shuttle bus program

90-77 TR

The Project's traffic mitigation strategy requires much, much more. Still, at a minimum, the DEIR must evaluate the potential effectiveness of these TDM measures and many others. CPMC must be required to implement necessary additional TDM measures to mitigate traffic impacts considered to be "significant and unavoidable."

4. The DEIR Lacks Effective Measures to Mitigate the Project's Health Impacts Related to Toxic Emissions from Diesel-Powered Construction Equipment

90-78 AQ

The Project would be built out over a period of 20 years employing a variety of diesel-powered construction equipment such as air compressors, backhoes, cranes, delivery trucks,

[44] DEIR at 4.5-98.

dozers, drill rigs, excavators, generators, fork-lifts, tractors, loaders, rollers, scrapers, water trucks, paving equipment, pile drivers, rollers, etc. In addition, the Project would be constructed concurrently with many other construction projects in the City and the region. During this time, heavy-duty diesel-powered construction equipment would emit considerable amounts of diesel particulate matter, which would travel into nearby residential areas, increase ambient concentrations of this carcinogen, and result in adverse health impacts.

Diesel exhaust emitted from this equipment is a complex mixture of gaseous and solid materials. The visible emissions in diesel exhaust are known as diesel particulate matter ("DPM"), which includes carbon particles or "soot." Diesel exhaust also contains a variety of harmful gases and over 40 other known cancer-causing substances and is estimated to contribute to more than 75% of the added cancer risk from air toxics in the United States. Diesel exhaust has been linked to a range of serious health problems including an increase in respiratory disease, lung damage, cancer, and premature death. Fine diesel particles are deposited deep in the lungs and can result in increased respiratory symptoms and disease; decreased lung function, particularly in children and individuals with asthma; alterations in lung tissue and respiratory tract defense mechanisms; and premature death.[45]

90-78 AQ

The DEIR acknowledged that diesel particulate matter is a toxic air contaminant and carcinogen. It further acknowledged that lifetime cancer risks for child exposure at all five Project campuses attributable to construction equipment diesel exhaust would greatly exceed the significance threshold of ten in one million adopted by the Bay Area Air Quality Management District ("BAAQMD").[46] To mitigate this significant health risk, the DEIR proposed to implement essentially one mitigation measure to reduce diesel-caused particulate matter:[47]

- Implement Accelerated Emission Control Device Installation on Construction Equipment: To minimize the potential impacts on residents living near the CPMC campuses from the construction activities in that area, CPMC shall make reasonable efforts to ensure that all construction equipment used at these campuses would use equipment that meets the EPA Tier 4 engine standards for particulate matter and NOx control (or equivalent) throughout the entire duration of Construction activities, to the extent that equipment meeting the EPA Tier 4 engine standards is available to the contractor at the time construction activities requiring the use of such equipment occur.[48]

90-79 AQ

This measure is wholly inadequate because even the DEIR acknowledged that the above measure was unlikely to reduce carcinogenic risks, because it is unknown whether such

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[45] California Air Resources Board, Health Effects of Diesel Exhaust; http://www.arb.ca.gov/research/diesel/diesel-health.htm, accessed July 22, 2010; California Air Resources Board, Initial Statement of Reasons for Rulemaking, Proposed Identification of Diesel Exhaust as a Toxic Air Contaminant, Staff Report, June 1998.

[46] The excess lifetime cancer risk due to diesel exhaust emissions during construction of the Cathedral Hill Campus is estimated at 111 in one million. Draft EIR, Table 4.7-14, at page 4.7-67 (the table fails to include "per million"), and Memorandum from Sharon Libicki, Elizabeth Miesner, Michael Keinath, and Jennie Louie, ENVIRON, to Vahram Massehian, Sutter Health, Re: CPMC Construction Health Risk Analysis, July 2, 2010; provided as administrative record PDF file "33 08010089.AQ.ENVIRON.2010."

[47] *See* DEIR pp. 4.7-36 – 4.7-37, M-AQ-N10a, M-AQ-10b, M-AQ-10c, and M-AQ-L10, which are identical to mitigation measure M-AQ-N2 and M-AQ-N9.

[48] Draft EIR at pages 4.7-36 – 4.7-37.

equipment would even be available by Project construction. Worse, the measure is vague and unenforceable because it only requires CPMC to "make reasonable efforts" to mitigate toxic emissions.

90-79 AQ

A revised EIR must include recently adopted BAAQMD measures that are much more stringent than the above measure for reducing construction equipment exhaust. These include:

- Project plans demonstrating that the off-road equipment (more than 50 horsepower) to be used in the construction project (*i.e.*, owned, leased, and subcontractor vehicles) would achieve a project wide fleet-average 20 percent NOx reduction and 45 percent PM reduction compared to the most recent California Air Resources Board fleet average. Acceptable options for reducing emissions include the use of late model engines, low-emission diesel products, alternative fuels, engine retrofit technology, after-treatment products, add-on devices such as particulate filters, and/or other options as such become available.
- Requiring that all construction equipment, diesel trucks, and generators be equipped with Best Available Control Technology for emission reductions of NOx and PM.
- Requiring all contractors use equipment that meets CARB's most recent certification standard for off-road heavy duty diesel engines.[49]

90-80 AQ

These mitigation measures are feasible and must be required to reduce the Project's significant health risks associated with diesel particulate matter emissions from construction equipment exhaust.

F. The DEIR Failed to Propose Feasible Mitigation Measures Before Concluding That Numerous Project Impacts Were Unavoidable, Relying Instead Upon A Statement of Overriding Considerations

The DEIR listed 62 significant and unavoidable impacts on traffic congestion; 29 significant and unavoidable impact on air quality and greenhouse gases.[50] These appalling numbers are worsened by the fact that the DEIR omitted any meaningful analysis of mitigation measures studied but rejected on grounds they were infeasible. The public is entitled to know whether the City made any effort to mitigate numerous significant impacts on traffic congestion, air quality and climate.

90-81 OTH

Under CEQA, a lead agency may not conclude that an impact is significant and unavoidable without requiring the implementation of all feasible mitigation measures to reduce the impact to less than significant levels. [51] If an agency is unable to provide a specific mitigation measure, CEQA requires the articulation of performance criteria at the time of project approval.[52] CEQA Guidelines make clear that a lead agency must make a "fully informed and publicly disclosed" decision that "specifically identified expected benefits from the project

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[49] Bay Area Air Quality Management District, California Environmental Quality Act, Air Quality Guidelines, June 2010, Table 8-3, page 8-5.

[50] DEIR at pages 5.1 – 5.7.

[51] CEQA Guidelines sections 15126.4, 15091.

[52] *Sacramento Old City Association v. City Council of Sacramento* (1991) 229 Cal.App.3d 1011, 1028-1029.

outweigh the policy of reducing or avoiding significant environmental impacts of the project."[53] Here the City did no such thing, it simply gave up on taking any steps to curb the nearly 100 significant impacts on traffic, air quality, noise and climate change.

90-81 OTH

For example, the DEIR concluded that emissions of criteria pollutants associated with operation of the Project's near-term and short-term project components would exceed the daily thresholds of significance for PM10 and would therefore be significant.[54] The DEIR omitted a discussion of the feasibility of *any* mitigation measures whatsoever; instead, it merely stated that "[n]o feasible mitigation is available to reduce this impact to less than significant."[55] However, the DEIR lacked any foundation for this claim, because it failed to identify or evaluate any potential mitigation measures and provide analysis to support its conclusion that no feasible mitigation measures were available. The DEIR then determined that operational criteria pollutant emissions associated with implementation of the Project's near-term and long-term components would result in *significant and unavoidable* impacts on air quality by contributing to or resulting in a violation of air quality standards. This finding and the utter lack of a discussion of the feasibility of any mitigation measures is not acceptable under CEQA.

90-82 AQ

Similarly critical intersections in the vicinity of the Cathedral Hill Campus currently operate at LOS E or LOS F under existing conditions in one or both peak traffic hours. The DEIR also indicated additional critical intersections in the vicinity of the Cathedral Hill Campus would degrade to LOS E or LOS F in 2015 and in 2030 with the addition of Project traffic. For capacity conditions at LOS E and under gridlock conditions at LOS F, vehicles will be queued back significant distances in all traffic lanes on the approaches to congested signalized intersections. Stopped vehicles will not be able to simply "maneuver out of the path of the emergency vehicle" as the adjacent lanes on the approaches to the gridlocked traffic signals will already be occupied by other vehicles. This is a significant impact for a hospital project and one that must be fully evaluated and mitigated.

90-83 TR

Given that the proposed Project is a ***hospital***, with numerous dispatched and private emergency vehicles requiring access each day, the City cannot simply find that these impacts are unavoidable. Instead, in a revised EIR, the City must fully explain and support the DEIR's broad statement that "…the proposed Cathedral Hill Campus project emergency vehicle access impact would be less than significant." A revised EIR must show that the City has analyzed both LOS E and gridlock conditions at LOS F all around the vicinity of the Cathedral Hill Campus and has mitigated these impacts to significantly reduce or eliminate health and safety risks resulting from delays to emergency and labor and delivery vehicles.

G. Cumulative Impacts Are Significant and Unmitigated

90-84 OTH

An EIR must investigate and disclose all potentially significant "cumulative impacts."[56] Cumulative impacts can result from individually minor but collectively significant projects taking place over a period of time."[57] A legally adequate "cumulative impacts analysis" views a

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[53] CEQA Guidelines section 15043(b).

[54] *See* Draft EIR, Table S-2, at pages S-65 and 4.7-41.

[55] Draft EIR at page 4.7-41.

[56] CEQA Guidelines section 15130(a);

[57] *Communities for a Better Environment v. Cal. Resources Agency* (2002) 103 Cal.App.4th 98, 117.

particular project over time and in conjunction with other related past, present, and reasonably foreseeable probable future projects whose impacts might compound or interrelate with those of the project at hand. "Cumulative impacts can result from individually minor but collectively significant projects taking place over a period of time."[58]

90-84 OTH

As shown above, Sutter intends to eliminate 881 licensed hospital beds in the Bay Area. This planned consolidation across the Bay Area assumes increased transfer of patients between cities. For example, earlier this year a stroke patient in Novato was transferred to CPMC in San Francisco rather than to the nearest stroke center in Greenbrae in Marin County. Traffic burdens, and associated air quality and greenhouse gas emissions, caused by additional patient transports to and from San Francisco as a result of regionalization are not addressed in the DEIR. Impacts resulting from regional transfers present potentially significant unmitigated impacts that must be investigated and disclosed in a revised EIR.

90-85 HC

More specifically, Mr. Lighty's letter shows that Sutter eliminated a total of 231 licensed beds at the CPMC campuses: 124 acute care beds, 22 psychiatric care beds, and 101 skilled nursing beds; only the number of rehabilitation beds increased by 16. Now, even though the LRDP would include construction of a brand-new 555-bed hospital at the Cathedral Hill Campus, Sutter proposes to further eliminate another 188 licensed beds: 109 acute care beds and 79 skilled nursing beds.[59] Thus, between the year 2006 and the proposed LRDP at total of 419 licensed beds are removed from service including 233 acute care beds, 22 psychiatric care beds, and 180 skilled nursing beds. And, on November 1, 2010, CPMC will sell its dialysis programs at the Pacific and Davies Campuses.[60]

90-86 HC

In addition to the drastic reduction of acute care, psychiatric care and skilled nursing facility ("SNF") beds under the LRDP as shown in **Error! Reference source not found.** Lighty's letter, several other hospitals in the region are or have been reducing their services. The Sutter-affiliate Mills Peninsula recently closed their acute rehabilitation unit in Burlingame, San Mateo County,[61] advising patients to come to acute rehabilitation units at CMPC campuses in the City, specifically the Davies Campus. Sutter also plans on closing the SNF and dialysis unit at the Mills-Peninsula campus[62] and the SNF at the Santa Rosa Hospital. Now, CPMC plans to close the only sub-acute unit in San Francisco, forcing patients and their families to leave San Francisco for care. Combined with the recent closure of the SNF and sub-acute care at the Seton Medical Center in Daly City[63] and reductions at the Laguna Honda Hospital and Rehabilitation Center, the elimination of SNF beds and acute care beds under the LRDP further compounds the existing regional shortage.

90-87 HC

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[58] CEQA Guidelines § 15355(b).

[59] Letter from Michael Lighty (Oct. 19, 2010) at page 4.

[60] San Francisco Business Times, CPMC Will Sell Dialysis Unit to DaVita, September 3, 2010; http://www.bizjournals.com/sanfrancisco/stories/2010/09/06/story12.html.

[61] San Mateo Daily Journal, Nurses Oppose Acute Rehab Move, September 24, 2009; http://www.smdailyjournal.com/article_preview.php?type=lnews&id=117024; and San Jose Mercury News, Nurses, Mills-Peninsula Square Off Over Rehab Care in San Mateo County, September 23, 2009.

[62] San Francisco Business Times, Mills-Peninsula Taking Scalpel to Money-Losers, October 15, 2010; http://www.bizjournals.com/sanfrancisco/stories/2010/10/18/story3.html?b=1287374400%255E4103181 *or* http://snipurl.com/1bdg6v [www_bizjournals_com].

[63] Silicon Valley Mercury News, Seton Medical Center to Close Skilled-Nursing Unit, October 7, 2010; http://www.mercurynews.com/ci_16283420?source=most_emailed.

In San Francisco, the proposed closure of the SNF at the St. Luke's Hospital in addition to the recent reductions in SNF beds at the California Campus in 2009/2010 represents an 83% reduction in CPMC's SNF bed capacity. SNF is the state licensing category for nursing homes, but historically a number of hospitals have opened licensed SNFs for patients who were too sick to be transferred to free-standing nursing homes. The only additional SNF services planned in San Francisco are 22 extra SNF beds part of the proposed rebuild of the Chinese Hospital. Patients will be put at risk if the patient population currently treated by the 178 historically offered by CPMC is simply placed in lower-level care SNFs. Worse still, if the need for SNFs is not met, these patients will need to be shipped out of San Francisco. SNF patients tend to have stays from three days to several weeks, which will result in multiple additional trips by their family members out of the City to visit them.

90-88 HC

The CPMC LRDP is part of Sutter's business plan for the Bay Area and must be analyzed in the context of the cumulative effects of those plans. This includes: transfer of stroke patients from the Novato Community Hospital in Marin County to CPMC; transfer of sub-acute patients and psychiatric patients out of San Francisco; transfer of SNF patients out of San Francisco; transfer of pediatric and acute rehabilitation patients into San Francisco from San Mateo County; and potential closure of the San Leandro Hospital. The DEIR fails entirely to analyze those cumulative impacts.

90-89 HC

III. CONCLUSION

The City's DEIR failed to satisfy CEQA's fundamental mandate of informing the public and decision makers of the potentially significant environmental impacts of a proposed project, and imposing all feasible alternatives and measures to mitigate those impacts to less than significant. This is especially true here given the myriad of undisclosed and unmitigated impacts, City-wide and regionally, this hopelessly confusing DEIR presented. The DEIR must be revised to address the deficiencies described herein and in the attached documents and re-circulated for public review.

90-90 INTRO

LAW OFFICES OF GLORIA D. SMITH

By: _____
Gloria D. Smith

LETTER 91

Devyani Jain/CTYPLN/SFGOV
10/20/2010 10:15 AM

To Chelsea Fordham/CTYPLN/SFGOV@SFGOV
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bcc
Subject Fw: CNA Comments on CPMC DEIR: Email 2

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—— Forwarded by Devyani Jain/CTYPLN/SFGOV on 10/20/2010 10:15 AM ——

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To bill wycko <bill.wycko@sfgov.org>, Devyani Jain <Devyani.Jain@sfgov.org>
cc ngreen@calnurses.org
Subject CNA Comments on CPMC DEIR: Email 2

Please find attached comments from the California Nurses Association on the CPMC DEIR.

The Law Offices of Gloria D. Smith

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Air quality comments.pdf

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BY EMAIL

October 18, 2010

Gloria Smith
The Law Offices of Gloria D. Smith
48 Rosemont Place
San Francisco, CA 94103

Re: Review of Draft Environmental Impact Report for California Pacific Medical Center Long Range Development Plan, San Francisco, CA

Dear Ms. Smith,

Per your request, I have reviewed the Draft Environmental Impact Report ("Draft EIR") for the California Pacific Medical Center ("CMPC") Long Range Development Plan ("LRDP" or "Project") published by the City of San Francisco ("City") as the lead agency under the California Environmental Quality Act ("CEQA") for potential impacts on the environment.[1]

91-1 OTH

My qualifications as an environmental expert include a doctorate in Environmental Science and Engineering ("D. Env.") from the University of California Los Angeles. In my professional practice, I have reviewed and commented on hundreds of CEQA documents for commercial developments including hospitals. My résumé is attached to this letter.

Background

The LRDP is CPMC's multi-phased strategy to meet state seismic safety requirements for its hospitals and create a 20-year framework and institutional master plan for CPMC's four existing medical campuses and one proposed new medical campus, the Cathedral Hill Campus, in San Francisco. The four existing CPMC medical campuses are the Pacific Campus in the Pacific Heights area, the California Campus in the Presidio Heights area, the Davies Campus in the Duboce Triangle area, and the St. Luke's Campus in the Mission District.

91-2 PD

Cathedral Hill Campus: Under the LRDP, the existing Cathedral Hill Hotel and 1255 Post Street Buildings would be demolished and CPMC would design, construct, and operate the proposed Cathedral Hill Campus. This campus would include a newly constructed 15-story, 555-bed hospital at the northwest corner of the intersection of Van Ness Avenue and Geary Boulevard and a medical office building ("MOB") at the northeast corner of the intersection of

[1] City of San Francisco, California Pacific Medical Center (CPMC) Long Range Development Plan, Draft Environmental Impact Report, SCH No. 2006062157, July 21, 2010.

Van Ness Avenue and Geary Street, across Van Ness Avenue from the proposed Cathedral Hill Hospital site. A pedestrian tunnel beneath Van Ness Avenue would connect the hospital and MOB. An existing MOB at the intersection of Sutter and Franklin Streets, currently partially used as an MOB, would be fully converted for use as an MOB.

Pacific Campus: Implementing the LRDP would result in the interior renovation and conversion of an existing hospital into a new ambulatory care center ("ACC"), a new ACC building addition, additional underground parking, renovation of other existing buildings and demolition of four existing buildings. The existing acute-care services and Women's and Children's Center would be relocated to the proposed Cathedral Hill Hospital.

Davies Campus: New development would include the construction of a new Neuroscience Institute building, a new MOB, and related parking improvements.

St. Luke's Campus: Development would include demolition of the existing St. Luke's Hospital tower, Redwood Administration Building, and magnetic resonance imaging ("MRI") trailer; construction of the new 80-bed, acute-care St. Luke's Replacement Hospital; and construction of the proposed MOB/Expansion Building and associated underground parking.

91-2 PD

California Campus: The existing acute-care services and Women's and Children's Center would be relocated to the proposed Cathedral Hill Hospital. CPMC would sell the California Campus by 2020, after relocating that campus's inpatient services (*i.e.*, care of all patients staying longer than 24 hours) to the proposed Cathedral Hill Hospital and its other services to the Pacific Campus. Some existing on-site medical activities would continue at the California Campus in a relatively small amount of space that CPMC would lease back from the new property owner indefinitely.

CPMC's LRDP would be implemented in two phases: the *near-term* phase (Cathedral Hill Campus and St. Luke's Campus projects and Neuroscience Institute at Davies Campus) and the *long-term* phase, *i.e.*, projects that would commence significantly after 2015 or are contingent upon the completion of near-term projects (including projects at the Pacific Campus and California Campus and the Castro Street/14th Street MOB at Davies Campus).

The Draft EIR for the proposed CPMC LRDP purports to analyze impacts associated with near-term projects at the project-level pursuant to Section 15161 of the State CEQA Guidelines. The EIR is also a programmatic EIR for analysis of long-term projects pursuant to Section 15168 of the State CEQA Guidelines to the extent that impacts associated with those projects can be reasonably forecasted. These long-term projects will require additional or supplemental project-level environmental review at a later date.[2]

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[2] Draft EIR, pp. 1-1 – 1-3 and pp. 2-1 – 2-3.

Comments

As discussed in my comments below, the Draft EIR is not adequately documented, internally inconsistent, and its analyses of the Project's impacts on air quality and global climate change are severely deficient. In addition, even though the Draft recognizes significant adverse impacts on air quality and global climate change, it fails to propose all feasible mitigation as required by CEQA.

91-3 AQ

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91-4 OTH

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Table A-1: Summary of mitigation measures for Project impacts on air quality proposed by the Draft EIR

91-4 OTH

I. The Draft EIR Is Not Adequately Documented

To comply with CEQA, an EIR's significance determinations must be supported by credible analysis and substantial evidence.[3] Here, the EIR is deficient because it fails to provide credible analysis and substantial evidence for its conclusions regarding the significance of Project impacts. For example, in the air quality section, the Draft EIR simply presents summary tables and draws conclusions without providing any supporting analyses or adequate discussion. Unlike any other EIR I have reviewed, the Draft EIR fails to include *any* of the supporting reports and background information it relied upon in forming its conclusions for its technical impact analyses. These documents should have been provided in technical appendices; in this case, they were not part of the EIR but had to be separately requested from the City as "administrative records" via a number of Public Records Act ("PRA") requests.

91-5 AQ

Your office submitted a request for supporting documentation for the Draft EIR's air quality and greenhouse gas emissions sections on July 21, 2010, the same day the City made the Draft EIR publicly available for review.[4] This request asked for a) the Draft EIR on a CD; b) all spreadsheets and modeling files supporting the emission estimates and conclusions in the Draft EIR's air quality section regarding construction and operational emissions and health risk assessments; and c) all documents cited in the Draft EIR's air quality section supporting results and conclusions. In response, the City made available for purchase two CDs ($10/CD) containing a) copies of the Draft EIR and c) those background studies that were cited in the Draft EIR and available in electronic format. Background studies that were cited in the Draft EIR but were only available to the City as hardcopies were not provided on these CDs but were only made available for review at the City's office.[5] The CDs also did not include b) any of the requested spreadsheets and modeling files supporting the emission estimates and health risk assessments or all of the methodologies that were used.

91-6 AQ

In the following weeks, your office requested multiple times electronic files of the spreadsheets and modeling files in their native format supporting the Draft EIR's emission estimates and health risk assessments.[6,7] I also explained to the City why these files are needed for independent review of the Draft EIR's results and conclusions and requested them several

91-7 AQ

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[3] Pub. Resources Code, §21081(a); CEQA Guidelines, §15091(b).

[4] Email from Law Offices of Gloria Smith to Devyani Jain, City of San Francisco, Planning Department, Re: CMPC Hospital GP: Request for Documentation, July 21, 2010.

[5] *See* Email from Devyani Jain, City of San Francisco, Planning Department, Re: CMPC Hospital GP: Request for Documentation, July 22, 2010.

[6] Email from Law Offices of Gloria Smith to Devyani Jain, City of San Francisco, Planning Department, Re: Public Records Act Request For CPMC DEIR, August 30, 2010 and attached letter.

[7] Email from Law Offices of Gloria Smith to Devyani Jain, City of San Francisco, Planning Department, Re: CAN's Requests for CPMC DEIR Documents, September 20, 2010 and attached letters.

times.[8,9] At long last, after more than six weeks of dialogue, the City provided access to a) memoranda pertaining to the methodologies used by the consultants to prepare air quality and greenhouse gas emission analyses for the Draft EIR and b) Microsoft Excel spreadsheets supporting construction emission estimates as PDF printouts.[10] On October 6, 2010, less than two weeks before the end of the comment period, the City provided access to some modeling files but stated that the consultant's Excel spreadsheets used to calculate emissions cannot be made available in their unprotected, native format because they:

> "... contain data that is used to calculate emissions data and which constitutes trade secrets, and are thus exempt from disclosure under Government Code section 6253.9(f). In addition, because the unprotected, native format Excel spreadsheets are intrinsically linked to Environ's proprietary data management system, release of the unprotected, native format Excel spreadsheets would jeopardize or compromise the integrity of the files and of the proprietary software in which it is maintained, and thus are not subject to disclosure under Government Code section 6253.9. In any event, the City is not in possession of these spreadsheets in the format you request."[11]

91-7 AQ

Frankly, I am perplexed as to which data contain trade secrets as all emission calculations for this Project should be based on publicly available databases and information. Unlike in the case of an existing refinery or power plant, the emission calculations for new commercial buildings such as a hospital do not require nor should they be based on any trade-secret data. Trade secret with respect to emission sources is usually reserved for data supplied by a manufacturer or operator of custom-build or unique emission sources. The CPMC would have no such emission sources. With respect to Environ's proprietary data management system, the Excel spreadsheets, which are based on publicly available, for-purchase software (Microsoft Excel), could have been unlinked from this system and provided as standalone spreadsheets. I wouldn't have repeatedly asked for those files if the Excel printouts that were provided to me as PDF files had a) contained all assumptions and had been clearly linked and b) been complete for all emission sources. Unfortunately, that was not the case. Thus, for some of the presented results, the City expects the reviewer to accept them in blind faith without a possibility of independent review. This is not acceptable for CEQA review.

II. The Draft EIR Fails to Provide a Mitigation Monitoring and Reporting Plan

91-8 OTH

The Draft EIR does not provide a mitigation monitoring and reporting plan ("MMRP") as is customary for CEQA documents for large projects. An MMRP identifies the measures

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[8] Phone conversation with Devyani Jain, City of San Francisco, Planning Department, August 8, 2010.

[9] Email to Devyani Jain and Brian Smith, City of San Francisco, Planning Department, Re: CPMC DEIR – Request for Information, September 28, 2010.

[10] Email from Brian Smith, City of San Francisco, Planning Department, Re: CPMC DEIR, September 22, 2010, providing access to City's FTP site.

[11] Email from Brian Smith, City of San Francisco, Planning Department, Re: CPMC DEIR, October 6, 2010.

included in the project, the entities responsible for carrying out the measures, and timing of implementation. Adoption of a mitigation monitoring and reporting program is required as a matter of law. The Governor's Office of Planning and Research explains:

> Despite CEQA's emphasis on mitigation, until 1988 the Act did not require that agencies take actions to ensure that required mitigation measures and project revisions were indeed being implemented. When reports of gross disregard for mitigation requirements reached the State Legislature in that year, it responded by enacting AB 3180 (Cortese). Section 21081.6 of the Public Resources Code, added by this bill, provides that whenever a mitigated negative declaration is adopted or a public agency is responsible for mitigation pursuant to an EIR, the agency must adopt a program for monitoring or reporting on project compliance with the adopted mitigation. The legislation was signed into law by Governor Deukmejian in September of 1988 (Chapter 1232, Statutes 1988) and took effect on January 1, 1989.[12]

91-8 OTH

The CEQA Guidelines were revised to reflect the requirements of AB 3180 and state in pertinent part:

> Prior to the close of the public review period for a draft environmental impact report or mitigated negative declaration, a responsible agency, or a public agency having jurisdiction over natural resources affected by the project, shall either submit to the lead agency complete and detailed performance objectives for mitigation measures which would address the significant effects on the environment identified by the responsible agency or agency having jurisdiction over natural resources affected by the project, or refer the lead agency to appropriate, readily available guidelines or reference documents.[13]

Here, the Draft EIR neither contains complete and detailed performance objectives for its proposed mitigation measures nor does it reference any readily available guidelines or reference documents. One or the other should be included in the Draft EIR for public review. While the Draft EIR recognizes that "[a] mitigation monitoring and reporting plan … must be adopted as part of the approval action if mitigation measures are made part of the project," the City does not provide such a plan.[14] While the MMRP need not necessarily be part of the EIR, its inclusion would provide the public an opportunity to review and comment.

91-9 OTH

I recommend that Draft EIR be revised to include an MMRP that identifies the required mitigation measures, the entities responsible for carrying out the measures, and the timing of their implementation. Including the MMRP in the CEQA document for review would ensure that mitigation measures are specific enough to be monitored effectively.

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[12] Governor's Office of Planning and Research, CEQA Technical Advice Series, Tracking CEQA Mitigation Measures Under AB 3180, *emphasis* added; http://ceres.ca.gov/ceqa/more/tas/CEQA_Mitigation/CEQA_Mit.html.

[13] California Public Resources Code § 21081: Findings Necessary for Approval of Project, § 21081.6(c): Adoption of Reporting or Monitoring Program for Changes, 2009.

[14] Draft EIR, p. 1-12.

III. The Draft EIR's Organization Is Impenetrable and Fails to Fulfill Its CEQA Mandate to Effectively Inform the Public and Decisionmakers of the Project's Potential Adverse Impacts on the Environment

91-10 OTH

CEQA mandates that an EIR must be "organized and written in a manner that will be meaningful and useful to decisionmakers and to the public."[15] Here, the organization of the Draft EIR is impenetrable and, consequently, fails to effectively inform the public and decisionmakers of the potential adverse impacts on the environment associated with construction and operation of the Project.

III.A The Draft EIR's Organization of Impact Sections Is Inconsistent with Common Use and CEQA Guidelines

91-11 INTRO

The Draft EIR discusses the potential environmental impacts of implementing the CPMC LRDP in Sections 4.1 through 4.18 (*e.g.*, 4.1 Land Use, 4.2 Aesthetics, 4.3 Population, Employment, and Housing, 4.4 Cultural and Paleontological Resources, etc.). Rather than following an alphabetical order as suggested by the CEQA Guidelines, Appendix G, and which is commonly used in CEQA documents, there is no discernible order in which the Draft EIR presents its 18 impact sections. This random order makes it more difficult to find information in various impact areas as one has to constantly refer back to the table of contents rather than just following the alphabet. If this were the only organizational issue with the Draft EIR, it would not pose a problem; unfortunately, as it is, it contributes to a host of other issues that ultimately render the document impenetrable.

III.B The Draft EIR's Discussion of Environmental Setting, Impacts, and Mitigation Measures and Is Repetitive and Impenetrable

91-12 OTH

For each environmental impact in these sections, the Draft EIR discusses the environmental setting, regulatory framework, cumulative conditions, significance criteria, and impact evaluations. Within the impact evaluations, the Draft EIR first provides a summary of the level of significance for each campus including mitigation, if required, and then discusses impacts associated with construction and operation of the Project components and their mitigation measures separately for *Near-Term Projects* at the Cathedral Hill, Davies, and St. Luke's Campuses and *Long-Term Projects* at the Pacific and Davies Campuses.[16] In some sections project-specific individual and cumulative impacts are discussed in separate sections (*e.g.*, land use), in other instances they are discussed in the same paragraph (*e.g.*, air quality).

91-13 OTH

By more or less blindly following the above discussed formulaic organization, the Draft EIR's analysis of the Project's environmental impacts becomes repetitive and impenetrable and fails to provide an easily understandable discussion of impacts *prior to* and *after* implementation of the proposed mitigation measures for the various near-term and long-term project components. Unfortunately, the poor formatting of the Draft EIR's environmental

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[15] Pub. Resources Code, §21003(d).

[16] Draft EIR, pp. 4-1 – 4-3.

impact analysis sections does little to assist or guide the reviewer. The 43-page summary table of "CPMC LRDP Impacts and Mitigation Measures" provided with the Draft EIR's Executive Summary is equally confusing, replete with unnecessary abbreviations, and poorly formatted.

91-13 OTH

For example, in Section 4.7, Air Quality, the Draft EIR provides an 89-page discussion of the Project's environmental setting, regulatory framework, cumulative conditions, significance criteria, analyzes 14 impacts on air quality and related health risks associated with construction and operation of the various Project components and proposes 15 mitigation measures. Rather than analyzing impacts from similar activities together, the Draft EIR discusses construction-related impacts in Impacts AQ-1, AQ-2, AQ-6, AQ-7, AQ-8, AQ-9, AQ-10, AQ-13, and AQ-14 and impacts related to Project operation in Impacts AQ-3, AQ-4, AQ-5, AQ-7, AQ-11, AQ-12, AQ-13, and AQ-14 (several impacts discuss both construction and operational emissions). The organization of Section 4.7 is confusing at best and fails to guide the reviewer through the analysis, conclusions, and effectiveness of proposed mitigation measures. Despite having reviewed hundreds of CEQA documents in my professional practice, I had to read the Draft EIR's air quality section (and other sections) multiple times to understand its organization; ultimately, I had to resort to creating a table that summarizes the Draft EIR's findings of significance prior to and after implementation of the proposed mitigation measures. (*See* Comment IV.B, Table 1.) In my opinion, neither the lead agency nor the public will be able to easily understand the significance of the Project's impacts on air quality or determine whether the Draft EIR proposes adequate mitigation. Therefore, the Draft EIR fails to fulfill its mandate under CEQA to effectively inform the public and decisionmakers of the Project's adverse environmental impacts and the proposed mitigation measures to reduce these impacts to the extent feasible.

91-14 AQ

The actual background analyses, as far as I can tell from the printouts I was provided with, appear to be well done. However, the translation of their results and modeling into the Draft EIR suffers from severe flaws. I suggest revising the Draft EIR's air quality section to discuss impacts attributable to construction and operational emissions separately and include the discussion of applicable significance criteria at the beginning of each of these segments. Other impact sections in the Draft EIR that suffer from similar organizational impenetrability should be similarly revised.

91-15 AQ

A revised EIR must eliminate all this confusing terminology and present its analysis following a logical organization.

III.C The Draft EIR's Definition of Project Impact Levels Is Confounding and Does Not Follow Standard CEQA Terminology

The Draft EIR's terminology for determining the significance of Project impacts does not follow standard CEQA terminology and is confusing. The Draft EIR defines the following nine levels of significance:

91-16 OTH

- *less than significant* ("LTS")
- *less than significant with mitigation* ("LTSM")
- *no impact* ("NI")

- *potentially significant* ("PS")
- *potentially significant and unavoidable* ("PSU")
- *potentially significant and unavoidable after mitigation* ("PSU/M")
- *significant impact* ("SI")
- *significant and unavoidable* ("SU")
- *significant and unavoidable impact after mitigation* ("SU/M")[17]

91-16 OTH

The use of nine levels of significance is confusing and contains too many redundant definitions (*e.g.*, PSU = SU, PSU/M = SU/M) for the reviewer to readily understand the Project's impacts. Further, the Draft EIR uses the definition *significant and unavoidable* for determining the significance of impacts both *prior to* and *after* implementation of the proposed mitigation measures. This makes no sense because a significant impact can only be found unavoidable *after* evaluating and requiring all feasible mitigation.

Based on CEQA Guidelines Sections 15126 and 15126.2, the *CEQA Deskbook*, a widely recognized authoritative guidebook on CEQA implementation, recommends the following definitions for significance of impacts:

> In describing the significance of impacts, the Lead Agency should identify whether the impacts are *less than significant* (where the environmental effect of the proposed project does not reach the threshold of significance); *avoidable* (where the environmental effect of the proposed project reaches the threshold of significance but feasible mitigation measures are available to reduce the impact to a less-than-significant level); *unavoidable* (where the environmental effect of the proposed project reaches the threshold of significance but no feasible mitigation is available to reduce the impact to a less than-significant level); or *beneficial* (where the environmental effect of the proposed project will improve the environment regardless of the threshold of significance.[18]

91-17 OTH

The *CEQA Deskbook* further advises:

> In preparing the impact analysis, the Lead Agency should avoid using unclear terminology that may confuse the reader. Using modifiers such as "somewhat," "potentially," "very," "major," "minor," or "partially" for impacts does not provide significant information as to whether the Lead Agency determines the impact to be significant.[19]

Most CEQA documents follow these recommendations and use the following levels of significance for a) impacts prior to implementation of mitigation measures: *less-than-significant* ("LTS") and *significant* ("S"); and b) impacts after implementation of mitigation measures: *less-than-significant* ("LTS") and *significant and unavoidable* ("SU").

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[17] Draft EIR, p. S-80.

[18] Bass, R.E., Herson, A.I., Bogdan, K.M., CEQA Deskbook, A Step-by-Step Guide on How to Comply with the California Environmental Quality Act, 1999, p. 98; *emphasis* added.

[19] *Ibid.*

III.D The Draft Uses Redundant Acronyms for Mitigation Measures and Introduces Irrelevant Improvement Measures

Further confounding the already confusing organization is the Draft EIR's use of a number of different acronyms for the same mitigation measures. For example, in the air quality impact section, the Draft EIR designates mitigation measures for impacts on air quality as "M-AQ" to mitigate impacts from near-term ("M-AQ-N") and long-term ("M-AQ-L") project components using seven acronyms (M-AQ-N2, M-AQ-N9, M-AQ-L9, M-AQ-N10a, M-AQ-N10b, M-AQ-N10c, M-AQ-L10) to require the same mitigation measure to reduce construction equipment exhaust, *i.e., Install Accelerated Emission Control Device on Construction Equipment*. Likewise, the Draft EIR uses four acronyms (M-AQ-N1a, M-AQ-L1a, M-AQ-N8a, M-AQ-L8a) to require the same mitigation measure to reduce fugitive dust, *i.e., Implement BAAQMD Basic and Optional Control Measures and Additional Construction Mitigation Measures during Construction* and four more acronyms ("M-AQ-N1b, M-AQ-L1b, M-AQ-N8b, M-AQ-L8b) to require the same mitigation measure to reduce construction equipment exhaust, *i.e., Implement Equipment Exhaust Control Measures during Construction*. (*See* attached Table A-1.) These numerous redundant acronyms contribute to the impenetrability of both the Draft EIR's air quality section and the summary table presented in the Executive Summary. The same problem with redundant acronyms persists in other sections, *e.g.*, the noise and biological resources sections. 91-18 OTH

In addition, in the air quality section, the Draft EIR suggests so-called improvement measures designated as "I -AQ" to mitigate impacts from near-term ("I-AQ-N") and long-term ("I-AQ-L") project components. Since these improvement measures (which appear only within the air quality section itself but not in the respective section of the Summary Table S-2; compare, *e.g.*, Impact AQ-2), are apparently optional they should either be unambiguously required or deleted from the Draft EIR. As it is, their presence implies that more mitigation would be required than would actually the case. 91-19 OTH

IV. The Draft EIR's Analyses of the Project's Impacts on Air Quality Are Inconsistent and Not Adequately Supported

The Draft EIR states that for purposes of its air quality analysis, the relevant significance criteria and thresholds, are those established by the environmental checklist in Appendix G of the state CEQA Guidelines and guidance from the Bay Area Air Quality Management District ("BAAQMD"), respectively. The Draft EIR determines that the BAAQMD's CEQA Guidelines released in December 1999 constitute the "applicable" version because the more recent 2010 BAAQMD CEQA Guidelines (which include new thresholds of significance and new impact areas) were adopted after the Notice of Preparation ("NOP") for the Project was published or environmental analysis began.[20] 91-20 AQ

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[20] Draft EIR, p. 4.7-16.

IV.A The Draft EIR Analyzes the Significance of Project Emissions Based on the 1999 and 2010 BAAQMD CEQA Guidelines without Adequate Discussion Why It Relied on Two Sets of Guidelines

Despite finding the 1999 BAAQMD CEQA Guidelines to be the "applicable" version, the Draft EIR then proceeds to analyze the five impact criteria (7a through 7e) established by Appendix G of the State CEQA Guidelines for all near-term and long-term project components under both the 1999 BAAQMD CEQA Guidelines (Impacts AQ-1 through AQ-7) *and* the recently adopted 2010 BAAQMD CEQA Guidelines (Impacts AQ-8 through AQ-14) without discussing why it provided both analyses and what the reviewer is supposed to take away from this discussion. 91-21 AQ

It would have been explicable, had the Draft EIR provided an analysis of near-term project components under the 1999 BAAQMD CEQA Guidelines (because the NOP for the EIR was published and analysis began before the 2010 version of the guidelines was adopted) and a discussion of long-term project components (which have to undergo additional CEQA review in the future) under the newly adopted 2010 CEQA Guidelines. To analyze both near-term and both long-term Projects under both sets of guidelines is confusing at best.

It is unclear why the Draft EIR not simply relies only on the recently adopted 2010 BAAQMD CEQA Guidelines for analyzing all Project impacts, since it appears, in review of the background documentation in the administrative record provided by the City, that all analyses have already been performed conforming to the new guidelines. Clearly, the BAAQMD had good reason to update its two decades old CEQA guidance document. Therefore, for a project such as the CMPC LRPD with a timeframe extending over the next two decades, it is appropriate to use the recently adopted guidelines for analysis and proposed mitigation rather than relying on the outdated more than two-decades old 1999 guidelines. 91-22 AQ

In some instances, it appears that the Draft EIR picks and chooses whichever guideline is more convenient. For example, in Impact AQ-4, the Draft EIR claims to analyze the impacts of carbon monoxide ("CO") emissions from motor vehicle exhaust under the 1999 BAAQMD CEQA Guidelines. Yet, the text of the impact analysis relies on a screening methodology for peak hourly traffic volumes at affected intersections established by the 2010 BAAQMD CEQA Guidelines rather than the numeric emission threshold of 550 lb/day CO established by the 1999 BAAQMD CEQA Guidelines.[21] 91-23 AQ

Elsewhere, the Draft EIR seems to waiver in whether an impact should or should not have been analyzed under the 2010 BAAQMD CEQA Guidelines. For example, in Impact AQ-14 the Draft EIR presents an analysis under the 2010 BAAQMD CEQA Guidelines but includes the disclaimer that the analysis "is not applicable to the proposed project, and is provided … for informational purposes" only; yet, mitigation for significant impacts found under this analysis are nonetheless proposed (Mitigation Measure M-AQ-N2).[22,23] 91-24 AQ

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[21] Draft EIR, p. 4.7-72.

[22] Draft EIR, p. 4.7-80.

In light of scale of the CMPC LRDP and its future contribution to the air quality of San Francisco for decades to come, the Project should be analyzed and mitigated based on the recently adopted and more stringent 2010 BAAQMD CEQA Guidelines even though this is not expressly required by BAAQMD for the CMPC's near-term projects. Given that all air quality and greenhouse gas analyses have already been conducted to conform with the 2010 BAAQMD CEQA Guidelines, a revision (and simplification) of the Draft EIR would require minimal effort. 91-25 AQ

IV.B Revised Summary of Impacts on Air Quality Associated with Near-Term and Long-Term Project Components

Table 1 below provides a summary of the Draft EIR's conclusions with respect to a) the level of significance of the Project's impacts on air quality associated with near-term and long-term project components *prior to* mitigation; b) the mitigation measures proposed to reduce the significant impacts; and c) the level of significance of the Project's impacts on air quality associated with near-term and long-term project components *after* implementation of proposed mitigation measures.

In accordance with the discussion in Comment III.A, the terminology for levels of significance has updated as follows: 91-26 AQ

- For the significance of impacts *prior to* implementation of proposed mitigation measures:
  no impact ("NI") has been replaced with *less than significant* ("LTS")
  potentially significant ("PS") has been replaced with *significant* ("S")
  significant impact ("SI") has been replaced with *significant* ("S")
  significant and unavoidable impact ("SU") has been replaced with *significant* ("S")

- For the significance of impacts *after* implementation of proposed mitigation measures:
  less than significant with mitigation ("LTSM") has been replaced with *less than significant* ("LTS")
  potentially significant and unavoidable after mitigation ("PSU/M") has been replaced with *significant and unavoidable* ("SU")
  significant and unavoidable impact after mitigation ("SU/M") has been replaced with *significant and unavoidable* ("SU")

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[23] Draft EIR, Table S-2, p. S-67.

Table 1: Revised summary of Draft EIR air quality impact analysis and proposed mitigation measures

Impact	Project Components	a) Level of Significance Prior to Proposed Mitigation	b) Proposed Mitigation/ Improvement Measures (for description see attached Table A-1)	c) Level of Significance with Proposed Mitigation
1999 BAAQMD CEQA Guidelines				
AQ-1: *Construction* activities associated with the LRDP could result in short-term increases in fugitive dust that exceed BAAQMD CEQA significance criteria. *(Significance Criteria 7a and 7b)*	All Near-Term All Long-Term	**S** **S**	M-AQ-N1a, M-AQ-N1b M-AQ-L1a, M-AQ-L1b	LTS LTS
AQ-2: *Construction* activities associated with the LRDP could expose sensitive receptors to substantial concentrations of toxic air contaminants. *(Significance Criteria 7b and 7d)*	Near-Term • Cathedral Hill • Davies • St. Luke's All Long-Term	 **S** LTS LTS LTS	 M-AQ-N2 I-AQ-N2 I-AQ-N2 I-AQ-L2	 **SU** LTS LTS LTS
AQ-3: *Operation* of the LRDP could exceed BAAQMD CEQA significance thresholds for mass of criteria pollutants and could contribute to an existing or projected air quality violation at full buildout. *(Significance Criteria 7a and 7c)*	All Near-Term All Long-Term	**S** **S**	none proposed none proposed	**SU** **SU**
AQ-4: *Operation* of the LRDP could cause local concentrations of CO from motor vehicle exhaust to exceed state and federal ambient air quality standards. *(Significance Criterion 7b)*	All Near-Term All Long-Term	LTS LTS	none required none required	LTS LTS
AQ-5: *Operations* at the LRDP could expose sensitive receptors to substantial concentrations of toxic air contaminants. *(Significance Criterion 7d)*	All Near-Term All Long-Term	LTS LTS	none required none required	LTS LTS
AQ-6: *Construction* activities associated with the LRDP could expose a substantial number of people to objectionable odors. *(Significance Criterion 7e)*	All Near-Term All Long-Term	LTS LTS	none required none required	LTS LTS
AQ-7: The LRDP's short-term construction and long-term operational emissions could contribute to cumulatively significant toxic air contaminant, criteria air pollutant or precursor emissions in the region. *(Significance Criterion 7c)*				
• ***Operational*** criteria air pollutant emissions	All Near-Term All Long-Term	**S** **S**	none required none required	**SU** **SU**
• ***Construction*** and ***operational*** toxic air contaminant emissions and construction criteria air pollutant emissions	All Near-Term All Long-Term	LTS LTS	none required none required	LTS LTS

91-26 AQ

Table 1 contd.: Revised summary of Draft EIR air quality impact analysis and proposed mitigation measures

Impact	Project Components	a) Level of Significance Prior to Proposed Mitigation	b) Proposed Mitigation/ Improvement Measures (description see attached Table A-1)	c) Level of Significance with Proposed Mitigation
2010 BAAQMD CEQA Guidelines				
AQ-8: ***Construction*** activities associated with the LRDP could result in short-term increases in fugitive dust that exceed BAAQMD CEQA significance criteria. *(Significance Criteria 7a and 7b)*	All Near-Term All Long-Term	**S** **S**	M-AQ-N8a, M-AQ-N8b M-AQ-L8a, M-AQ-L8b	LTS LTS
AQ-9: Near-term and long-term ***construction*** activities associated with the LRDP could exceed BAAQMD CEQA significance thresholds for mass criteria pollutant emissions and could contribute to an existing or projected air quality violation. *(Significance Criteria 7b and 7c)*	All Near-Term All Long-Term	**S** **S**	M-AQ-N9 M-AQ-L9	**SU** **SU**
AQ-10: ***Construction*** activities associated with the LRDP could result in short-term increases in emissions of diesel particulate matter that exceed BAAQMD CEQA significance criteria and expose sensitive receptors to substantial concentrations of toxic air contaminants and PM2.5. *(Significance Criteria 7b and 7d)*	All Near-Term All Long-Term	**S** **S**	M-AQ-N10a, M-AQ-N10b M-AQ-L10a, M-AQ-L10b	**SU** **SU**
AQ-11: ***Operation*** of the LRDP could exceed the BAAQMD CEQA significance thresholds for mass criteria pollutant emissions and could contribute to an existing or projected air quality violation at full buildout. *(Significance Criteria 7a and 7c)*	All Near-Term All Long-Term	**S** **S**	none proposed none proposed	**SU** **SU**
AQ-12: ***Operation*** of CPMC campuses under the LRDP could expose sensitive receptors to substantial concentrations of toxic air contaminants. *(Significance Criterion 7d)*	All Near-Term All Long-Term	LTS LTS	none required none required	LTS LTS
AQ-13: ***Construction*** and ***operation*** under the LRDP could expose a substantial number of people to objectionable odors. *(Significance Criterion 7e)*	All Near-Term All Long-Term	LTS LTS	none required none required	LTS LTS
AQ-14: The LRDP's short-term construction and long-term operational emissions could contribute to cumulatively significant toxic air contaminant, criteria air pollutant or precursor emissions in the region. *(Significance Criterion 7d)*				
• ***Construction*** criteria air pollutant and toxic air contaminant emissions	All Near-Term All Long-Term	**S** **S**	none required none required	**SU** **SU**
• ***Operational*** criteria air pollutant and toxic air contaminant emissions	All Near-Term All Long-Term	LTS LTS	none required none required	LTS LTS

91-26 AQ

V. The Draft EIR's Analysis of Criteria Pollutant and Precursor Emissions Attributable to Project Operations Is Severely Flawed and Fails to Identify and Adequately Mitigate Significant Impacts on Air Quality

In Impacts AQ-3 and AQ-11, the Draft EIR provides analyses of operational emissions of criteria pollutants[24] and precursors[25] associated with the various near-term and long-term Project components for the year 2030 under the 1999 BAAQMD CEQA Guidelines (Impact AQ-3) and the 2010 BAAQMD CEQA Guidelines (Impact AQ-11). There are a number of problems associated with this analysis and, as a result, the Draft EIR fails to identify and adequately mitigate significant adverse impacts on air quality attributable to operational emissions from the various Project components. 91-27 AQ

V.A The Draft EIR's Analysis of Project Impacts on Air Quality Is Internally Inconsistent, Ambiguous, and Incomplete

The Draft EIR is inconsistent and fails to unambiguously define which BAAQMD CEQA Guidelines and significance thresholds it uses to evaluate Project impacts. For example, Impact AQ-3 claims to analyze operational emissions based on the 1999 BAAQMD CEQA Guidelines, yet, Table 4.7-6 (incorrectly) cites to the recently adopted, *i.e.*, 2010, BAAQMD CEQA Guidelines but (correctly) presents levels of significance established in the 1999 BAAQMD CEQA Guidelines. 91-28 AQ

In the heading for Impact AQ-4, the Draft EIR claims to analyze the impacts of CO emissions from motor vehicle exhaust under the 1999 BAAQMD CEQA Guidelines. Yet, the text of the impact analysis relies on a screening methodology for peak hourly traffic volumes at affected intersections established by the 2010 BAAQMD CEQA Guidelines rather than the quantitative emission threshold of 550 lb/day CO established by the 1999 BAAQMD CEQA Guidelines.[26] 91-29 AQ

Further, while the Draft EIR purports to analyze seven impacts under the 2010 BAAQMD CEQA Guidelines, it nowhere provides the thresholds of significance established by these guidelines for the reviewer to compare emission estimates to. This lack of information is further complicated by the fact that the Draft EIR fails to discuss the significance of all 91-30 AQ

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[24] Criteria air pollutants include the six most common air pollutants in the U.S.: carbon monoxide ("CO"), lead, nitrogen dioxide ("NOx"), ozone, particulate matter ("PM"), and sulfur dioxide ("SO_2"). Congress has focused regulatory attention on these six pollutants because they endanger public health and the environment, are widespread throughout the U.S., and come from a variety of sources. Criteria air pollutants are responsible for many adverse effects on human health, causing thousands of cases of premature mortality and tens of thousands of emergency room visits annually. They also cause acid rain and can significantly harm ecosystems and the built environment.

[25] Reactive organic gases ("ROG") and NOx are precursors for ozone.

[26] Draft EIR, p. 4.7-72.

pollutants but only provides a very limited discussion for those pollutants whose emissions would result in significant impacts. Thus, the reviewer, lacking thresholds to compare emissions to, has no choice but to trust that the Draft EIR correctly discusses all pollutants that would exceed thresholds of significance. This problem could have been be avoided by presenting all emission estimates in a table along with the quantitative significance thresholds established in both the 1999 and the 2010 BAAQMD CEQA Guidelines. 91-30 AQ

These inconsistencies, lack of information, and pick-and-choose approach to which guidelines are applied make it almost impossible to follow the Draft EIR' analysis and cast doubt on the Draft EIR's conclusions.

V.B The Draft EIR Fails to Adequately Discuss Impacts Attributable to Project Operational Emissions

The Draft EIR provides two summary tables for net changes of emissions of criteria pollutants from existing conditions for the year 2030 and the respective thresholds of significance established in the 1999 BAAQMD CEQA Guidelines in Impact AQ-3: Table 4.7-6 summarizes emissions in pounds per day ("lb/day") and Table 4.7-7 summarizes emissions in tons per year ("ton/year"). In order to interpret these tables, the Draft EIR provides a 10-line discussion for near-term project-components at the Cathedral Hill, Davies, and St. Luke's Campuses finding that PM10 emissions would exceed the daily and annual significance thresholds established in the 1999 BAAQMD CEQA Guidelines, no feasible mitigation measures are available and therefore the impact would remain significant and unavoidable. 91-31 AQ
Similarly, the Draft EIR provides an eight-line discussion for the Cathedral Hill and St. Luke's Campuses with Project variants finding that none of the identified variants are expected to significantly change operations and hence, for the same reasons as described before, impacts would be significant and unavoidable. For long-term project components at the Pacific and Davies Campuses, the provides an even shorter discussion, three lines, stating that impacts would be similar to short-term projects, that no feasible mitigation is available, and, therefore, that impacts would remain significant and unavoidable.[27] The discussion in Impact AQ-11 some 44 pages later, comparing PM10 emissions to the 2010 BAAQMD CEQA Guidelines, is exactly the same.[28] These brief "discussions" are entirely inadequate for a CEQA review document, especially, considering the size and scope of the Project at hand and its lasting impacts. 91-32 AQ

First, the Draft EIR addresses in its discussion of emissions and impacts only the one pollutant, PM10, which would exceed the 1999 and 2010 BAAQMD thresholds of significance The Draft EIR does not provide any discussion of pollutants below the significance thresholds. This leaves reviewers with having to compare the emission estimates presented in Tables 4.7-6 and 4.7-7 against the presented thresholds of significance themselves. Because the Draft EIR 91-33 AQ

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[27] Draft EIR, pp. 4.7-38 – 4.7-41.

[28] Draft EIR, pp. 4.7-72 – 4.7-73.

fails to provide the levels of significance for operational emissions established in the 2010 BAAQMD CEQA Guidelines anywhere in the air quality section, a reviewer unfamiliar with the BAAQMD's guidelines has to simply trust the Draft EIR's conclusions.

91-33 AQ

V.C The Draft EIR Fails to Include Estimates of PM2.5 Emissions from Stationary Sources in Emission Estimates of PM10

The Draft EIR treats emissions of particulate matter smaller than or equal to 2.5 micrometers ("PM2.5") from stationary sources as if they did not contribute to PM10 emissions: for example, for stationary sources at the Cathedral Hill Campus, the Draft EIR reports emissions of 7.7 pounds per day ("lb/day") of PM2.5 but reports zero lb/day of PM10 emissions.[29,30] The fine or respirable fraction of particulate matter, PM2.5, is a *subset* of PM10, the thoracic fraction of particulate matter and, thus X pounds of PM2.5 emissions are also X pounds of PM10 (the reverse is not necessarily true). Thus, PM2.5 emissions must be included in the emission estimates of PM10; in other words 7.7 lb/day of PM2.5 emissions equal 7.7 lb/day of PM10 emissions.

91-34 AQ

V.D The Draft EIR Fails to Analyze Interim Year Operations and Fails to Identify Significant Impacts on Air Quality

The Draft EIR contains no explanation whatsoever why full buildout of the Project in the year 2030 was chosen for analysis and why no analysis of any interim years was provided. Since the Draft EIR purports to analyze near-term project components at the project level pursuant to Section 15161 of the State CEQA Guidelines, it should have provided analyses of these near-term projects at the time they become operational. Yet, it only provides an analysis for 2030 when all project components, including near-term and long-term projects would be operational. Review of the construction schedule provided in Appendix B of the Draft EIR shows that construction of most near-term projects including the Cathedral Hill Hospital, the Cathedral Hill MOB, the tunnel, St. Luke's Hospital, and the Davies Neuroscience Institute is anticipated to begin immediately after approval and is expected to be finalized within 2 to 4½ years. Construction of the St. Luke's MOB would be started when St. Luke's Hospital becomes operational and would last about 3½ years. That means, if construction of near-term projects (with the exception of the St. Luke's MOB) were started in 2011, these project components would be operational in 2015 and St. Luke's MOB would be operational by 2018. Thus, the Draft EIR should have provided project-level analyses of near-term projects for the years 2015

91-35 AQ

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[29] *See* Draft EIR, Table 4.7-6, p. 4.7-39.

[30] Particulate Matter is a mixture of extremely small particles and liquid droplets found in the air. Sources of particulate pollution include woodstoves, fires, wind-blown dust, automobiles, and industry. PM10 refers to particulate matter with an aerodynamic diameter of 10 micrometers or smaller, whereas PM2.5 refers to particulate matter with an aerodynamic diameter of 2.5 micrometers or smaller. (In general, particles have irregular shapes with actual geometric diameters that are difficult to measure. The aerodynamic diameter is an expression of a particle's aerodynamic behavior as if it were a perfect sphere with unit-density and diameter equal to the aerodynamic diameter.)

and 2018. In other words, the Draft EIR fails to provide project-level review. Since timing and project-specific details of the proposed long-term projects are undetermined and these projects will have to undergo separate CEQA review, the analyses for 2030 can only provide a best-guess estimate of conditions in 2030. Further, based on the construction schedule provided in the Notice of Preparation for the Draft EIR, construction for the long-term projects is anticipated to be finalized in 2020 (the Draft EIR only provides a construction schedule for near-term project components in Appendix B).[31] Thus, the 2030 horizon is not fitting for analysis of long-term projects but should be revised to 2020.

91-35 AQ

Review of the Administrative Record obtained in response to a number of PRA requests (*see* Comment I) reveals that operational emissions had been estimated for both the interim year 2015 after buildout of all near-term Project components and for the year 2030 after buildout of long-term Project components.[32,33] Yet, even though the Draft EIR purports to provide project-level review for near-term Project components, it presents only emission estimates for after buildout of long-term Projects is presumably anticipated to be completed in 2030. It appears that analyses for the interim year 2015 have been deliberately omitted. As demonstrated below, emissions estimated for 2015 are considerably higher than in 2030, resulting in exceedance of quantitative thresholds of significance established by the BAAQMD.

91-36 AQ

Table 2 summarizes net emission changes of criteria pollutant and precursors attributable to area and mobile sources for the Cathedral Hill, Davies, and St. Luke's Campuses for the year 2015 as estimated by the EIR consultant Environ. Stationary source emissions were assumed to be the same for the year 2015 as for the year 2030. Net emission changes at Pacific Campus were assumed to be zero, as no construction would occur and no change in operations is expected before 2015.

91-37 AQ

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[31] Appendix A, Table 1 "CPMC Long Range Development Plan Schedule," p. 11.

[32] Administrative Record, Email from Snigdha Mehta, AECOM, to John Koehler and Jayni Allsep, Re: Completion of Review of CPMC AQ Section, June 25, 2010; provided as PDF file "34 08010089.AQ.Environ.201006" and attachments in folder "34 08010089.AQ.Model Runs."

[33] Administrative Record, Memorandum from Snigdha Mehta, AECOM, to Jessica Range, San Francisco Planning Department, Re: Area and Mobile Source Emissions Methodology, June 17, 2010; provided as PDF file "35 08010089.AQ.CPMC Operational Air Emissions - URBEMIS Runs."

Table 2:
Net emission changes of criteria pollutants and precursors in 2015 attributable to operations under the CMPC LRDP (based on documents prepared in support of the Draft EIR) and net emission changes as presented in the Draft EIR for 2030

Source	Emissions (lb/day) ROG	NOx	PM10	PM2.5	CO
Cathedral Hill Campus					
Area sources[a]	3.53	2.11	-	-	(1.47)
Mobile sources[a]	32.81	44.07	104.18	19.69	430.24
Stationary sources[b]	5.40	13.60	7.70	7.70	
Total	**41.74**	**59.78**	**111.88**	**27.39**	**428.77**
Pacific Campus					
Area sources[c]	-	-	-	-	-
Mobile sources[c]	-	-	-	-	-
Total	-	-	-	-	-
Davies Campus					
Area sources[a]	0.43	0.35	0.01	0.01	1.83
Mobile sources[a]	2.68	3.59	8.49	1.60	35.06
Stationary sources[b]	0.01	0.10	0.02	0.02	
Total	**3.12**	**4.04**	**8.52**	**1.63**	**36.89**
St. Luke's Campus					
Area sources[a]	0.35	1.19	-	-	(0.52)
Mobile sources[a]	8.17	10.96	25.91	4.90	107.01
Stationary sources[b]	0.02	(1.20)	(0.02)	(0.02)	
Total	**8.54**	**10.95**	**25.89**	**4.88**	**106.49**
2015 Total Unmitigated Emissions	**53.4**	**74.8**	**146.3**	**33.9**	**572.3[d]**
1999 BAAQMD CEQA Threshold	80	80	80	-	550
Exceeds Threshold?	no	no	**YES**	-	**YES**
2010 BAAQMD CEQA Threshold	54	54	82	54	
Exceeds Threshold?	no	**YES**	**YES**	no	
2030 Total Unmitigated Emissions[e]	**31**	**39**	**119**	**31**	**245[a]**
1999 BAAQMD CEQA Threshold	80	80	80	-	550
Exceeds Threshold?	no	no	**YES**	-	no
2010 BAAQMD CEQA Threshold	54	54	82	54	
Exceeds Threshold?	no	no	**YES**	no	

a Administrative Record, Email from Snigdha Mehta, AECOM, to John Koehler and Jayni Allsep, Re: Completion of Review of CPMC AQ Section, June 25, 2010; provided as PDF File "34 08010089.AQ.Environ.201006" and attachments in folder "34 08010089.AQ.Model Runs"

b From Draft EIR, Table 4.7-6, p. 4.7-39

c No net change in emissions was assumed until 2015

d Mobile source emissions only

e Draft EIR, Table 4.7-6, p. 4.7-39

91-37 AQ

Table 2 shows that, compared to 2030, total net unmitigated emission changes attributable to Project operations are considerably higher in 2015. The difference is mostly associated with anticipated decreases in emissions from mobile source between 2015 and 2030. Table 2 demonstrates, based on emission estimates performed in support of the Draft EIR, that in 2015, in addition to the previously identified significant PM10 emissions, net changes in

unmitigated operational emissions of a) CO would exceed the threshold of significance established in the 1999 BAAQMD CEQA Guidelines of 550 lb/day and b) NOx would exceed the threshold of significance established in the 2010 BAAQMD CEQA Guidelines of 54 lb/day. These are new significant impacts that the Draft EIR failed to identify and mitigate.

91-37 AQ

VI. The Draft EIR's May Not Find Significant and Unavoidable Impacts due to Operational Emissions of Criteria Pollutants and Greenhouse Gases without Requiring all Feasible Mitigation

CEQA requires that agencies adopt feasible mitigation measures (or feasible environmentally superior alternatives) in order to substantially lessen or avoid otherwise significant adverse environmental impacts.[34]

Here, the Draft EIR in Impacts AQ-3 and AQ-11, finds that emissions of criteria pollutants associated with operation of the Project's near-term and short-term project components would exceed the daily thresholds of significance for PM10 set forth in the 1999 BAAQMD CEQA Guidelines and the annual thresholds of significance for PM10 set forth in the 2010 BAAQMD CEQA Guidelines and would therefore be significant.[35] The Draft EIR fails to discuss the feasibility of *any* mitigation measures whatsoever instead merely stating that "[n]o feasible mitigation is available to reduce this impact to less than significant."[36] However, the Draft EIR lacks any foundation for this claim. The Draft EIR fails to identify or evaluate any potential mitigation measures and provides no analysis to support its conclusion that no feasible mitigation measures are available. The Draft EIR then finds that operational criteria pollutant emissions associated with implementation of the Project's near-term and long-term components would result in *significant and unavoidable* impacts on air quality by contributing to or resulting in a violation of air quality standards. This finding and the utter lack of a discussion of the feasibility of any mitigation measures is not acceptable under CEQA.

91-38 AQ

Similarly, the Draft EIR finds significant impacts due to the Project's operational emissions of greenhouse gases ("GHGs") from both near-term and long-term projects when analyzed under the 2010 BAAQMD CEQA Guidelines. Again, the Draft EIR fails to discuss the feasibility of any potential mitigation measures instead simply stating that "[i]t is not likely that additional increases in the energy savings and sustainability goals would be able to reduce emissions below BAAQMD's significance criteria. Accordingly, this impact would remain *significant and unavoidable*, based on BAAQMD's recently adopted GHG thresholds."[37] This finding and the lack of any discussion of mitigation measures is not acceptable under CEQA and apparently based on the invalid assumption that if mitigation measures would not

91-39 GH

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[34] Pub. Resources Code, §21002.

[35] *See* Draft EIR, Table S-2, p. S-65, and 4.7-41. *See* also Table 1.

[36] Draft EIR, p. 4.7-41.

[37] Draft EIR, p. 4.8-32.

reduce emissions below a threshold, they are worth adopting. In fact, the lead agency has the obligation to require that the Project reduce emissions *to the extent feasible, i.e.*, any reduction in emissions that would result from one or a combination of several mitigation measure(s) is preferable over no reduction, irrespective of whether emissions would be reduced to below a threshold. 91-39 GH

The Draft EIR's failure to identify and evaluate potential mitigation measures for greenhouse gas emissions is a prima facie violation of CEQA. CEQA prohibits agencies from approving projects with significant environmental impacts when feasible mitigation measures can substantially lessen or avoid such impacts.[38] Specifically, an agency is prohibited from approving a project unless it has "[e]liminated or substantially lessened all significant effects on the environment where feasible."[39] Accordingly, an agency may only adopt a statement of overriding considerations only *after* it has imposed all feasible mitigation measures to reduce a project's impact to less than significant levels.[40] 91-40 GH

For greenhouse gas emissions, the Draft EIR appears to be under the mistaken assumption that the Project's compliance with the City's Green Building Ordinance requirement for certification under the Leadership in Energy and Environmental Design ("LEED") Green Building Rating System developed by the U.S. Green Building Council ("USGBC") would suffice to satisfy CEQA mitigation requirements. This assumption is unsupported for the following reasons:

a) The City's Green Building Ordinance requires the Cathedral Hill MOB and the St. Luke's MOB/Expansion Building, as well as the buildings proposed to be constructed in the long term at the Pacific and Davies Campuses, to obtain a level "Silver" certification;[41] "Gold" and "Platinum" LEED certification, which are also available, are not pursued by CPMC. 91-41 GH

b) The Draft EIR states that although the proposed Cathedral Hill Hospital and St. Luke's Replacement Hospital would not be subject to the City's Green Building Ordinance, CPMC *intends* to attain LEED certification for these buildings;[42] yet the Draft EIR fails include this intention as an enforceable mitigation measure and fails to specify to which LEED level (Certified, Silver, Gold, Platinum) these buildings would be certified.

c) LEED certification (at any level) does not guarantee that energy use and emissions of criteria pollutants and greenhouse gases associated with buildings would be reduced to the maximum extent feasible as required under CEQA to reduce the

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[38] Pub. Res. Code 21002.

[39] CEQA Guidelines § 15092(b)(2).

[40] CEQA Guidelines §§ 15126.4, 15091.

[41] Draft EIR, p. 4.8-22.

[42] *Ibid.*

Project's significant impacts on air quality and global climate change. (*See* Comments VI.A and VI.B.)

d) Other mitigation measures that would reduce the Project's criteria pollutant and greenhouse gas emissions are available that are not addressed by LEED certification. (*See* Comment VI.C.)

91-41 GH

As shown in Figure 1, at the Cathedral Hill Campus, greenhouse gas emissions (reported as CO_2-equivalent ("$CO_{2\text{-eq}}$") emissions) attributable to energy use including area sources (landscape equipment, consumer products, etc.), electricity generation, natural gas combustion, and solid waste and water consumption account for 61% of total greenhouse gas emissions attributable to Project operations; mobile source emissions account for 39%.



Figure 1: Greenhouse gas emissions (in $CO_{2\text{-eq}}$) attributable to Cathedral Hill Campus in 2030

Data from: Draft EIR, Table 4.7-7, p. 4.7-40

91-42 GH

Thus, effective mitigation for the Project's greenhouse gas emissions must address both energy consumption associated with building operation and mobile source emissions.

VI.A LEED Certification Alone Fails to Limit Energy Use from Buildings to the Extent Feasible

Because buildings consume almost half the energy used in the U.S. annually, it is imperative to reduce their energy use and associated emissions of both greenhouse gases and criteria pollutants to the extent feasible. (*See* Figure 2.)

91-43 GH

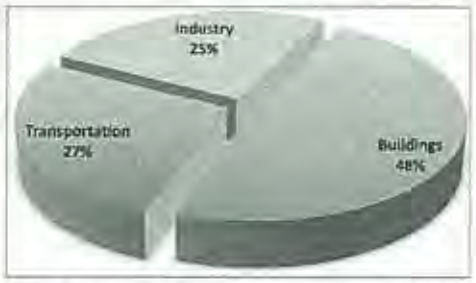

Figure 2: U.S. energy use by sector

From: architecture30.org

Scientific life-cycle analyses have repeatedly found that the energy used for operation and maintenance is the single largest source of environmental damage and resource consumption attributable to buildings. In comparison, the so-called "embodied" energy[43] of building materials accounts for only 6 to 17% of the total energy use of a building over a 50-year life-cycle. Despite these findings "green design" and rating programs like LEED are typically fixated on material choices, not reduction of energy use.[44]

91-44 ME

In the past years, the LEED program for commercial buildings has been increasingly criticized, including by its practitioners, for failing to live up to the program's stated goals to improve building performance with respect to energy savings, water efficiency, greenhouse gas emissions reduction, improved indoor environmental quality, and stewardship of resources and sensitivity to their impacts.[45,46,47] The major criticisms of the LEED program are that its rating system:

91-45 ME

a) Is design-based rather than performance-based and there is no follow-up to determine whether the building lives up to its design;

b) Is fixated on material choices, not energy reduction;

c) Does not take into account metrics such as the energy efficiency of the building; or the energy intensity of the building, *e.g.*, the energy use per unit building area[48] and occupancy loading; or the productivity of the building; and

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[43] *From* Wikipedia: Embodied energy is defined as the commercial energy (fossil fuels, nuclear, etc.) that was used ... to make any product, bring it to market, and dispose of it. Embodied energy is an accounting methodology which aims to find the sum total of the energy necessary for an entire product lifecycle. This lifecycle includes raw material extraction, transport, manufacture, assembly, installation, disassembly, deconstruction and/or decomposition.

[44] John Straube, Why Energy Matters, Building Science Insights, BSI-012, September 2010; http://www.buildingscience.com/documents/insights/bsi-012-why-energy-matters/files/BSI-012_Why_Energy_Matters_rev.pdf, accessed October 11, 2010.

[45] *See*, for example, BuildingGreen.com, Lies, Damn Lies, and... (Another Look at LEED Energy Efficiency), posted September 2, 2008 by Nadav Malin and reader comments; http://www.buildinggreen.com/live/index.cfm/2008/9/2/Lies-Damn-Lies-and-Are-LEED-Buildings-iLessi-Efficient-Than-Regular-Buildings, accessed October 11, 2010.

[46] Joseph W. Lstiburek, (an edited version of this Insight first appeared in the ASHRAE Journal), Prioritizing Green: It's The Energy Stupid, Building Science Insights, BSI 007, November 2008; http://www.buildingscience.com/documents/insights/bsi-007-prioritizing-green-it-s-the-energy-stupid/files/bsi-007_its_the_energy_stupid.pdf, accessed October 11, 2010.

[47] Mis-LEED-ing, Sidebar information for BSI-007: Prioritizing Green—It's the Energy Stupid, Building Science Insights; http://www.buildingscience.com/documents/insights/mis-leed-ing/, accessed October 11, 2010.

[48] The building area of a major building structure is the sum of the areas of the several floors of the building, including basements, mezzanines, intermediate floored tiers, and all penthouses, measured from outside face to outside face of exterior walls or from the center line of common walls separating buildings.

d) Awards credits, or points, for individual components disproportionate to their comparative value with respect to energy use and regardless of the specific circumstances of the building such as location, climate, etc.

91-45 ME

One striking example of the above discussed deficiencies of the LEED program is its treatment of the thermal performance of the building envelope: even though windows and curtain walls[49] provide the worst energy performance of all building components (as opposed to properly insulated walls), LEED does not reward designs that reduce the glazing[50], *i.e.*, window-to-wall, ratio.

Glazing systems, including almost all modern high-performance ones, have very little ability to control heat flow and solar radiation. Figure 3 shows the thermal performance (effective overall wall thermal resistance or R-value[51]) of various building enclosures (walls and windows) versus the window-to-wall (glazing) ratio.

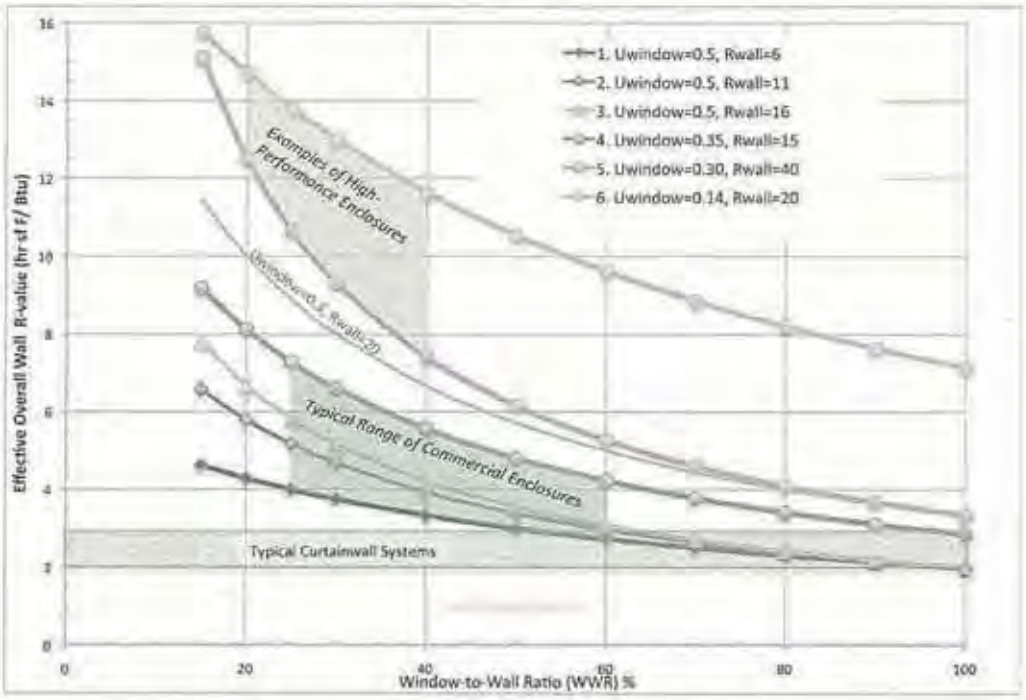

Figure 3:
Building wall R-value versus window-to-wall (glazing) ratio

From: Joseph W. Lstiburek, Prioritizing Green: It's The Energy Stupid, Insight, November 2008;
http://www.buildingscience.com/documents/insights/bsi-007-prioritizing-green-it-s-the-energy-stupid/files/bsi-007_its_the_energy_stupid.pdf

91-46 ME

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[49] A curtain wall is an outer covering of a building in which the outer walls are non-structural, but merely keep out the weather.

[50] Glazing is a transparent part of a building wall.

[51] The R-value is a measure of thermal resistance used in the building and construction industry.

Without delving into the details of this graph, it shows that regardless of how well insulated the building enclosure (y-axis), its effective overall thermal resistance (wall R-value) drops quickly when the window-to-wall ratio is increased (x-axis). The conclusion that can be drawn from this graph is that the most effective approach to energy savings is to reduce the glazing area. Or, as the author of an article on the energy efficiency of buildings succinctly put it: "Bottom line is use less glass and use good glass and frames… Bad glass ruins good walls."[52]

91-46 ME

Another building science engineer notes:

> The real savings from improved window technology, more efficient equipment, and better design tools have disguised the fact that we are wasting more energy because of over-ventilated, over-glazed, and under-insulated buildings.[53]

Thus, good building designs should strive to avoid these pitfalls.

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[52] Joseph W. Lstiburek, (an edited version of this Insight first appeared in the ASHRAE Journal), Prioritizing Green: It's The Energy Stupid, Insight, November 2008; http://www.buildingscience.com/documents/insights/bsi-007-prioritizing-green-it-s-the-energy-stupid/files/bsi-007_its_the_energy_stupid.pdf, accessed October 11, 2010.

[53] John Straube, Why Energy Matters, Building Science Insights, BSI-012, September 2010; http://www.buildingscience.com/documents/insights/bsi-012-why-energy-matters/files/BSI-012_Why_Energy_Matters_rev.pdf, accessed October 11, 2010.

VI.B High Window-to-Wall Areas in Project Buildings Should Be Decreased to Reduce Energy Consumption

As shown in the below architectural renderings, the proposed Cathedral Hill campus would make extensive use of glass and unshaded curtain walls to the south onto Geary Boulevard, east onto Van Ness Boulevard, and north onto Post Street.



Figure 4:
CMPC Cathedral Hill Hospital as seen from Van Ness Avenue at Post Street

From: Curbed, Cathedral Hill: It's Not Just About You, Monday, September 27, 2010; http://sf.curbed.com/archives/2010/09/27/cathedral_hill_its_not_just_about_you.php

91-47 ME



Figure 5: CMPC Cathedral Hill Hospital as seen from Van Ness Avenue at Geary Boulevard

From: California Pacific Medical Center 2008 Institutional Master Plan; http://www.rebuildcpmc.org/assets/08IMP_CPMC.pdf

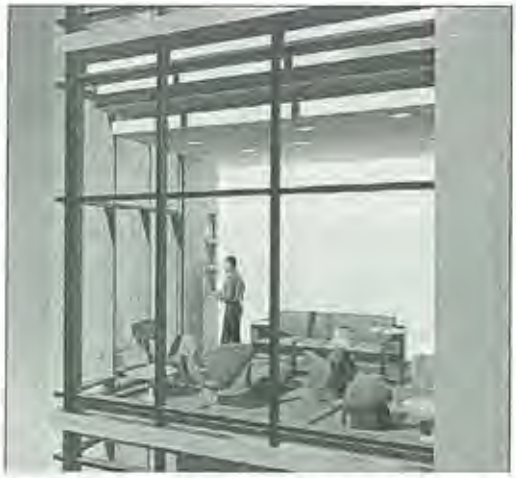

Figure 6: Interior view of the CMPC Cathedral Hill Hospital

From: California Pacific Medical Center 2008 Institutional Master Plan; http://www.rebuildcpmc.org/assets/08IMP_CPMC.pdf

91-47 ME

The expanse of windows and unshaded curtain walls, particularly to the south, would dramatically increase heating, ventilation and air-conditioning demand compared to a system with a lower window-to-wall ratio.

As one building science engineer notes:

> When I see a fully glazed, floor-to-ceiling commercial or institutional building, I see an energy-consuming nightmare of a building that requires lots of heating and cooling at the perimeter just to maintain comfort. The result, on a cold winter day, is that offices exposed to the sun require cooling, while those in the shade need heat. Unless the control system is highly tuned, too many of the occupants will also be uncomfortable.[54]

91-48 ME

Numerous studies have shown there are no day-lighting or energy benefits with window-to-wall ratios over 60 percent, and in most cases an area of between 25 and 40 percent is optimum (that is, lowest energy consumption).[55] Thus, one effective mitigation measure to reduce the Project's greenhouse gas emissions associated with energy use would be to design all buildings with a reduced window-to-wall ratio:

> Many designers have shown that beautiful and high-performance buildings can result from a proper balance of glazing quantity and quality. All too often, however, designers appear to choose all-glass curtain walls or floor-to-ceiling strip windows because they make it easy to create a sleek impression while leaving all the tricky details in the hands of the manufacturers.

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[54] John Straube, Can Highly Glazed Building Façades Be Green? Building Science Insights, BSI-006, September 2008; http://www.buildingscience.com/documents/insights/bsi-006-can-fully-glazed-curtainwalls-be-green/files/bsi-006_glazed_buildings_green.pdf, accessed October 11, 2010.

[55] *Ibid.*

How much longer can we afford to pay the energy bills that result from that choice? It's high time to revive the craft of designing beautiful facades that don't cost the earth.[56]

91-48 ME

Clearly, the Cathedral Hill Hospital building is not designed for sustainability and energy conservation even though it would be required to be LEED certified. In order to address the Project's significant emissions of greenhouse gases and criteria pollutants, all planned buildings under the LRDP should be examined as to how their design could be modified to reduce energy use and associated emissions.

91-49 ME

VI.C Additional Mitigation Measures Are Feasible and Must Be Required to Reduce the Project's Significant Operational Emissions to the Extent Feasible

Contrary to the Draft EIR's assumption, there are many opportunities available for meaningful mitigation of the Project's greenhouse gas and air quality impacts, including off-site mitigation measures:

- **Energy Audits and Retrofits at Existing CPMC Buildings:** Mitigation could include offsetting the Project's greenhouse gas emissions through a comprehensive audit of existing buildings owned by CPMC and processes to identify and implement energy saving measures, including improving the efficiency of existing equipment so that it uses less electricity or burns less fuel. As an example, in September 2007, the California Attorney General's office came to an agreement with ConocoPhillips, by which ConocoPhillips agreed to mitigate greenhouse gas emissions for a planned hydrogen facility by, among other measures, undertaking an energy efficiency audit and carbon emissions audit for all of its California facilities.[57]

91-50 GH

- **Community Energy Efficiency Building Retrofits:** Mitigation could include funding programs that provide for energy efficiency retrofits of existing buildings and housings in the City, with a particular focus on rental and low-income housing. As one example, the Chula Vista Energy Upgrade Project included $210,000 worth of mitigation funds "for energy efficiency and related improvements to local homes and business, … intended to directly benefit the residents potentially most affected by the proposed project."[58] These upgrades could include installation of a heat-reflecting "cool roof" and heat-reducing window awnings, high-efficiency air conditioning systems with programmable thermostats, and energy-saving fluorescent lighting fixtures that feature daylight and occupancy sensors.

91-51 GH

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[56] *Ibid.*

[57] ConocoPhillips and California Attorney General Settlement Agreement, September 10, 2007); http://ag.ca.gov/globalwarming/pdf/ConocoPhillips_Agreement.pdf, accessed September 17, 2010.

[58] California Energy Commission, Docket No. 07-AFC-4, Chula Vista Energy Upgrade Project, Final Staff Assessment, Addendum, p. 3, September 30, 2008; http://www.energy.ca.gov/sitingcases/chulavista/documents/2008-09-29_FINAL_STAFF_ASSESSMENT_ADENDUM_TN-48266.PDF, accessed September 17, 2010.

- **Funding of Carbon Offset Programs:** Mitigation could include providing funds to the BAAQMD, Audubon Society, California Wildlife ReLeaf, or other organizations to fund carbon reduction or sequestration projects. For example, the 2007 ConocoPhillips settlement included an agreement to mitigate and offset greenhouse gas emissions by providing (1) $7 million to the BAAQMD to create a fund for carbon offsets, (2) $200,000 to the Audubon Society for restoration of wetlands in the San Pablo Bay for purposes of carbon sequestration, and (3) $2.8 million to California Wildlife ReLeaf for reforestation projects, estimated to sequester 1.5 million metric tons of CO_2 over the lifetime of the forest.

91-52 GH

These are just a few examples that could serve as inspiration for feasible mitigation measures to reduce the Project's significant greenhouse gas and criteria air pollutant emissions.

VII. The Draft EIR Fails Adequately Mitigate Significant Health Risks Associated with Toxic Air Contaminant Emissions from Diesel-Powered Construction Equipment

91-53 AQ

The Project would be built out over a period of 20 years employing a variety of diesel-powered construction equipment such as air compressors, backhoes, cranes, delivery trucks, dozers, drill rigs, excavators, generators, fork lifts, tractors, loaders, rollers, scrapers, water trucks, paving equipment, pile drivers, rollers, etc.

Diesel exhaust emitted from this equipment is a complex mixture of gaseous and solid materials. The visible emissions in diesel exhaust are known as diesel particulate matter ("DPM"), which includes carbon particles or "soot." Diesel exhaust also contains a variety of harmful gases and over 40 other known cancer-causing substances and is estimated to contribute to more than 75% of the added cancer risk from air toxics in the United States. Diesel exhaust has been linked to a range of serious health problems including an increase in respiratory disease, lung damage, cancer, and premature death. Fine diesel particles are deposited deep in the lungs and can result in increased respiratory symptoms and disease; decreased lung function, particularly in children and individuals with asthma; alterations in lung tissue and respiratory tract defense mechanisms; and premature death.[59,60]

91-54 AQ

On August 27, 1998, after extensive scientific review and public hearing, the California Air Resources Board ("CARB") formally identified particulate emissions from diesel-fueled engines as a toxic air contaminant ("TAC"), regulated pursuant to Health and Safety Code

91-55 AQ

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[59] California Air Resources Board, Health Effects of Diesel Exhaust; http://www.arb.ca.gov/research/diesel/diesel-health.htm, accessed July 22, 2010.

[60] California Air Resources Board, Initial Statement of Reasons for Rulemaking, Proposed Identification of Diesel Exhaust as a Toxic Air Contaminant, Staff Report, June 1998.

section 39650 et seq.[61] In May 2002, the U.S. EPA, after another exhaustive review, concluded that "long-term (*i.e.*, chronic) inhalation exposure is likely to pose lung cancer hazard to humans, as well as damage the lung in other ways depending on exposure. Short-term (*i.e.*, acute) exposures can cause irritation and inflammatory symptoms of a transient nature… The assessment also indicates that evidence for exacerbation of existing allergies and asthma symptoms is emerging."[62]

Lagging emission standards and very old equipment in the fleet have made construction equipment one of the largest sources of toxic diesel particulate matter (soot) pollution in California. An estimated 70% of California's construction equipment is currently not covered by federal and state regulations because it is too old.[63] Clouds of soot emitted with the exhaust from construction equipment can travel downwind for miles, then drift into heavily populated areas.

An analysis by the Union of Concerned Scientists found that air pollution from construction equipment is already taking a staggering toll on the health and economic well-being of Californians. For the San Francisco Bay Area Air Basin, 2005 estimates for health and economic damage from construction equipment emissions included 154 premature deaths, 117 hospitalizations for respiratory and cardio-vascular disease, almost 3,500 incidences of asthma attacks, acute bronchitis, and other lower respiratory symptoms, about 25,700 days of lost work, about 18,500 school absences, and almost 170,000 restricted activity days. This loss of life and productivity cost South Coast Air Basin residents an estimated $1.2 billion.[64] These estimates are conservative because they do not include emissions from a large number of smaller construction projects (residential and commercial and projects smaller than one acre in size and because multi-story buildings were treated as one-story buildings). Further, John Hakel, Vice President of the Associated General Contractors, an organization representing construction equipment fleet owners and general contractors, indicated that the analysis appeared to underestimate the sheer volume of construction equipment in use.[65]

91-55 AQ

The entire City of San Francisco including the Project site is located in the highest risk zone (dark red) for construction equipment emissions, as shown in Figure 7.[66]

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[61] California Air Resources Board, Resolution 98-35, August 27, 1998.

[62] U.S. Environmental Protection Agency, Health Assessment Document for Diesel Engine Exhaust, EPA/600/8-90/057F, May 2002.

[63] Union of Concerned Scientists, Digging up Trouble, The Health Risk of Construction Pollution in California, November 2006; http://www.ucsusa.org/assets/documents/clean_vehicles/digging-up-trouble.pdf, accessed July 23, 2010.

[64] *Ibid*, p. 12.

[65] Los Angeles Times, Dire Health Effects of Pollution Reported, Diesel Soot from Construction Equipment Is Blamed for Illnesses and Premature Deaths, December 6, 2006.

[66] *Ibid*, p. 13.

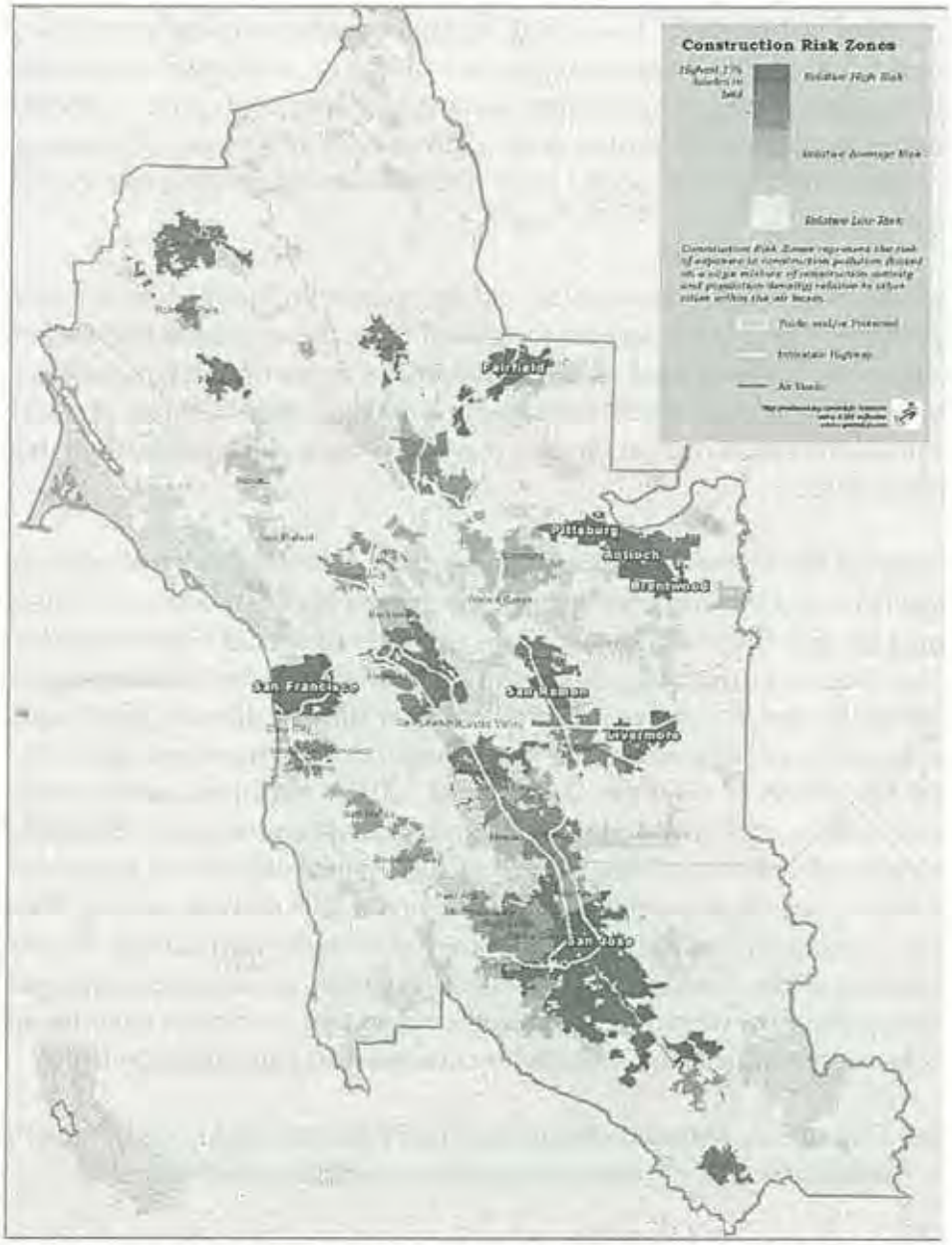

Figure 7: Construction Pollution Health Risk in the San Francisco Bay Area Air Basin

From: Union of Concerned Scientists, Digging up Trouble, The Health Risk of Construction Pollution in California, November 2006; http://www.ucsusa.org/assets/documents/clean_vehicles/digging-up-trouble.pdf

The Project would be build out over a period of two decades, concurrently with many other construction projects in the City and the region. During this time, heavy-duty diesel-powered construction equipment would emit considerable amounts of diesel particulate matter, which would travel into nearby residential areas, increase ambient concentrations of this carcinogen, and result in adverse health impacts.

91-55 AQ

The Draft EIR recognizes that diesel particulate matter is a toxic air contaminant and carcinogen and finds that excess lifetime cancer risks for child exposure at all campuses

91-56 AQ

attributable to construction equipment diesel exhaust emissions would by far exceed the significance threshold of ten in one million adopted by the BAAQMD CEQA Guidelines. The excess lifetime cancer risk due to diesel exhaust emissions during construction of the Cathedral Hill Campus is estimated at 111 in one million.[67] To mitigate this significant health risk, the Draft EIR proposes to implement mitigation measure M-AQ-N10a, M-AQ-10b, M-AQ-10c, and M-AQ-L10, which are identical to mitigation measure M-AQ-N2 and M-AQ-N9 "*Install Accelerated Emission Control Device on Construction Equipment.*" This measure requires:

> To reduce risk associated with exhaust emissions of DPM by construction equipment during construction of the Cathedral Hill Campus and all other LRDP sites, CPMC and its construction contractor shall implement the following BAAQMD-recommended control measures during construction:
>
> - Implement Accelerated Emission Control Device Installation on Construction Equipment. To minimize the potential impacts on residents living near the CPMC campuses from the construction activities in that area, CPMC shall make reasonable efforts to ensure that all construction equipment used at these campuses would use equipment that meets the EPA Tier 4 engine standards for PM and NOx control (or equivalent) throughout the entire duration of construction activities, to the extent that equipment meeting the EPA Tier 4 engine standards is available to the contractor at the time construction activities requiring the use of such equipment occur.[68]

91-56 AQ

The Draft EIR concludes that "[w]hile it is possible that Mitigation Measure M-AQ-N2 could reduce the carcinogenic risk and chronic noncarcinogenic health hazards posed by DPM emissions below the thresholds, it is unknown at this time to what extent such equipment will be available at the time of construction. In light of this uncertainty, this impact would remain significant and unavoidable."[69] This finding is not acceptable because the Draft EIR fails to require all feasible mitigation as required by CEQA. (*See* Comment VI.)

First, the mitigation measure proposed by the Draft EIR is vague and not enforceable. Requiring CPMC to "make reasonable efforts" without any specification what is "reasonable" and without requiring verification that reasonable efforts have been made is meaningless.

Second, the measure proposed by the Draft EIR is not, as claimed, recommended by the BAAQMD. In fact, the BAAQMD's recently adopted CEQA Guidelines contain considerably more stringent requirements for reducing construction equipment exhaust. These include:

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[67] Draft EIR, Table 4.7-14, p. 4.7-67 (the table fails to include "per million"), and Memorandum from Sharon Libicki, Elizabeth Miesner, Michael Keinath, and Jennie Louie, ENVIRON, to Vahram Masschian, Sutter Health, Re: CPMC Construction Health Risk Analysis, July 2, 2010; provided as administrative record PDF file "33 08010089.AQ.ENVIRON.2010."

[68] Draft EIR, pp. 4.7-36 – 4.7-37.

[69] Draft EIR, p. 4.7-36.

- The project shall develop a plan demonstrating that the off-road equipment (more than 50 horsepower) to be used in the construction project (*i.e.*, owned, leased, and subcontractor vehicles) would achieve a project wide fleet-average 20 percent NOX reduction and 45 percent PM reduction compared to the most recent ARB fleet average. Acceptable options for reducing emissions include the use of late model engines, low-emission diesel products, alternative fuels, engine retrofit technology, after-treatment products, add-on devices such as particulate filters, and/or other options as such become available.
  - Requiring that all construction equipment, diesel trucks, and generators be equipped with Best Available Control Technology for emission reductions of NOx and PM.
  - Requiring all contractors use equipment that meets CARB's most recent certification standard for off-road heavy duty diesel engines.[70]

91-56 AQ

These mitigation measures are feasible and must be required to reduce the Project's significant health risks associated with diesel particulate matter emissions from construction equipment exhaust.

VIII. Conclusion

As discussed in my comments above, the Draft EIR is not properly documented and its analyses are severely deficient. Specifically, the Draft EIR fails to properly analyze the adverse individual and cumulative impacts on local and regional air quality and global climate change that would be caused by emissions associated with the Project's construction and operation. Most importantly, however, the Draft EIR fails to fulfill its mandate under CEQA to require all feasible mitigation to minimize the Project's significant adverse impacts. Mitigation measures are available that would reduce criteria pollutant, greenhouse gas, and toxic air contaminant emissions, are routinely required for other projects in California, and must be required here to reduce the Project's substantial contribution to the already compromised local and regional air quality and protect the health of its patients, employees and residents in the local and regional vicinity.

91-57 AQ

The Draft EIR is among the poorest CEQA documents I have reviewed in my practice. It is simply not acceptable that a project as large and complex as the implementation of the CMPC LRDP is not as adequately analyzed and, more importantly, mitigated, as most small-scale residential or commercial developments undergoing CEQA review. This is inexcusable, especially for a hospital development plan which strives "to bring the next generation of health care to the residents of San Francisco and surrounding areas."[71]

91-58 OTH

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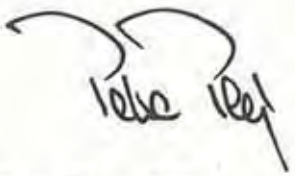
[70] Bay Area Air Quality Management District, California Environmental Quality Act, Air Quality Guidelines, June 2010, Table 8-3, p. 8-5.

[71] California Pacific Medical Center, Building Beyond; http://rebuildcpmc.org/plans/.

I recommend that the Draft EIR be extensively revised to more adequately discuss Project impacts and require adequate mitigation to reduce significant impacts to the extent feasible. The revised Draft EIR should contain adequate discussion of all mitigation measures that were evaluated for their feasibility. 91-58 OTH

Please feel free to call me at (415) 492-2131 or e-mail at petra@ppless.com if you have any questions about the comments in this letter.

Regards,



Petra Pless, D.Env.

Attachment to Letter 91

Table A-1: Summary of mitigation measures for Project impacts on air quality proposed by the Draft EIR

Mitigation Measure	Description
M-AQ-N1a **M-AQ-L1a** **M-AQ-N8a** **M-AQ-L8a**	*Implement BAAQMD Basic and Optional Control Measures and Additional Construction Mitigation Measures during Construction* The following mitigation measures shall be implemented during construction activities to avoid short-term significant impacts on air quality: **BAAQMD Basic Control Measures** • Water all active construction areas at least twice daily. • Cover all trucks hauling soil, sand, and other loose materials or require all trucks to maintain at least 2 feet of freeboard. • Pave, apply water three times daily, or apply (nontoxic) soil stabilizer on all unpaved access roads, parking areas, and staging areas at construction sites. • Sweep daily (with water sweepers) all paved access roads, parking areas, and staging areas at construction sites. • Sweep street daily (with water sweepers) if visible soil material is carried into adjacent public streets. **BAAQMD Optional Control Measures** • Install wheel washers for all exiting trucks, or wash off the tires or tracks of all trucks and equipment leaving the site. • Install wind breaks, or plant trees/vegetative wind breaks at windward sides of construction areas. • Suspend excavation and grading activity when winds (instantaneous gusts) exceed 20 mph. • Limit the area subject to excavation, grading, and other construction activities at any one time. **Additional Construction Mitigation Measures** • All exposed surfaces (e.g., parking areas, staging areas, soil piles, graded areas, and unpaved access roads) shall be watered twice daily. • All haul trucks transporting soil, sand, or other loose material offsite shall be covered. • All visible mud or dirt trackout onto adjacent public roads shall be removed using wet power vacuum street sweepers at least once per day. The use of dry power sweeping is prohibited. • All vehicle speeds on unpaved roads shall be limited to 15 mph. • All roadways, driveways, and sidewalks to be paved shall be completed as soon as possible. Building pads shall be laid as soon as possible after grading unless seeding or soil binders are used. • Idling times shall be minimized either by shutting equipment off when not in use or reducing the maximum idling time to 5 minutes (as required by the California airborne toxics control measures, Title 13, Section 2485 of California Code of Regulations). Clear signage shall be provided for construction workers at all access points. • All construction equipment shall be maintained and properly tuned in accordance with manufacturers' specifications. All equipment shall be checked by a certified mechanic and determined to be running in proper condition prior to operation. • Post a publicly visible sign with the telephone number and person to contact at the lead agency regarding dust complaints. This person shall respond and take corrective action within 48 hours. The air district's phone number shall also be visible to ensure compliance with applicable regulations.
M-AQ-N1b **M-AQ-L1b** **M-AQ-N8b** **M-AQ-L8b**	*Implement Equipment Exhaust Control Measures during Construction* To reduce exhaust emissions of ROG, NOx, PM10, and PM2.5 by construction equipment at the CPMC campuses, CPMC and its construction contractor shall implement the following BAAQMD-recommended control measures during construction in both the near term and the long term: • Idling times shall be minimized, either by shutting equipment off when not in use or by reducing the maximum idling time to 2 minutes, to the extent feasible. Clear signage shall be provided for construction workers at all access points. • All construction equipment shall be maintained and properly tuned in accordance with the manufacturers' specifications. All equipment shall be checked by a certified mechanic and determined to be running in proper condition before operation.

Mitigation Measure	Description
M-AQ-N2 **M-AQ-N9** **M-AQ-L9** **M-AQ-N10a** **M-AQ-N10b** **M-AQ-N10c** **M-AQ-L10**	*Install Accelerated Emission Control Device on Construction Equipment* To reduce risk associated with exhaust emissions of DPM by construction equipment during construction of the LRDP sites, CPMC and its construction contractor shall implement the following BAAQMD-recommended control measures during construction: • In order to minimize the potential impacts on residents living near the CPMC campuses from the construction activities in that area, CPMC shall make reasonable efforts to ensure that all construction equipment used at these campuses would use equipment that meets the EPA Tier 4 engine standards for particulate matter and NOx control (or equivalent) throughout the entire duration of construction activities, to the extent that equipment meeting the EPA Tier 4 engine standards is available to the contractor at the time construction activities requiring the use of such equipment occur.

Letter 92

Devyani Jain/CTYPLN/SFGOV
10/20/2010 10:15 AM

To Chelsea Fordham/CTYPLN/SFGOV@SFGOV
cc
bcc
Subject Fw: CNA Comments on CPMC DEIR: Email 3

DEVYANI JAIN, *Senior Planner*
Major Environmental Analysis

San Francisco Planning Department
1650 Mission Street, Suite 400
San Francisco, CA 94103

P: 415.575.9051 | F: 415.558.6409

----- Forwarded by Devyani Jain/CTYPLN/SFGOV on 10/20/2010 10:15 AM -----

Gloria D Smith <gloria@gsmithlaw.com>
10/19/2010 09:47 PM
Please respond to gloria@gsmithlaw.com

To bill wycko <bill.wycko@sfgov.org>, Devyani Jain <Devyani.Jain@sfgov.org>
cc ngreen@calnurses.org
Subject CNA Comments on CPMC DEIR: Email 3

Please find attached comments from the California Nurses Association on the CPMC DEIR.

The Law Offices of Gloria D. Smith

Please consider the environment before printing this e-mail.

This e-mail may contain material that is confidential, privileged and/or attorney work product for the sole use of the intenc distribution by others or forwarding without express permission is strictly prohibited. If you are not the intended recipient, copies.

Contamination comments.pdf Traffic comments.pdf

Attachment to Letter 92

SWAPE Technical Consultation, Data Analysis and Litigation Support for the Environment

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Newport Beach, California92660
Tel: (949) 887-9013
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Email: mhagemann@swape.com

Matthew F. Hagemann, P.G.

Geologic and Hydrogeologic Characterization
Investigation and Remediation Strategies
Regulatory Compliance
CEQA Review
Expert Witness

Education:

M.S. Degree, Geology, California State University Los Angeles, Los Angeles, CA, 1984.
B.A. Degree, Geology, Humboldt State University, Arcata, CA, 1982.

Professional Certification:

California Professional Geologist, License Number 8571.

Professional Experience:

Matt has 25 years of experience in environmental policy, assessment and remediation. He spent nine years with the U.S. EPA in the RCRA and Superfund programs and served as EPA's Senior Science Policy Advisor in the Western Regional Office where he identified emerging threats to groundwater from perchlorate and MTBE. While with EPA, Matt also served as a Senior Hydrogeologist in the oversight of the assessment of seven major military facilities undergoing base closure. He led numerous enforcement actions under provisions of the Resource Conservation and Recovery Act (RCRA) while also working with permit holders to improve hydrogeologic characterization and water quality monitoring.

Matt has worked closely with U.S. EPA legal counsel and the technical staff of several states in the application and enforcement of RCRA, Safe Drinking Water Act and Clean Water Act regulations. Matt has trained the technical staff in the States of California, Hawaii, Nevada, Arizona and the Territory of Guam in the conduct of investigations, groundwater fundamentals, and sampling techniques.

Positions Matt has held include:

- Founding Partner, Soil/Water/Air Protection Enterprise (SWAPE) (2003 – present);
- Geology Instructor, Golden West College, 2010 – present;
- Senior Environmental Analyst, Komex H2O Science, Inc (2000 -- 2003);
- Executive Director, Orange Coast Watch (2001 – 2004);
- Senior Science Policy Advisor and Hydrogeologist, U.S. Environmental Protection Agency (1989–1998);

- Hydrogeologist, National Park Service, Water Resources Division (1998 – 2000);
- Adjunct Faculty Member, San Francisco State University, Department of Geosciences (1993 – 1998);
- Instructor, College of Marin, Department of Science (1990 – 1995);
- Geologist, U.S. Forest Service (1986 – 1998); and
- Geologist, Dames & Moore (1984 – 1986).

Senior Regulatory and Litigation Support Analyst:

With SWAPE, Matt's responsibilities have included:

- Manager of a project to evaluate numerous formerly used military sites in the western U.S.
- Manager of a project to provide technical assistance to a comunity adjacent to a former Naval shipyard under a grant from the U.S. EPA.
- Lead analyst and testifying expert in the review of numerous environmental impact reports under CEQA that identify significant issues with regard to hazardous waste, water resources, water quality, air quality, greenhouse gas emissions and geologic hazards.
- Lead analyst and testifying expert in the review of environmental issues in license applications for large solar power plants before the California Energy Commission.
- Stormwater analysis, sampling and best management practice evaluation at industrial facilities.
- Technical assistance and litigation support for vapor intrusion concerns.
- Manager of a comprehensive evaluation of potential sources of perchlorate contamination in Southern California drinking water wells.
- Manager and designated expert for litigation support under provisions of Proposition 65 in the review of releases of gasoline to sources drinking water at major refineries and hundreds of gas stations throughout California.
- Expert witness on two cases involving MTBE litigation.
- Expert witness and litigation support on the impact of air toxins and hazards at a school.
- Expert witness in litigation at a former plywood plant.

With Komex H2O Science Inc., Matt's duties included the following:

- Senior author of a report on the extent of perchlorate contamination that was used in testimony by the former U.S. EPA Administrator and General Counsel.
- Senior researcher in the development of a comprehensive, electronically interactive chronology of MTBE use, research, and regulation.
- Senior researcher in the development of a comprehensive, electronically interactive chronology of perchlorate use, research, and regulation.
- Senior researcher in a study that estimates nationwide costs for MTBE remediation and drinking water treatment, results of which were published in newspapers nationwide and in testimony against provisions of an energy bill that would limit liability for oil companies.
- Research to support litigation to restore drinking water supplies that have been contaminated by MTBE in California and New York.
- Expert witness testimony in a case of oil production-related contamination in Mississippi.
- Lead author for a multi-volume remedial investigation report for an operating school in Los Angeles that met strict regulatory requirements and rigorous deadlines.
- Development of strategic approaches for cleanup of contaminated sites in consultation with clients and regulators.

Executive Director:

As Executive Director with Orange Coast Watch, Matt led efforts to restore water quality at Orange County beaches from multiple sources of contamination including urban runoff and the discharge of wastewater. In reporting to a Board of Directors that included representatives from leading Orange County universities and businesses, Matt prepared issue papers in the areas of treatment and disinfection of wastewater and control of the dischrge of grease to sewer systems. Matt actively participated in the development of countywide water quality permits for the control of urban runoff and permits for the discharge of wastewater. Matt worked with other nonprofits to protect and restore water quality, including Surfrider, Natural Resources Defense Council and Orange County CoastKeeper as well as with business institutions including the Orange County Business Council.

Hydrogeology:

As a Senior Hydrogeologist with the U.S. Environmental Protection Agency, Matt led investigations to characterize and cleanup closing military bases, including Mare Island Naval Shipyard, Hunters Point Naval Shipyard, Treasure Island Naval Station, Alameda Naval Station, Moffett Field, Mather Army Airfield, and Sacramento Army Depot. Specific activities were as follows:

- Led efforts to model groundwater flow and contaminant transport, ensured adequacy of monitoring networks, and assessed cleanup alternatives for contaminated sediment, soil, and groundwater.
- Initiated a regional program for evaluation of groundwater sampling practices and laboratory analysis at military bases.
- Identified emerging issues, wrote technical guidance, and assisted in policy and regulation development through work on four national U.S. EPA workgroups, including the Superfund Groundwater Technical Forum and the Federal Facilities Forum.

At the request of the State of Hawaii, Matt developed a methodology to determine the vulnerability of groundwater to contamination on the islands of Maui and Oahu. He used analytical models and a GIS to show zones of vulnerability, and the results were adopted and published by the State of Hawaii and County of Maui.

As a hydrogeologist with the EPA Groundwater Protection Section, Matt worked with provisions of the Safe Drinking Water Act and NEPA to prevent drinking water contamination. Specific activities included the following:

- Received an EPA Bronze Medal for his contribution to the development of national guidance for the protection of drinking water.
- Managed the Sole Source Aquifer Program and protected the drinking water of two communities through designation under the Safe Drinking Water Act. He prepared geologic reports, conducted public hearings, and responded to public comments from residents who were very concerned about the impact of designation.
- Reviewed a number of Environmental Impact Statements for planned major developments, including large hazardous and solid waste disposal facilities, mine reclamation, and water transfer.

Matt served as a hydrogeologist with the RCRA Hazardous Waste program. Duties were as follows:

- Supervised the hydrogeologic investigation of hazardous waste sites to determine compliance with Subtitle C requirements.
- Reviewed and wrote "part B" permits for the disposal of hazardous waste.
- Conducted RCRA Corrective Action investigations of waste sites and led inspections that formed the basis for significant enforcement actions that were developed in close coordination with U.S. EPA legal counsel.
- Wrote contract specifications and supervised contractor's investigations of waste sites.

With the National Park Service, Matt directed service-wide investigations of contaminant sources to prevent degradation of water quality, including the following tasks:

- Applied pertinent laws and regulations including CERCLA, RCRA, NEPA, NRDA, and the Clean Water Act to control military, mining, and landfill contaminants.
- Conducted watershed-scale investigations of contaminants at parks, including Yellowstone and Olympic National Park.
- Identified high-levels of perchlorate in soil adjacent to a national park in New Mexico and advised park superintendent on appropriate response actions under CERCLA.
- Served as a Park Service representative on the Interagency Perchlorate Steering Committee, a national workgroup.
- Developed a program to conduct environmental compliance audits of all National Parks while serving on a national workgroup.
- Co-authored two papers on the potential for water contamination from the operation of personal watercraft and snowmobiles, these papers serving as the basis for the development of nation-wide policy on the use of these vehicles in National Parks.
- Contributed to the Federal Multi-Agency Source Water Agreement under the Clean Water Action Plan.

Policy:

Served senior management as the Senior Science Policy Advisor with the U.S. Environmental Protection Agency, Region 9. Activities included the following:

- Advised the Regional Administrator and senior management on emerging issues such as the potential for the gasoline additive MTBE and ammonium perchlorate to contaminate drinking water supplies.
- Shaped EPA's national response to these threats by serving on workgroups and by contributing to guidance, including the Office of Research and Development publication, Oxygenates in Water: Critical Information and Research Needs.
- Improved the technical training of EPA's scientific and engineering staff.
- Earned an EPA Bronze Medal for representing the region's 300 scientists and engineers in negotiations with the Administrator and senior management to better integrate scientific principles into the policy-making process.
- Established national protocol for the peer review of scientific documents.

Geology:

With the U.S. Forest Service, Matt led investigations to determine hillslope stability of areas proposed for timber harvest in the central Oregon Coast Range. Specific activities were as follows:

- Mapped geology in the field, and used aerial photographic interpretation and mathematical models to determine slope stability.
- Coordinated his research with community members who were concerned with natural resource protection.
- Characterized the geology of an aquifer that serves as the sole source of drinking water for the city of Medford, Oregon.

As a consultant with Dames and Moore, Matt led geologic investigations of two contaminated sites (later listed on the Superfund NPL) in the Portland, Oregon, area and a large hazardous waste site in eastern Oregon. Duties included the following:

- Supervised year-long effort for soil and groundwater sampling.
- Conducted aquifer tests.
- Investigated active faults beneath sites proposed for hazardous waste disposal.

Teaching:

From 1990 to 1998, Matt taught at least one course per semester at the community college and university levels:

- At San Francisco State University, held an adjunct faculty position and taught courses in environmental geology, oceanography (lab and lecture), hydrogeology, and groundwater contamination.
- Served as a committee member for graduate and undergraduate students.
- Taught courses in environmental geology and oceanography at the College of Marin.

In Fall 2010, Matt taught Physical Geology (lecture and lab) to students at Golden West College in Huntington Beach, California.

Invited Testimony, Reports, Papers and Presentations:

Hagemann, M.F., 2008. Disclosure of Hazardous Waste Issues under CEQA. Presentation to the Public Environmental Law Conference, Eugene, Oregon.

Hagemann, M.F., 2008. Disclosure of Hazardous Waste Issues under CEQA. Invited presentation to U.S. EPA Region 9, San Francisco, California.

Hagemann, M.F., 2005. Use of Electronic Databases in Environmental Regulation, Policy Making and Public Participation. Brownfields 2005, Denver, Coloradao.

Hagemann, M.F., 2004. Perchlorate Contamination of the Colorado River and Impacts to Drinking Water in Nevada and the Southwestern U.S. Presentation to a meeting of the American Groundwater Trust, Las Vegas, NV (served on conference organizing committee).

Hagemann, M.F., 2004. Invited testimony to a California Senate committee hearing on air toxins at schools in Southern California, Los Angeles.

Brown, A., Farrow, J., Gray, A. and **Hagemann, M.,** 2004. An Estimate of Costs to Address MTBE Releases from Underground Storage Tanks and the Resulting Impact to Drinking Water Wells.

Presentation to the Ground Water and Environmental Law Conference, National Groundwater Association.

Hagemann, M.F., 2004. Perchlorate Contamination of the Colorado River and Impacts to Drinking Water in Arizona and the Southwestern U.S. Presentation to a meeting of the American Groundwater Trust, Phoenix, AZ (served on conference organizing committee).

Hagemann, M.F., 2003. Perchlorate Contamination of the Colorado River and Impacts to Drinking Water in the Southwestern U.S. Invited presentation to a special committee meeting of the National Academy of Sciences, Irvine, CA.

Hagemann, M.F., 2003. Perchlorate Contamination of the Colorado River. Invited presentation to a tribal EPA meeting, Pechanga, CA.

Hagemann, M.F., 2003. Perchlorate Contamination of the Colorado River. Invited presentation to a meeting of tribal repesentatives, Parker, AZ.

Hagemann, M.F., 2003. Impact of Perchlorate on the Colorado River and Associated Drinking Water Supplies. Invited presentation to the Inter-Tribal Meeting, Torres Martinez Tribe.

Hagemann, M.F., 2003. The Emergence of Perchlorate as a Widespread Drinking Water Contaminant. Invited presentation to the U.S. EPA Region 9.

Hagemann, M.F., 2003. A Deductive Approach to the Assessment of Perchlorate Contamination. Invited presentation to the California Assembly Natural Resources Committee.

Hagemann, M.F., 2003. Perchlorate: A Cold War Legacy in Drinking Water. Presentation to a meeting of the National Groundwater Association.

Hagemann, M.F., 2002. From Tank to Tap: A Chronology of MTBE in Groundwater. Presentation to a meeting of the National Groundwater Association.

Hagemann, M.F., 2002. A Chronology of MTBE in Groundwater and an Estimate of Costs to Address Impacts to Groundwater. Presentation to the annual meeting of the Society of Environmental Journalists.

Hagemann, M.F., 2002. An Estimate of the Cost to Address MTBE Contamination in Groundwater (and Who Will Pay). Presentation to a meeting of the National Groundwater Association.

Hagemann, M.F., 2002. An Estimate of Costs to Address MTBE Releases from Underground Storage Tanks and the Resulting Impact to Drinking Water Wells. Presentation to a meeting of the U.S. EPA and State Underground Storage Tank Program managers.

Hagemann, M.F., 2001. From Tank to Tap: A Chronology of MTBE in Groundwater. Unpublished report.

Hagemann, M.F., 2001. Estimated Cleanup Cost for MTBE in Groundwater Used as Drinking Water. Unpublished report.

Hagemann, M.F., 2001. Estimated Costs to Address MTBE Releases from Leaking Underground Storage Tanks. Unpublished report.

Hagemann, M.F., and VanMouwerik, M., 1999. Potential Water Quality Concerns Related to Snowmobile Usage. Water Resources Division, National Park Service, Technical Report.

VanMouwerik, M. and **Hagemann, M.F.** 1999, Water Quality Concerns Related to Personal Watercraft Usage. Water Resources Division, National Park Service, Technical Report.

Hagemann, M.F., 1999, Is Dilution the Solution to Pollution in National Parks? The George Wright Society Biannual Meeting, Asheville, North Carolina.

Hagemann, M.F., 1997, The Potential for MTBE to Contaminate Groundwater. U.S. EPA Superfund Groundwater Technical Forum Annual Meeting, Las Vegas, Nevada.

Hagemann, M.F., and Gill, M., 1996, Impediments to Intrinsic Remediation, Moffett Field Naval Air Station, Conference on Intrinsic Remediation of Chlorinated Hydrocarbons, Salt Lake City.

Hagemann, M.F., Fukunaga, G.L., 1996, The Vulnerability of Groundwater to Anthropogenic Contaminants on the Island of Maui, Hawaii. Hawaii Water Works Association Annual Meeting, Maui, October 1996.

Hagemann, M. F., Fukanaga, G. L., 1996, Ranking Groundwater Vulnerability in Central Oahu, Hawaii. Proceedings, Geographic Information Systems in Environmental Resources Management, Air and Waste Management Association Publication VIP-61.

Hagemann, M.F., 1994. Groundwater Characterization and Cleanup at Closing Military Bases in California. Proceedings, California Groundwater Resources Association Meeting.

Hagemann, M.F. and Sabol, M.A., 1993. Role of the U.S. EPA in the High Plains States Groundwater Recharge Demonstration Program. Proceedings, Sixth Biennial Symposium on the Artificial Recharge of Groundwater.

Hagemann, M.F., 1993. U.S. EPA Policy on the Technical Impracticability of the Cleanup of DNAPL-contaminated Groundwater. California Groundwater Resources Association Meeting.

Hagemann, M.F., 1992. Dense Nonaqueous Phase Liquid Contamination of Groundwater: An Ounce of Prevention... Proceedings, Association of Engineering Geologists Annual Meeting, v. 35.

Other Experience:

Selected as subject matter expert for the California Geologist licensing examination, 2009-2010.

Tom Brohard and Associates

October 18, 2010

Ms. Gloria Smith
The Law Offices of Gloria D. Smith
48 Rosemont Place
San Francisco, CA 94103

SUBJECT: Review of Draft Environmental Impact Report for the California Pacific Medical Center Long Range Development Plan – Transportation and Circulation Comments

Dear Ms. Smith:

At your request, I have reviewed the July 21, 2010 Draft Environmental Impact Report (Draft EIR) prepared for the San Francisco Planning Department for the California Pacific Medical Center (CPMC) Long Range Development Plan (Project). My review focused on Section 4.5 of the Draft EIR, Transportation and Circulation. I have also reviewed various other documents including the June 2010 Traffic Impact Studies prepared by Fehr & Peers for each of the five campuses in the Project and the "California Pacific Medical Center Institutional Master Plan 2008 Transportation Study" prepared by CHS Consulting Group.

Education and Experience

92-1 OTH

Since receiving a Bachelor of Science in Engineering from Duke University in Durham, North Carolina in 1969, I have gained over 40 years of professional engineering experience. I am licensed as a Professional Civil Engineer both in California and Hawaii and as a Professional Traffic Engineer in California. I formed Tom Brohard and Associates in 2000 and now serve as the City Traffic Engineer for the City of Indio and as Consulting Transportation Engineer for the Cities of Big Bear Lake, Mission Viejo, and San Fernando. I have extensive experience in traffic engineering and transportation planning. During my career in both the public and private sectors, I have reviewed numerous environmental documents and traffic studies for various projects. Several recent assignments are highlighted in the enclosed resume.

Proposed Project

92-2 PD

The CPMC Long Range Development Plan proposes significant changes to five medical campuses in San Francisco, with projects planned for completion in Years 2015, 2020, and in 2030. According to the Draft EIR, the Project generally includes:

- Cathedral Hill Campus would be developed with a new hospital, new medical office building (MOB), and conversion of an existing office building from a partial MOB to a full MOB as follows: a vacant hotel and office building would be demolished and replaced by a new 1,163,800 square foot hospital with

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555 beds; seven existing buildings would be demolished and a new MOB would be constructed; and interior modifications would convert the 1375 Sutter facility to a full MOB.

- Pacific Campus would be converted to outpatient care to serve the area north of Market Street. The existing acute care and emergency functions would be transferred to the Cathedral Hill Campus after completion of the hospital in 2015. The Ambulatory Care Center (ACC) would then be expanded and on-site parking would be added.

- California Campus would not be changed in the near term. After the new Cathedral Hill Hospital opens in 2015 and after the ACC expansion at the Pacific Campus in Year 2020, the California Campus would close.

- Davies Campus functions would continue, together with construction of a Neuroscience building in the near term and a second MOB in the longer term.

- St. Luke's Campus would include construction of a replacement hospital with 145,000 square feet and 80 beds, and a new MOB/Expansion Building.

92-2 PD

Transportation Issues

Section 4.5 of the Draft EIR, Transportation and Circulation, is organized by topic such as roadway network, intersection operations, transit operations, bicycle facilities, parking, impact evaluations, and mitigation measures. Discussions of each campus are presented one after the other under the individual topic rather than continuously as a complete discussion of each campus. This organization of the Draft EIR makes it extremely difficult and unnecessarily complex to follow the analysis of the individual projects proposed for each of the five campuses.

92-3 TR

The Draft EIR identifies over 150 traffic impacts associated with the CPMC Long Range Development Plan. For the near term in Years 2015 and 2020, the Draft EIR identifies 98 traffic impacts, with 58 of those associated with the Cathedral Hill Campus. For the long term in Year 2030, the Draft EIR identifies 53 cumulative traffic and transit impacts, with 42 of these associated with the Cathedral Hill Campus. From this summary of traffic and transit impacts alone, the intense development proposed for the Cathedral Hill Campus creates nearly two-thirds of all of the Project's overall impacts to the roadway and transit system. Of the 100 traffic impacts associated with the Cathedral Hill Campus, the Draft EIR indicates that 30 impacts are significant, unavoidable, and cannot be mitigated. My review indicates that the Draft EIR's estimate of unmitigable impacts is likely low.

92-4 TR

To reduce these impacts and better serve the community, CPMC should spread the proposed development to several other campuses including to the St. Luke's

92-5 ALT3A

Campus rather than concentrating services at the Cathedral Hill Campus. Access to and from St. Luke's Campus is closer to Highway 101 for vehicles and to major transit facilities such as the 24th Street BART Station for transit patrons. Moreover, the St. Luke's Campus is the most accessible CPMC facility for those Sutter patients traveling from San Mateo and Santa Clara counties. From a transportation perspective, a Project alternative that distributes patients and services equally across the City should be evaluated in a revised EIR.

92-5 TR

92-6 ALT

In addition to the impacts that have been identified in the Draft EIR, conditions will actually be worse based upon the criteria used by the City and County. Unlike most other agencies, the San Francisco criteria used to identify significant impacts for development projects do not address incremental increases in delay at intersections once gridlock conditions occur at Level of Service (LOS) F. In other words, a development project could add a number of trips to an already failing intersection without being considered as contributing considerably to cumulative traffic increases for the most congested movements, and without requiring any mitigation measures.

92-7 TR

Many of the intersections studied in the Draft EIR already operate at LOS F in peak hours under existing conditions, and the number of these failing intersections will significantly increase in Years 2015, 2020, and 2030 according to Tables 4.5-17, 4.5-18, 4.5-35, 4.5-37, 4.5-38, and 4.5-39 of the Draft EIR. Adding Project trips to these failing intersections will increase vehicle delay beyond what is already being experienced, with no relief in sight. This issue is particularly critical for a hospital project. For example, the Draft EIR does not analyze how the increased traffic around the Cathedral Hill Campus will affect access for ambulances and labor and delivery vehicles. During gridlock traffic conditions which are much of the time on Van Ness Avenue, emergency patients could face life threatening delays while waiting in traffic.

92-8 TR

Finally, the Draft EIR did not adequately analyze increases in both transit use and vehicle miles traveled resulting from the Project. According to Page 5-16 of the Draft EIR, CPMC is the second largest employer in San Francisco. The total number of employees at all of the CPMC campuses will grow to approximately 10,730 by 2030. This would be a net growth of 4,170 employees to the CPMC system between 2006 and 2030. This new employment would create population growth and household growth of approximately 3,480 people or approximately 3 percent according to Page 4.3-31 of the Draft EIR. People traveling into the City and across the City for these new job opportunities will increase traffic and further burden public transit. Thus, a revised EIR must analyze this impact.

92-9 TR

More specifically, my review of the Draft EIR and the supporting traffic studies indicates a number of technical errors and inconsistencies in the Transportation and Circulation Analysis of the Project. Each of the issues identified below must

92-10 TR

be addressed and reevaluated through additional study in a revised and recirculated EIR as follows: 92-10 TR

1) Muni Service Assumptions Do Not Match Existing Baseline – In discussion regarding San Francisco Municipal Transportation Agency, Page 4.5-17 of the Draft EIR states "Figures 4.5-6 through 4.5-10 (beginning on Page 4.5-18) present Muni lines serving each campus, while Tables 4.5-1 through 4.5-5 (beginning on Page 4.5-23) present the frequency of service for the Muni bus, light rail, and cable car lines serving each study area. The information on frequency of service reflects Muni service before the December 5, 2009 service changes that resulted from SFMTA's ongoing fiscal emergency... On December 5, 2009, Muni service changes associated with the budget deficit were implemented. The fiscal emergency declared on April 21, 2009 continued through fiscal year 2010. As a result, SFMTA is facing a shortfall in its current fiscal year, which ended on June 30, 2010. To address the continuing fiscal emergency, SFMTA implemented reductions in service beyond those implemented on December 5, 2009. As noted above, the transit service and ridership data do not reflect the recent changes to Muni service resulting from SFMTA's ongoing fiscal emergency because ridership data for post-implementation conditions is not currently available for all lines." 92-11 TR

   From my review of the SFMTA website, service changes included discontinued routes and route segments, extended and modified routes, and changes to service hours and frequencies. Service reductions were initially implemented on December 5, 2009 and additional reductions were made on May 8, 2010. While about 60 percent of the May 8, 2010 service reductions were subsequently restored on September 4, 2010, current Muni services are significantly reduced compared to 2006 and 2007 when the ridership data used in the Draft EIR was collected by Muni. With reduced service frequencies and the same level of transit ridership, some Muni lines are certainly experiencing higher occupancy than identified in the Draft EIR. This increase, combined with a large workforce at Project buildout, was not analyzed in the Draft EIR.

   In the evaluation of traffic impacts in the Draft EIR, peak hour traffic counts at critical intersections conducted in 2006 were validated by making new peak hour counts in 2009 and comparing the traffic volumes. However in the transit analyses in the Draft EIR, ridership and occupancy validation of the data collected in 2006 and 2007 prior to the service reductions has not occurred. Without updating and comparing ridership, service levels and transit capacity, current transit occupancy after the Muni service reductions has not been determined. Further, while the Draft EIR states that SFMTA does not have current ridership data for all lines, the Draft EIR should have included a validation process for the critical transit lines, particularly those approaching 92-12 TR

capacity that serve the five campuses. Without proper baseline data, the transit analysis is flawed. 92-12 TR

2) Assumptions Regarding Future Muni Service Increases Are Not "Reasonably Foreseeable" – Page 4.5-61 of the Draft EIR states "SFMTA and the City Controller's Office are in the process of implementing the TEP, a review of the City's public transit system with recommendations designed to make Muni service more reliable, quicker and more frequent. The TEP proposals were endorsed by the SFMTA Board of Directors in October 2008."

   From my review of the SFMTA website, plans to implement the TEP (Transit Effectiveness Project) and its numerous transit service enhancements have been suspended with the ongoing fiscal emergency. In my opinion, it is **not** reasonably foreseeable that Muni will increase transit services in the areas adjacent to the five CPMC campuses when transit services have been dramatically reduced in December 2009 and May 2010, twice in the last 10 months. As the Draft EIR has assumed that the TEP service enhancements will be made, the transit analysis of near term and long term transit conditions is flawed. This flawed analysis in turn resulted in a significant under estimation of impacts. 92-13 TR

3) Numerous Errors in Muni Corridor Analyses for Near and Long Term – There are many errors in the ridership data, both within various tables as well as in comparison to the Draft EIR's forecast number of Project transit riders in the description of transit impacts. While the first two examples discussed in detail relate to the Cathedral Hill Campus, there are other similar errors for each campus that are also summarized below. The inconsistencies between the impact statements and the tables, together with internal errors in the tables, void the subsequent calculations of transit capacity utilization as well as all transit mitigation measures that have been based on these flawed analyses. 92-14 TR

   a) Cathedral Hill Campus - AM Peak – Impact TR-27 on Page 4.5-118 of the Draft EIR indicates that the Cathedral Hill Campus will generate 586 new transit trips in the AM peak hour. In comparing the forecast ridership in Table 4.5-21 in 2015 under "No Project" and "Project" conditions in the AM peak hour, 479 new transit riders will be generated by the Cathedral Hill Campus (the difference between the sum of the ridership in all directions in 2015 with Project and without Project – 9,499 minus 9,020 equals 479). In comparing the forecast ridership in 2030 under "No Project" and "Project" conditions, 479 new transit riders will be generated by the Cathedral Hill Campus (the difference between the sum of the ridership in all directions in 2030 with Project and without Project – 10,183 minus 9,704 equals 479). The 586 new transit riders at the Cathedral Hill Campus in 2015 and 2030 as stated in Impact TR-27 must be used to evaluate transit impacts, not the 479 new transit riders in Table 4.5-21. 92-15 TR

b) Cathedral Hill Campus– PM Peak – Impact TR-27 on Page 4.5-118 of the Draft EIR indicates that the Cathedral Hill Campus will generate 551 new transit trips in the PM peak hour. In comparing the forecast ridership in Table 4.5-21 in 2015 under "No Project" and "Project" conditions in the PM peak hour, 498 new transit riders will be generated by the Cathedral Hill Campus in the PM peak hour (the difference between the sum of the ridership in all directions in 2015 with Project and without Project – 9,667 minus 9,169 equals 498). In comparing the forecast ridership in 2030 under "No Project" and "Project" conditions, 289 new transit riders will be generated by the Cathedral Hill Campus in the PM peak hour (the difference between the sum of the ridership in all directions in 2030 with Project and without Project – 10,852 minus 10,563 equals 289). The number of new transit riders in the PM peak hour at the Cathedral Hill Campus in 2015 and in 2030 in Table 4.5-21 should be the same, not 209 less in 2030. The 551 new transit riders at the Cathedral Hill Campus in 2015 and 2030 as stated in Impact TR-27 must be used to evaluate transit impacts, not the 498 new transit riders in 2015 and the 289 new transit riders in 2030 in Table 4.5-21.

92-16 TR

c) St. Luke's Campus – PM Peak - Impact TR-86 on Page 4.5-201 of the Draft EIR indicates that the St. Luke's Campus will generate 39 new transit trips in the PM peak hour. In comparing the forecast ridership in Table 4.5-21 in 2015 and in 2030 under "No Project" and "Project" conditions in the PM peak hour, 67 new transit riders will be generated by the St. Luke's Campus in the PM peak hour. The new transit riders forecast in the PM peak hour at the St. Luke's Campus in Impact TR-86 should be the same in Table 4.5-21 to properly evaluate transit impacts at the St. Luke's Campus in 2015 and in 2030.

92-17 TR

d) California Campus – PM Peak – In the southbound direction, the baseline ridership in Table 4.5-21 is 1,421, the same number of riders for existing conditions and for ridership forecasts in both 2015 and 2030. The lack of southbound baseline ridership growth is not a reasonable assumption.

92-18 TR

e) Pacific Campus – PM Peak - Impact TR-60 on Page 4.5-168 of the Draft EIR indicates that the Pacific Campus will generate 37 new transit trips in the PM peak hour. In comparing the forecast ridership in Table 4.5-36 in 2015 and in 2030 under "No Project" and "Project" conditions in the PM peak hour, 190 new transit riders will be generated by the Pacific Campus in the PM peak hour. The new transit riders forecast in the PM peak hour at the Pacific Campus in Impact TR-60 should be the same in Table 4.5-36 to properly evaluate transit impacts at Pacific in 2015 and in 2030.

92-19 TR

f) Davies Campus – PM Peak – In the southbound direction, the baseline ridership in Table 4.5-21 is 1,421, the same number of riders for existing

92-20 TR

conditions and for ridership forecasts in both 2015 and 2030. The lack of southbound baseline ridership growth is not a reasonable assumption. Even though the Davies Campus is several miles from the California Campus, existing ridership and forecasts for 2015 and 2030 in the southbound, eastbound, and westbound directions for the Davies Campus are identical to the existing and the forecast ridership for the California Campus, without and with Project riders added. This cannot be correct.

92-20 TR

4) Traffic Inconsistencies with January 2008 CPMC Transportation Study – Appendix B to the 2008 CPMC Institutional Master Plan is the "California Pacific Medical Center Institutional Master Plan 2008 Transportation Study" prepared by CHS Consulting Group. Both the 2008 Transportation Study and the Draft EIR utilize the same traffic count data collected in 2006. With the same traffic count data in both evaluations and under the same intersection geometry, calculations of delay and Level of Service would yield identical results for each intersection, but they do not match each other.

In my review, I compared Table 2 on Page 12 of the Transportation Study to Table 4.5-17 on Page 4.5-94 in the AM Peak and to Table 4.5-18 on Page 4.5-95 in the PM Peak in the Draft EIR. In most of the comparisons set forth below, delay and Level of Service are significantly better in the Draft EIR than calculated in the 2008 Transportation Study using the same data. While the comparisons below only involve the Cathedral Hill Campus, I also found other significant differences in calculated delay and Level of Service for each campus when comparing the two documents. These inconsistencies must be eliminated to develop proper traffic analyses of baseline conditions as well as for forecast conditions in 2015 and in 2030, together with appropriate traffic mitigation measures for the Project. The City must perform an accurate analysis and include all feasible alternatives and measures to mitigate traffic congestion impacts.

92-21 TR

Cathedral Hill – AM Peak – Significant Delay/LOS Differences

Intersection	2008 Study Delay/LOS	Draft EIR Delay/LOS
Gough/Geary	67.7/E	>80/F
Gough/Post	24.8/C	10.7/B
Gough/Sutter	25.2/C	9.5/A
Franklin/Geary	21.0/C	8.7/A
Franklin/Post	29.3/C	15.2/B
Franklin/Sutter	48.5/D	17.0/B
Van Ness/Geary	36.2/D	22.7/C
Van Ness/Bush	38.0/D	23.6/C
Polk/O'Farrell	30.4/C	18.6/B
Polk/Geary	22.0/B	47.9/D
Polk/Post	38.5/D	18.3/B
Polk/Sutter	69.4/E	27.5/C

Cathedral Hill – PM Peak – Significant Delay/LOS Differences

Intersection	2008 Study Delay/LOS	Draft EIR Delay/LOS
Gough/Geary	49.0/D	29.9/C
Gough/Post	23.5/C	8.8/A
Gough/Sutter	26.2/C	15.0/B
Franklin/O'Farrell	58.8/E	30.7/C
Franklin/Geary	47.2/D	22.1/C
Franklin/Sutter	39.1/D	65.5/E
Franklin/Bush	28.3/C	9.7/A
Van Ness/O'Farrell	40.6/D	26.3/C
Van Ness/Geary	42.8/D	26.3/C
Van Ness/Post	20.3/C	14.4/B
Van Ness/Sutter	22.2/C	16.9/B
Van Ness/Bush	46.6/D	26.6/C
Polk/O'Farrell	41.8/D	18.3/B
Polk/Post	20.6/C	15.9/B

92-21 TR

5) Draft EIR Contains Numerous Inconsistencies in Traffic Analyses for Near and Long Term – As pointed out above, there are many inconsistencies in the evaluation of 2006 baseline traffic data for the Cathedral Hill Campus and the other campuses. In addition, there are also inconsistencies within the various tables in the Draft EIR that provide delay and associated Level of Service for 2006 baseline conditions, 2015 No Project and Project conditions, and 2030 Cumulative No Project and Project conditions. While the examples discussed below relate to the Cathedral Hill Campus, there are other similar inconsistencies for the campuses. The inconsistencies within Tables 4.5-17 on Page 4.5-94 and 4.5-18 on Page 4.5-95 of the Draft EIR for the Cathedral Hill Campus, as well as in tables for other campuses, must be reconciled to provide proper traffic analyses of the Project.

92-22 TR

   a) Cathedral Hill Campus – AM Peak – For the intersection of Eighth/Market, Table 4.5-17 indicates delay of greater than 80 seconds and Level of Service (LOS) F for the existing baseline conditions in the AM peak in 2006. In 2015 with higher traffic volumes than 2006 and without any identified traffic improvements, delay is reduced to 78.8 seconds and performance improves to LOS E without Project traffic. In 2030 under cumulative conditions with higher traffic volumes than 2015 and without any identified traffic improvements, delay is reduced to 76.4 seconds and performance remains at LOS E without Project traffic. Without improvements, adding traffic to failing intersections or those operating at capacity does not reduce delay or improve intersection LOS performance.

92-23 TR

   b) Cathedral Hill Campus – PM Peak – For the intersection of Franklin/Sutter, Table 4.5-18 indicates delay of 65.5 seconds and Level of Service (LOS) E for the existing baseline conditions in the PM peak in

92-24 TR

2006. In 2015 with higher traffic volumes than 2006 and without any identified traffic improvements, delay is reduced to 57.0 seconds and performance remains at LOS E without Project traffic. Without improvements, adding traffic to intersections operating at capacity does not reduce delay.

92-24 TR

6) Traffic Impacts and Mitigation Measures - Impact TR-1 and Impact TR-2 on Page 4.5-98 of the Draft EIR identify the intersections of Van Ness/Market and Polk/Geary as significantly impacted by traffic generated by the Cathedral Hill Campus in Year 2015. For each, the Draft EIR states "Providing additional traffic lanes or otherwise increasing vehicular capacity at this intersection is not feasible because it would require narrowing of sidewalks to substandard widths, and/or demolition of buildings adjacent to these streets. Signal timing adjustments may improve intersection operations, but would likely be infeasible due to traffic, transit or pedestrian signal timing requirements. Therefore, no feasible mitigation measures have been identified to reduce project impacts to less-than-significant levels. CPMC has indicated that it is planning on expanding its current transportation demand management program (TDM) to discourage use of private automobiles; although this may reduce the number of trips through this intersection, the extent of this program or reduction to impacts is not known. The traffic impact at the intersection would therefore remain significant and unavoidable."

CEQA requires lead agencies to impose all feasible alternatives and/or mitigation measures before concluding that traffic impacts are "significant and unavoidable." The Draft EIR and the supporting Traffic Study for the Cathedral Hill Campus must document the geometry of both intersections that the City finds to have significant and unavoidable traffic impacts, then identify the specific traffic measures or alternatives evaluated, and discuss why each of these options cannot feasibly be implemented. Without doing this, the Draft EIR may not dismiss the potential mitigation measures as infeasible.

92-25 TR

All feasible mitigation measures must also include enhancements to the current CPMC TDM plan. The Draft EIR acknowledges that "CPMC has indicated that it is planning on expanding its current TDM program..." but offers no specifics or evaluation of potential vehicle trip reductions that could be achieved. Enhancements to the existing CPMC TDM Plan were included on Pages 117 through 119 of the 2008 Transportation Study prepared by CHS Consulting Group, and include the following:

- Designate a TDM Coordinator
- Promotion of the TDM Program
- Increase financial incentives to transit use and disincentives to SOV use
- Provide amenities to transit and bicycle users
- Expanded shuttle bus program

At a minimum, the Draft EIR must evaluate the potential effectiveness of these additional TDM measures and others that also may be appropriate. CPMC must be required to implement necessary additional TDM measures to mitigate traffic impacts considered to be "significant and unavoidable". 92-25 TR

7) Emergency Vehicle Access Will Be Significantly Impacted – Impact TR-52 on Pages 4.5-145 and 4.5-146 of the Draft EIR lists various streets that would be used by emergency vehicles to transport patients to the Cathedral Hill Campus and states "These streets are multi-lane arterial roadways that allow the emergency vehicles to travel at higher speeds and permit other traffic to maneuver out of the path of the emergency vehicle. Because Franklin Street, Van Ness Avenue, Post Street, and Bush Street have multiple lanes, vehicles would be able to yield to emergency vehicles destined to the proposed Cathedral Hill Campus. Given the above, the proposed Cathedral Hill Campus project emergency vehicle access impact would be less than significant."

   Several critical intersections in the vicinity of the Cathedral Hill Campus currently operate at LOS E or LOS F under existing conditions in one or both peak traffic hours as reported in Tables 4.5-17 on Page 4.5-94 and 4.5-18 on Page 4.5-95 of the Draft EIR. These tables also show that additional critical intersections in the vicinity of the Cathedral Hill Campus will degrade to LOS E or LOS F in 2015 and in 2030 with the addition of Project traffic. 92-26 TR

   Under capacity conditions at LOS E and under gridlock conditions at LOS F, vehicles will be queued back significant distances in all traffic lanes on the approaches to congested signalized intersections. Stopped vehicles will not be able to simply "maneuver out of the path of the emergency vehicle" as the adjacent lanes on the approaches to the gridlocked traffic signals will already be occupied by other vehicles. This is a significant impact for a hospital project and must be fully evaluated and mitigated. In this instance, the City cannot simply find that these impacts are unavoidable. Instead, in a revised EIR, the City must fully explain and support the Draft EIR's broad statement that "...the proposed Cathedral Hill Campus project emergency vehicle access impact would be less than significant." A revised EIR must show that the City has analyzed both LOS E and gridlock conditions at LOS F all around the vicinity of the Cathedral Hill Campus and has mitigated these impacts to significantly reduce or eliminate health and safety risks resulting from delays to emergency and labor and delivery vehicles.

8) Significant Construction Impacts Can Be Mitigated – Page 4.5-154 of the Draft EIR states "...for the 4-month period when there is overlap in excavation between the proposed Cathedral Hill Hospital and MOB, Level of Service would be LOS E or LOS F at up to nine of the study intersections. Thus, the project's construction impacts on intersection operations at these nine study 92-27 TR

intersections would be significant." To reduce or eliminate the significant traffic impacts at nine intersections, the Draft EIR must analyze traffic impacts that would occur without any overlap in construction of the Hospital and MOB. 92-27 TR

Construction of the proposed Cathedral Hill tunnel under Van Ness Avenue, a State Highway, requires Caltrans approval and a permit. Open cutting of Van Ness Avenue to construct the tunnel together with the lane closures outlined in Table 4.5-33 on Page 4.5-158 will result in significant congestion and traffic impacts during construction of the tunnel over 10 months. To mitigate these significant traffic impacts, the Draft EIR must confine the lane closures and construction activities to hours that meet the San Francisco's LOS D standard (no lane closures northbound before 10 PM and no lane closures southbound before midnight). The Draft EIR must also consider mitigating traffic impacts of the tunnel construction by boring underground to avoid lane closures rather than open cutting of Van Ness Avenue. 92-28 PD 92-29 TR

9) Parking Impacts Will Be Significant – Table 4.5-34 on Page 4.5-164 summarizes the parking supply and demand for each campus. As shown, the Cathedral Hill Campus is proposed to have a parking shortage where demand exceeds supply by 162 spaces. Other parking shortages will occur at the Davies Campus (203 spaces) and at the St. Luke's Campus (309 spaces). Without the 623 "off-campus" parking spaces, the Project shortage is 664 parking spaces, about 15 percent of the overall parking demand. 92-30 TR

From Footnote 1 to Table 4.5-34, the 623 "off-campus" parking spaces include 400 spaces at the Japan Center Garage, 180 spaces at 855 Geary Street Garage, and 43 spaces in the garage at 2015 Steiner Street. The discussion in this portion of the Draft EIR does not disclose if the "off-campus" parking spaces at the three locations have been leased by CPMC and would therefore be available to make up a portion of the overall parking shortage. To consider these "off-campus" spaces as part of the parking supply, the Draft EIR must require that CPMC guarantee that the 623 spaces are available and that adequate shuttle service to and from their campuses will be provided. 92-31 TR

In the parking discussion for the individual campuses, the Draft EIR notes that on-street parking nearby is not available during most hours. In conflict with this, the Draft EIR then suggests that motorists can locate parking on these streets. Available off-street parking at certain campuses will also be limited during construction, and the Draft EIR does not provide mitigation for these significant impacts. 92-32 TR

The California Pacific Medical Center (CPMC) Long Range Development Plan (Project) in San Francisco creates significant traffic and transit impacts that have not been properly disclosed, analyzed or mitigated through alternatives and/or 92-33 TR

traffic improvements. The errors identified in this letter require that each of these issues be reanalyzed and reevaluated through additional study in a revised and recirculated EIR. If you should have any questions regarding these findings, please contact me at your convenience.

92-33 TR

Respectfully submitted,

Tom Brohard and Associates

Tom Brohard

Tom Brohard, PE
Principal

Enclosure

LETTER 93

Devyani Jain/CTYPLN/SFGOV
10/20/2010 10:15 AM

To Chelsea Fordham/CTYPLN/SFGOV@SFGOV
cc
bcc
Subject Fw: CNA Comments on CPMC DEIR: Email 4

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10/19/2010 09:50 PM
Please respond to gloria@gsmithlaw.com

To bill wycko <bill.wycko@sfgov.org>, Devyani Jain <Devyani.Jain@sfgov.org>
cc
Subject CNA Comments on CPMC DEIR: Email 4

Please find attached comments from the California Nurses Association on the CPMC DEIR.

The Law Offices of Gloria D. Smith

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October 18, 2010

Via mail and email

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RE: Comments on the Draft Environmental Impact Report for the proposed California Pacific Medical Center Long Range Development Plan

Dear Ms. Smith:

The purpose of this letter is to provide you with comments on the Draft Environmental Impact Report (hereinafter DEIR) for the proposed California Pacific Medical Center Long Range Development Plan (hereinafter CPMC LRDP or proposed Project). My qualifications as a planning expert include a Bachelor's Degree in Environmental Studies from Stanford University, a Master's Degree in City and Regional Planning from the University of Southern California and over twenty years as a professional planning consultant and paralegal. My resume is attached to this letter, Attachment 1.

93-1 OTH

These comments focus on the following sections of the DEIR:

- Land Use
- Plans and Policies
- Population, Employment and Housing

In preparing these comments, I have reviewed the following documents:

- The proposed CPMC LRDP DEIR and appendices
- The Administrative Record to the DEIR, provided by the City of San Francisco
- Applicable Plans, Policies and Codes

As described in detail below, the DEIR fails to address the impacts of the whole Project, including all aspects of the Project capable of generating significant impacts. Specifically, key elements of the

93-2 PD

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proposed Project are apparently not complete or not yet available[1] rendering the project description incomplete and inadequate to support disclosure and analysis of Project-related impacts. Other information about the Project was disclosed in the DEIR, but was extremely difficult to locate.[2] This approach violates the information gathering purpose of CEQA.

93-2 PD

As a result of missing and incomplete information concerning the proposed Project, as well as flawed assumptions and analyses, the DEIR fails to disclose and analyze potentially significant impacts from this expansive Project on the region, the City and local neighborhoods including, but not limited to: 1) significant unmet demand for housing, and in particular, housing affordable to the workforce; 2) jobs-housing imbalance and related impacts on transportation, air quality, growth inducement and public services; and 3) other impacts that would be generated by the proposed Project as well as the Project plus cumulative projects. In short, the release of this DEIR was premature because information critical to the disclosure and analysis of Project-related impacts has not yet been provided to the public for review. A revised DEIR must be prepared with full and adequate project description and environmental setting sections. Once this key information is available to fully analyze all of the Project's potentially significant impacts, then the City will be in a position to ensure that is has required all feasible measures and/or alternatives to mitigate the Project's identified impacts.

93-3 OTH

93-4 INTRO

I. Introductory Comments

The proposed Project is of a scale that would reshape how health care is provided in San Francisco. Virtually eliminating services at the California Campus, reducing beds and the scope of services at St. Luke's and converting Davies into a specialty facility, among other Project proposals would generate a myriad of impacts not evaluated in the DEIR. Major flaws with this DEIR along these lines stem from two overarching deficiencies: First, the DEIR fails to describe the existing conditions with respect to health care services (e.g., the full health care system including people, facilities, services that provide health care to San Francisco's population). As such, the DEIR's analyses of Project impacts is incomplete. Second, the because the City lacks a Health Care Services Master Plan[3], the analysis of this and other

93-5 HC

[1] Examples of project description information that is not included in the DEIR or the administrative record include but is not limited to: 1) the proposed detailed text of plan and policy amendments; and 2) the project's specific proposal for replacement housing.

[2] For example, information about the construction workforce was buried in the Transportation and Circulation section of the DEIR and not described in the project description. See DEIR Table 4.5-10. Another source of useful information concerning project details is the Alternatives chapter. See DEIR, Chapter 6. For example, it is in the Alternatives chapter that tables can be found describing key details such as: a) building square footage by specific use; b) proposed project square footage compared with existing uses; and c) staffing. See e.g. Tables 6-1, 6-10a and 6-11. These numbers, and the assumptions underlying them, are necessary to assess the Project's various environmental impacts, especially those that are estimated based on square footage (e.g. employment generation, parking, and transportation). As such, these and other "numbers" set forth in the various sections of the DEIR must be presented clearly in one place in a revised DEIR; the project description.

[3] Supervisor Campos's proposal for the completion of a Health Care Services Master Plan should come first, at least the overall framework, and major projects evaluated for consistency with that Plan. CPMC's proposal predetermines major outcomes that may or may not result in adequate services for San Francisco. A determination should be made whether the timeline for seismic upgrades allows completion of the Master Plan

health care projects is at best piecemeal and incomplete. Moreover, feasible alternatives to the proposed Project are not devised with the success of San Francisco's overall health care services system in mind.[4]

93-5 HC

Project impacts must be analyzed in comparison with existing health care system services currently serving the San Francisco population (e.g., in San Francisco and in adjacent communities serving San Francisco's population) so that all potentially significant impacts can be analyzed including impacts stemming from the responses to such questions as listed below. This is the environmental baseline for the Project.[5] If proposed project's like the CPMC LRDP are not evaluated based on its impacts compared with the existing health care setting (existing environmental conditions) potentially significant impacts cannot be analyzed, including but not limited to:

93-6 HC

1. How and where lower income people will receive health care, and the corresponding range of effects on transportation, air quality and public services?

93-7 HC

2. What new gaps in health care services result from the proposed Project? Such gaps translate into physical environmental impacts, including, but not limited to additional and potentially longer trips by San Franciscan's to obtain service as well as people without adequate health care which can lead to physical environmental problems including demand for additional facilities (e.g., specialized shelters; diversion of public funding from other services; and the like). None of these impacts are addressed in the DEIR.

93-8 HC

3. How will the proposed Project impact other existing health care providers locally and regionally? Will the Project capture the higher-end medical services; thereby potentially putting other facilities and services at risk for economic failure? Do some of the competing facilities currently provide a range of not necessarily profitable services to the lower income residents that will be

93-9 HC

93-10 HC

"vision" first and review of major projects second. This is the first question the City's decision-makers should ask before any further consideration of the Project.

[4] The Project's stated overarching objectives only include optimizing the use of CMPM's resources to provide an integrated health-care system affording the highest quality of patient care to CPMC's patient population in the most cost-effective and operationally efficient manner. DEIR at page 6-5. The City's objective is not represented here – to support the health care services system community-wide that affords the highest quality of patient care to all of San Francisco's population. Whether the proposed Project helps or hinders that overall goal cannot be know without – at a minimum – comparison of the Project as proposed to the existing health care services system serving the SF population. Such an evaluation would expose any gaps in services in the current system and/or gaps that would be created by the proposed Project.

[5] Every CEQA document must start from a "baseline" assumption. The CEQA "baseline" is the set of environmental conditions against which to compare a project's anticipated impacts. Section 15125(a) of the CEQA Guidelines (14 C.C.R., § 15125(a)) states in pertinent part that a lead agency's environmental review under CEQA:

> "...must include a description of the physical environmental conditions in the vicinity of the project, as they exist at the time [environmental analysis] is commenced, from both a local and regional perspective. This environmental setting will normally constitute the baseline physical conditions by which a Lead Agency determines whether an impact is significant."

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impacted? Might existing facilities be forced out of business, resulting in "blighted" neighborhoods? The DEIR does not address this potential set of impacts. 93-10 HC

4. What are the unmet health care services needs and will these needs be impacted by the proposed Project? If needs remain unmet in the City, impacts to transportation, air quality, greenhouse gas emissions and other impacts increase. 93-11 HC
5. How will emergency patients be accommodated if they need to be air-lifted in or out of the City? 93-12 HC
6. How will the proposed Project impact services at St. Luke's? How will proposed changes and reduced services impact the southeastern portion of the City in addition to the City at large? 93-13 HC
7. Given the proposed Project's actual indirect and likely significant induced job/services multiplier effect, the Project will impact existing neighborhoods and health care services. Therefore, must additional businesses or residences be converted to health care support services for the new Cathedral Hill Campus? 93-14 HC

These and other questions must be analyzed and addressed in a revised DEIR containing a full description of the existing health care services.

In addition, the City's environmental review of health care project proposals like the CPMC LRDP is occurring piecemeal because the City lacks a Master Plan for health care services. The preparation of a Master Plan is critical to major health care project review, but more importantly to making decisions that will result in meeting existing and future public health care services needs. Without a Master Plan, the environmental review of the proposed Project cannot be complete. 93-15 HC

II. Project Background

The DEIR's project description sections describe the existing Project sites in a fair amount of detail. However, understanding the Project as proposed requires reviewing numerous sections of the DEIR in order to get a sense of the whole Project, as the key elements are not adequately or clearly described in the project description section (e.g., construction activities, workforce, and health care services to be provided at each campus). Table 1 below, provides a comparison of the existing CPMC campuses to the proposed Project assembled from a review of the entire DEIR to inform the comments in this letter. 93-16 PD

According to the DEIR, CPMC's long range strategy is to meet state seismic safety requirements for hospitals and create a 20-year framework and institutional master plan (IMP) for CPMC's four existing medical campuses and one proposed new medical campus in San Francisco, the Cathedral Hill Campus. The four existing CPMC medical campuses are the Pacific Campus in Pacific Heights, the California Campus in the Presidio Heights area, the Davies Campus in the Duboce Triangle area, and the St. Luke's Campus in the Mission District. DEIR at page 1-1. The Project's objectives do not address how the proposed Project results in benefitting the overall health care services system for the San Francisco community.

Summary of Key Project Elements

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The proposed Project would add a major new medical campus in the Cathedral Hill area by 2014 and cease operations of the California Campus by 2020. Other key project elements include.

- Design, construction and operation of Cathedral Hill campus, including a 555-bed hospital and medical office buildings at two locations.
- Development of a new ambulatory care center, underground parking, and renovation of existing buildings at the Pacific campus.
- Development of a new neuroscience institute building and new medical office building (MOB) and parking improvements at Davies campus.
- Construction of a new 80-bed acute-care replacement hospital and an MOB/expansion building after the demolition of the existing tower at St. Luke's.
- Sale of the California campus (by 2020) after relocating impatient services (all patients staying longer than 24 hours) to the proposed Cathedral Hill Hospital and other services to the Pacific campus. A limited amount of leased office at the California campus would be used indefinitely for medical activities. DEIR at page 1-1 to 1-2.

Table 1 compares the existing CPMC campuses to the proposed CPMC campuses and briefly discusses the proposed changes.

93-17 HC

Table 1
Comparison of Existing CPMC Campuses to Proposed CPMC Campuses

Existing CPMC	Proposed CPMC	Comments
Four-campuses: • Pacific • California • Davies • St. Luke's	Four-campuses: • Cathedral Hill • Pacific • Davies • St. Luke's	The changes to services at each of these facilities are not well described in the DEIR project description. In order for the DEIR to be an adequate information document, this and other detailed information about the Project, must be clearly described in the project description as this information is essential to the adequate analysis of transportation-related, air quality, greenhouse gas, housing and other impacts.
Four acute care hospitals	Three acute care hospitals • Cathedral Hill (555 bed acute care hospital) • Davies • St. Luke's	Again, these changes likely impact who accesses the hospitals and how these patients travel – beyond CPMC – for services. Additional details are needed to analyze those likely implications of the proposed Project. Such details must be described in a revised project description.

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1,253 licensed beds/ 875 staffed beds	952 licensed beds/ 831 staffed beds	St. Luke's Campus: Reduction of licensed beds from 229 (150 acute and 79 skilled nursing) to 80 beds. Overall licensed beds would be reduced by 178 beds.
45 emergency room bays	65 emergency room bays	The DEIR's description of existing and projected emergency room trips/admissions related to CPMC, as well as existing and projected total San Francisco population-related emergency room trips/admissions is incomplete. The omission of this information renders impact analyses related to transportation, air quality and greenhouse gas emissions incomplete.
2 triage areas	3 triage areas	
No helicopter landing	No helicopter landing	No helicopter landing could have impacts on health care services, but also on air quality and greenhouse gas emissions due to reliance on other heliports outside of San Francisco.
2004: 648,530 outpatient visits		Detailed patient information needed to fully assess Project impacts is not included in the DEIR.
2004: 1/3 of all emergency room visits – approx. 70,220		See above. This information is needed to fully assess Project impacts and should be provided by facility and campus.
2006: Full-time equivalent personnel: Pacific: 2,641 California: 1,638 Davies: 925 St. Luke's: 597 Total: 5,801 (2008 data)	2030: Full-time equivalent personnel: Cathedral Hill: 5,380 Pacific: 2,060 California: 10 Davies: 1,750 St. Luke's: 1,530 Total: 10,730	The DEIR improperly omits information concerning future employment at the California campus sites. The sale of these sites is part of the Project and as such assumptions concerning future use and total employment should be included if not in the project description, in the cumulative and growth-inducing sections of the DEIR.

93-17 HC

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Housing units Cathedral Hill: 5 residential units and 20 residential hotel units.	Housing units = None	CPMC is still working with the Mayor's office to determine how to address replacement housing. CPMC is seeking exceptions and amendments to City regulations that would require housing be provided as a ratio to non-residential uses.

93-17 HC

III. Potentially Significant Impacts Were Either Not Analyzed or Inadequately Analyzed in the DEIR

93-18 PH

A fair argument clearly can be made based on the record that the proposed Project will have a number of potentially significant impacts that were either not disclosed in the DEIR at all or were inadequately analyzed. These include, but are not limited to:

- Impacts related to population, housing and jobs including an increased demand for housing affordable to the full workforce generated by the proposed Project (e.g., construction plus induced and indirect employees). The DEIR only analyzes a segment of net new employment generated by the Project, thereby underestimating the proposed Project's impact on housing. This impact in turn results in an underestimation of traffic, parking, air quality and greenhouse gas emissions impacts (see letters submitted under separate cover by Dr. Petra Pless, and Tom Brohard, P.E.). These impacts are commonly analyzed as jobs-housing balance and jobs-housing "fit" impacts.

93-19 PH

- Impacts associated with Project-Plan inconsistencies including, but not limited to, precedent setting amendments to the general plan, zoning code and other departures from adopted plans, policies and regulations that could result in significant impacts not disclosed or analyzed in the DEIR.

93-20 LU

- Growth-inducing Impacts as a result of unmet demand for housing and particularly housing affordable to the Project workforce as well as growth inducing impacts associated with exempting this Project from applicable policies, plans and regulations. In addition, the DEIR fails to analyze the growth inducing impacts related to indirect and induced growth in employment to serve the Project and foreseeable uses at the California campus sites once sold.

93-21 GRO

- Cumulative impacts, including those related to housing demand and potential development at the abandoned California campus.

93-22 PH

- Potentially significant impacts associated with the shifts and changes in health care city-wide that would in turn change patient patterns (travel distances, types of trips, etc.), increased impacts on air quality emissions, public services and possibly other health care services (e.g., competition and or the abandonment of the California Street campus could result in loss of other existing services). These impacts are not addressed in the DEIR.

93-23 HC

A revised DEIR must not only disclose these likely significant impacts, it must also include a reasonable range of alternatives capable of reducing or eliminating significant impacts.

93-24 INTRO

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A. The Project Description is Incomplete

The DEIR's Project Description sections omit information that is essential to an adequate analysis of Project-related and cumulative impacts. Key examples vital information omitted from the DEIR are a plan for replacement housing for units demolished to make way for Project construction and a clear and compete description of the change in health care services to be provided by each campus. According to the DEIR, CPMC is continuing to work with the Mayor's Office of Housing to identify the best mechanism to meet the City's need to place the units lost and is evaluating a range of options. DEIR at pages 4.3-33. While the actual replacement number as a percent of total units in the City may be low, as a cumulative total for the income level these lost units represent, replacement units is a significant issue and as such should be a key element of the Project Description.[6] In addition the location of these affordable units may render their loss even more significant as they are in a high-end neighborhood. Similarly, additional detail concerning the exact types of health care services and target patient profiles is essential to an accurate and thorough description of Project-related and cumulative impacts. Impacts such as whether CPMC will result in a loss of key services to San Francisco residents cannot be analyzed without additional information on both the proposed Project as well as existing health care services.

93-25 HC

93-26 PH

93-27 HC

93-28 HC

Other information missing from the DEIR's Project Description sections includes, but is not limited to the following:

- Profile of the "net" new CPMC workforce by income range and job type to inform analyses of jobs-housing balance, jobs-housing fit and actual demand for additional housing affordable to the workforce. Only general information concerning the net new workforce can be gleaned from the DEIR (e.g., such as provided in Table 4.5-10 which provides no information on the income range of physicals and staff). Income has been shown to play a significant role in where an employee lives and therefore commuting distance.
- A financing plan for the proposed Project and a discussion of whether such a financing plan would include sale of the California campus to finance the project. The financing plan would necessarily result in disclosure of related environmental impacts and alternatives.
- Specific retail service and other commercial uses. This detailed information is critical to accurate trip generation assumptions, parking demand and determining whether or not uses will actually result in reducing trips/air quality and greenhouse gas emissions or merely become attractors for additional vehicle trips.
- Projected emergency room admissions and ambulance trips for both near-term and long-term project phases. This information is essential to an analysis of the adequacy of health care services and conclusions concerning impacts such as cumulative impacts of transit and

93-29 PH

93-30 PH

93-31 PD

93-32 TR

93-33 HC

[6] The omission of the details of the replacement units as part of the Project Description also represents an example of improperly omitted and/or deferred mitigation as the discussions with the Mayor's housing team is the DEIR's basis for not requiring additional mitigation. DEIR at page 4.3-33. Moreover, the DEIR fails to include any disclosure or analysis of the cumulative numbers of affordable housing being displaced by cumulative projects in the project area and City-wide.

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traffic generated by patients having to travel greater distances for services. Details including total projected psychiatric admissions is essential for impact analyses as well. 93-33 HC

- Actual disclosure of the wording (proposed text) of all required plan, policy and regulation amendments. 93-34 LU
- Justification (proposed findings) for the requested variances. 93-35 PD
- Justification (proposed findings) for all other exceptions/amendments including but not limited to parking, housing, Proposition M, etc. 93-36 LU
- Events schedule and visitors (e.g., CPMC currently has a robust schedule of seminars, lectures, workshops and other events). This information was used at least in part based on surveys for the transportation section of the DEIR, but does not appear in the Project Description. 93-37 PD
- The construction schedule in Appendix B provides a general overview of expected activities for near-term projects (the DEIR fails to provide adequate information on the buildout of long-term projects). Also, some sections of the DEIR provide additional details on construction activities by campus (e.g., Transportation and Noise). However, the DEIR omitted the details concerning the construction workforce, thus is it impossible to analyze impacts including housing demand, transportation, air quality and other impacts. This information would include, but is not limited to the type of worker by trade and tier status. The US Census provides information on the construction workforce including: area workforce characteristics by type of worker, worker residence locations, wages, and status – full or part-time. It is highly possible that given the cost of housing in the City that lower paid workers (Tier 1 or Blue Color Construction Workers) reside outside the area and thus have long commutes to and from their residences. Again, this information is readily available and critical to complete the DEIR's Project Description.[7] 93-38 PH

Without this critical project description information, the DEIR cannot disclose or analyze the project-related and cumulative impacts. In addition, the actual General Plan amendment language is essential to a determination of whether the proposed Project will result in Plan inconsistencies. A revised DEIR must be prepared when the project description is complete. 93-39 LU

B. The DEIR Omits Critical Project Setting Information

CEQA requires that an initial study contain "an identification of the environmental setting." Guidelines Section 15063(d)(2). Here, however, the DEIR's Environmental Setting section omits essential information. 93-40 HC

Examples of omitted Environmental Setting information that must be included in a revised DEIR are:

[7] Just as the transportation section describes construction period traffic impacts based on detailed descriptions of the Worker Population by Construction Phase, so should the section concerning Population, Employment and Housing. See e.g. Table 4.5-29. This information should be the starting basis for a revised analysis of jobs-housing balance and jobs-housing fit impacts.

- A detailed description of San Francisco's existing (and surrounding Bay Area communities, if applicable) health care services including personnel, services, facilities, emergency room admissions and ambulance trips, etc. This complete description of the health care service setting should provide information on any gaps or leakage of San Francisco's health care needs to other communities, accessibility of services, and other basic background information to provide a "baseline conditions" basis for analyzing Project impacts. Without this information, very basic impact analyses cannot be performed (e.g., how far will patients travel for care? What are the transportation, air quality and greenhouse gas emissions impacts of those travel patterns?). 93-41 HC
- Projected health care services needs for the projected San Francisco population based on changing demographics (e.g., aging population, etc.). 93-42 HC
- Additional information concerning the housing stock in the area surrounding the campuses (How much of the substandard stock is not occupied/livable? Are there overcrowding conditions? What are the rents and for-sale prices? What are the current rental and owner profiles? What is the current jobs-housing fit in these neighborhoods? The City? Region?). 93-43 PH
- Information concerning the available construction workforce in the area by trade. 93-44 PH
- More detailed information concerning cumulative projects including potential cumulative development at the California campus (based on the General Plan and Zoning/other), and in particular, other health care services projects in the City and immediately adjacent communities (e.g., Southern Marin, Peninsula, inner East Bay). 93-45 HC
- Information on existing jobs-housing balance and jobs-housing fit in San Francisco and the region. The DEIR only provides information on employed residents-jobs. This is not an adequate surrogate for either jobs-housing balance or jobs-housing fit. Impacts that flow from a lack of jobs-housing balance and fit include but are not limited to increase in- and out-commuting, impacts on air quality and greenhouse gas emissions. The distance of commutes and other information critical to a thorough impact analysis can only be determined based on adequate setting information. 93-46 PH

A revised DEIR must be prepared that includes this information and based on this information, analyzes the full impacts of the proposed Project on housing, jobs-housing balance, jobs-housing fit and the related impact topics of transportation, impacts on air quality and greenhouse gas emissions, among others. 93-47 PH

C. The Project Will Have Potentially Significant Impacts on Housing

Any environmental review must analyze the proposed project's potential impacts to population, housing and jobs. The DEIR includes discussions of potential housing impacts in number of chapters of the DEIR including Population, Housing and Employment; Land Use; Plans and Policies, Growth Inducement and Alternatives. In every discussion, the DEIR concludes that the Project would not result in any significant impacts to housing without mitigation. Specifically, the DEIR reached the sweeping conclusion that the project would not result in any significant impacts to population, employment and housing including demand for housing or housing displacement. The DEIR reaches this conclusion without an adequate 93-48 PH

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analysis of jobs and housing impacts and without analyzing the full demand for housing generated by the Project and the Project plus cumulative development. DEIR Section 4.3, pages 4.3-18 to 4.3-37.

The DEIR's significance criteria for housing-related impacts were based on whether the Project will:

- Induce substantial population growth in an area, either directly (for example, by proposing new homes and businesses) or indirectly (for example, through extension of roads or other infrastructure);
- Displace substantial numbers of existing housing units or create demand for additional housing, necessitating the construction of replacement housing; or
- Displace substantial numbers of people, necessitating the construction of replacement housing elsewhere.

93-48 PH

According to the DEIR, the population and household analysis takes into account a number of factors including CPMC employment, San Francisco employment, San Francisco households and San Francisco population growth and considers whether Project implementation would result in changed or increased housing demand and contribute substantially to residential population growth in San Francisco. DEIR at page 4.3-13. Based on this cursory and incomplete analysis, the DEIR concludes impacts will be less than significant across the board. DEIR at pages 4.3-18 to 4.3-31. However, this conclusion is mistaken. As discussed below, the Project will likely result in significant unmitigated impacts to housing and in particular, impacts on affordable housing needed to meet the needs of Project's workforce.

93-49 PH

The DEIR's conclusion that housing impacts will be less than significant without mitigation is based on a number of erroneous assertions including:

93-50 PH

- The CPMC LRDP Project projected growth is within the household and population projections by the Association of Bay Area Governments (ABAG).
- CPMC is working with the Mayor's office on a plan to replace housing demolished by the Project, most likely through fees rather than construction of units.

93-51 PH

- As estimated by the City's adopted Housing Element, San Francisco has the capacity to accommodate the approximately 1,490 households generated by the Project.
- The City has the capacity to accommodate cumulative housing need based on net new workforce assumptions for cumulative projects, an employed residents/household ratio of 1.37, and assumptions about housing production in the City. Specifically, according to the DEIR, the new jobs would generate a demand for 1,300 housing units compared to the approved housing supply in San Francisco of 8,200 units plus vacant units and projected housing. DEIR at page 4.3-45.

93-52 PH

The DEIR's conclusions in this regard fail to consider the following reasons why housing demand will be much greater than disclosed:

93-53 PH

- Full new household demand generated by the Project, plus the construction workforce, plus indirect and induced jobs (the multiplier effect);

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- Jobs-housing fit.[8]
- Cumulative jobs-housing fit.

93-53 PH

As a result of underestimating demand for housing generated by all "known" Project elements (e.g., net new direct, indirect and Project-induced employees and construction workers), the proposed Project is likely to result in demand for housing in excess of supply, particularly of housing at costs/rents that fit the workforce needs (i.e. housing affordable to the salaries of the CPMC direct, indirect and Project-induced workforce). These potentially significant impacts will in turn, likely lead to an underestimation of commute trips and length of trip as net new populations generated by the Project seek housing further from San Francisco causing additional impacts on traffic, public services, air quality and global climate change due to greenhouse gas emissions.

93-54 PH

93-55 PH

The conclusion reached in the DEIR concerning the lack of Project impacts on housing is flawed in the following major respects: First, the DEIR evaluates impacts against incorrect baseline environmental conditions. Second, the DEIR bases the impact analysis on an incomplete and flawed description of Project elements likely to result in significant impacts related to housing demand and supply, and fails to disclose key setting information necessary to complete an adequate analysis of housing impacts. As a result of these omissions, the DEIR fails to identify any housing impacts as significant. Third, the DEIR fails to identify feasible mitigation measures for these significant impacts.

93-56 PH

Incorrect Environmental Baseline for the DEIR's Housing Sections: To reach the conclusion that the proposed Project will result in less than significant impacts on housing, the DEIR improperly relies on a comparison of the project impacts to conditions that are not relevant to a proper CEQA evaluation. For example, the analysis concludes that housing impacts will be less than significant based on future conditions rather than existing environmental conditions. The analysis concludes that because population and housing demand generated by the Project is within ABAG projections and *projected* housing supply, the Project has no significant impact. Just because the Project's employment, household creation and population is within growth projections and future housing projections does not provide the proper comparison of the Project's impacts to existing conditions. See CEQA Guidelines Section 15125(a).

93-57 PH

In setting the baseline for the analysis of housing and other impacts (e.g., employment, growth inducement and jobs-housing balance and jobs-housing fit) the DEIR fails to analyze the "real conditions on the ground," and instead compares the Project to hypothetical future environmental conditions (e.g., projected housing, population and employment growth) that do not exist. DEIR at page 4.3-29. Again, these future conditions include projected housing, population and employment growth in the project area and region. This artificial baseline creates the illusion that the Project's impacts on housing are not

93-58 PH

[8] Jobs-housing fit refers to the relationship between housing costs/rents and the salaries of the workforce generated by the proposed Project. Acceptable jobs-housing fit means that the demand for housing generated by the project can be met by a housing supply in the project area at prices and rents affordable to the project workforce generating the demand.

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significant because those growth and housing projections make the Project contribution to housing demand appear small in number. 93-58 PH

When *full* Project housing demand is compared to existing availability of housing affordable to the workforce, impacts are likely significant. If the analysis also includes the loss of actual housing units plus the loss of future housing that could occur on the Project campus sites under current plans and zoning and takes into consideration jobs-housing "fit," Project related impacts will be much more significant than presented in the DEIR. The DEIR's baseline calculation violates the plain language of CEQA. 93-59 PH

For the housing sections, a revised DEIR must analyze the proposed Project's *full* impacts on the existing conditions. The revised analysis must also identify the likely significant short-fall of housing affordable to the Project's direct, indirect, and Project-induced workforce as a result of the proposed Project plus cumulative projects. More detailed setting information concerning the status of affordable housing in the Project neighborhoods, City and beyond must be a basis for this revised analysis. 93-60 PH

Incomplete Project Description and Assumptions for Housing: In addition to reliance on the wrong environmental baseline to justify conclusions of less than significant impacts, the overarching conclusion that the Project would not have significant housing impacts is not supported by the facts:

1) The DEIR fails to describe all elements of the Project that generate housing demand including, but not limited to construction workforce, Project-induced and indirect employees. If all of these net new employees are included, the underestimation of the Project's housing demand is even greater than disclosed in the DEIR. A proper analysis of full housing demand would likely result in a significant shortfall of housing, particularly housing affordable to segments of the new direct, Project-induced, indirect and long-term construction workforce. 93-61 PH
2) The DEIR fails to account for the additional indirect employment (based on a reasonable multiplier[9]) generated by the construction component of the Project. As a result, net new demand for housing will likely be even greater. Table 4.5-29 provides an indication of the workers by general phase/shift. Total construction should provide a basis for applying a multiplier to determine the housing need for this element of the Project in a revised analysis. 93-62 PH
3) The DEIR fails to account for where workers will likely live and simply relies on the assumption from the CPMC IMP that 49% of employees reside in San Francisco, 22% in South Bay/Peninsula; 19% in East Bay; 8% in North Bay to extrapolate the locations where future employees will reside. DEIR at pages 4.3-12 to 13. Moreover, these assumptions, valid or not, do not include construction workers. Census and other information are available to more accurately project the likely places workers will live. These studies clearly show a correlation between worker 93-63 PH

[9] The total jobs generated by a project can be determined using "multipliers" that indicate the number ratio of direct jobs to indirect and induced jobs. Used to measure the number of times each dollar of direct spending cycles through an economy thereby producing indirect and induced spending, multipliers also describe indirect and induced employment produced by a project's economic impacts.

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wages and salaries the location of their residences.[10] A revised DEIR must do the work and not simply extrapolate from the prior Plan. 93-63 PH

4) The DEIR fails to deduct from planned and projected housing, housing that would be developed on these sites under current planning and zoning. Moreover, the DEIR fails to regard the loss of this potential housing as an impact. 93-64 PH
5) The DEIR does not include housing that would be required to be built under current City regulations, but that the Project is requesting to be excused from constructing. DEIR at page 4.3-33. 93-65 PH
6) The DEIR fails altogether to analyze the "housing fit" – that is the cost of housing compared with the Project workforce's ability to pay for that housing. Various segments of the net new workforce, as well as indirect and induced jobs, are likely to fall into lower income categories. 93-66 PH

As a result of these and other omissions, flawed and incomplete analysis and assumptions, the Project is likely to result in significant demand for housing affordable to the workforce over supply in the immediate neighborhoods surrounding the Project's various campuses, in the City and potentially around the Bay Area (Marin, East Bay, Peninsula). 93-67 PH

After including a complete project description and environmental setting, a revised DEIR must disclose and analyze the full impacts of the proposed Project on housing such as housing demand over supply taking into consideration jobs-housing fit, unmet demand for housing affordable to the workforce and impacts on the housing supply (e.g., as a result of amending plans, zoning and code sections). It is likely that a revised CEQA analysis along the lines described above would show significant impacts on housing requiring full alternatives and mitigation to address housing impacts. 93-68 PH

Feasible Mitigation Measures to Address Significant Housing Impacts Including Unmet Demand for Affordable Housing: The DEIR does not identify any mitigation measures because it finds that project-related and cumulative impacts associated with housing to be less than significant. DEIR at pages 4.3-21 to 4.3-42. As described above, these conclusions are based on incomplete and flawed analyses. A revised DEIR must include feasible mitigation measures to reduce and/or eliminate significant housing, housing affordability, housing supply, jobs-housing balance and jobs-housing fit impacts. Such measures generally include but are not limited to replacement housing on or off site for units demolished as well as for units required under the City's policies and regulations (e.g., Van Ness Avenue Area Plan (VNAP) regulations requiring development of residential square footage for each square foot of non-residential uses); impact fees and other means of generating financing for housing affordable to the workforce. The Project applicant should also consider entering into a Community Benefits Agreement with affected community residents and stakeholders and set forth enforceable benefits that could also be relied on to mitigate project housing impacts. Other measures that should be considered include: 93-69 PH 93-70 PH 93-71 PH

[10] Academic and empirical research supports our inference from Census statistics that wages matter to residents' decisions where to work and live. See Attachment 2 and 3 hereto: "Wages, benefits, hours, commuting time, and license renewal for Iowa Registered Nurses;" and "The Effects of Housing Prices, Wages, and Commuting Time on Joint Residential and Job Location Choices."

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- A commitment to build housing for the workforce on one or more of the Project campus sites. Total units should be based on a nexus or other detailed study of actual Project-related housing demand and jobs-housing fit.
- A revolving loan fund at no interest toward the building of new affordable units in the Project areas and/or rehabilitation of existing units by community non-profits working in collaboration with a "Coalition Advisory Committee" (see below). The size of the loan fund must be sizable enough to substantially address the full impacts of the Project particularly on affordable housing demand. As an example, a revolving loan fund of approximately $20 million over 5 years would allow for the creation or preservation of about 200 units of affordable housing, with the fund providing acquisition and/or construction loans for rehabilitation, new construction or preservation of existing subsidized properties at risk of converting to market.
- An additional revolving loan fund at no interest could be established to rehabilitate housing in the areas surrounding the campuses, with specific attention to leveraging other funding to increase the energy efficiency of these units (thereby saving residents on energy bills and reducing greenhouse gas and air quality emissions).
- Creation of a "Coalition Advisory Committee" (and specialized technical sub-committees on housing, energy efficiency and other issues). Among the considerations of the Committee should be to support local community land trust that would help to provide affordable housing in the Project areas and a rental assistance program for low-income staff and workforce.

93-71 PH

93-72 PH

93-73 PH

93-74 PH

A Community Benefits Agreement can also provide a useful vehicle to mitigate for parking, traffic, energy, air quality and other impacts associated with the Project.

93-75 PH

D. The DEIR Underestimates Project-Related Employment and Fails to Adequately Disclose and Analyze Jobs-Housing Balance and Jobs-Housing Fit Impacts

The DEIR concludes that Project-level and cumulative impacts associated with employment would be less than significant. DEIR at pages 4.3-18 to 4.3-31. The DEIR further concludes that cumulative impacts with respect to employment would be less than significant without adequate data or analysis. DEIR at page 4.3-31. Obviously, the Project's contribution to new jobs in San Francisco is a good outcome. However, these new direct, indirect and temporary employees must be accounted for in the environmental analysis. The DEIR concludes as follows:

93-76a PH

> The total number of personnel at CPMC campuses would grow to approximately 10,730 by 2030. This would be a net new growth of 4,170 full time equivalent (FTE) personnel CPMC system wide between 2006 and 2030. This personnel growth would create population growth and household growth of approximately 3,480 people or approximately 3% and 1,409 households or approximately 3% overall, that would be within ABAG's population projections for San Francisco. Also, the increase in housing demand could be accommodated by the city's vacant housing supply

(approximately 17,100 vacant units)[11] and available capacity to build approximately 34,100 new housing units. DEIR at page 4.3-31.

93-76a PH

These conclusions are based in part on the projected employment generated by the Project being within ABAG's employment forecasts. DEIR at page 4.3-31. As described above, comparison of the Project against future population projections relies on an improper baseline. Id. A revised DEIR must evaluate the physical and other environmental impacts of net new employment generated by the Project against existing conditions (e.g., existing supply of housing at rents/prices affordable to new employees).

93-76b PH

The DEIR appears to grossly underestimate employment generated by the Project. According to the DEIR, the Project will generate 10,730 full time equivalent (FTE) personnel at the four campuses. For analysis purposes, the DEIR relies on an overall project impact of only 4,170 net new jobs. This figure underestimates the full employment impact of the proposed Project because it does not include construction workers, or induced and indirect jobs. Nor does the projected number include any non-medical jobs at the California campus (under the foreseeable scenario that campus will be sold and redeveloped consistent with existing plans and policies).[12]

93-77 PH

The DEIR underestimates new jobs generated by the Project and the impacts associated with this underestimation for reasons including, but not limited to, the following:

- Omission of total "net" new direct **and** indirect and Project-induced jobs. The DEIR does not appear to include jobs that would be generated by the Project based on a reasonable multiplier effect and failure to apply that multiplier to certain key categories of population generated by the Project (e.g., to construction workers, medical services, etc.).
- Jobs associated with the redevelopment/future use of the California campus sites after they are sold and reused/redeveloped.
- The actual imbalance of jobs and housing taking into consideration the salaries of new jobs with housing costs or "Jobs-Housing Fit."

93-78 PH

The omission of ALL indirect and induced jobs in the DEIR's analysis of employment and population growth and jobs-housing balance has a ripple effect throughout the DEIR. Specifically, to the extent the DEIR underestimated total new jobs and population generated as a result of the Project directly and indirectly, other impacts including, but not limited to traffic, parking, greenhouse gas emissions, public services, air quality, among others are also underestimated.

93-79 PH

Indirect and Project-Induced Jobs: The impact of the proposed Project on the local, regional and even State economies is greater than the total of direct spending and direct job creation. This economic ripple effect is typically measured by an "input-output" economic model such as IMPLAN. While these models have historically been used to describe the economic benefits of projects, they are increasingly being used in DEIR's to analyze the full job generation potential of projects and therefore the full

93-80 PH

[11] Inadequate information is provided on the locations, type, condition and price/rent of these units to support any conclusion that they are adequate for the Project's workforce needs.

[12] Or potentially purchased by another medical group desirous of the same exemptions from City plans, policies and regulations CPMC is seeking.

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environmental impact of projects. The multiplier effects for the proposed uses likely range from a minimum of .5 or ½ additional new job for every job created to over 1.4 under commonly applied models. Of course employment multiplier effects can vary depending upon the specific types of jobs being created. The redevelopment of the St. Luke's campus site may not result in as high a multiplier due to the fact a medical facility already exists and so do complimentary services in the area. However the multiplier for a new hospital at the Cathedral Hill site could mean that a higher multiplier effect is warranted because of the introduction of a brand new facility in an area that may lack complementary services. A revised DEIR must re-analyze the multiplier based on the specific types of jobs generated by the Project and produce a revised analysis of impacts to employment, population and housing, jobs-housing balance, jobs-housing fit, traffic, greenhouse gas emissions and air quality impacts among other impacts. 93-80 PH

A typical multiplier based on what is known about the Project would suggest that the DEIR has grossly underestimated indirect and induced jobs by a significant number. A recent Oregon Study found that the average physician in Oregon supported 14 to 48 total jobs or 25 total jobs on average[13]. While some of those jobs are reflected in other employee categories for the Project (e.g., staffing on site), some are not and would be created off-site in support services and other jobs. A University of Kentucky Study of Rockcastle Hospital and Respiratory Care Center concluded that for every hospital job, an additional .48 jobs were created in the local economy.[14] Not only must a revised DEIR include an analysis of the impacts of all jobs – indirect, Project-induced, construction, but the multiplier should be applied to construction as well as facility jobs by job classification and salary. Moreover, depending upon the location of all net new jobs (including induced and indirect), revised impact analyses for traffic, air quality, urban decay, housing demand, jobs-housing fit, and greenhouse gas emissions impacts is required. These new jobs have the potential to significantly increase the impacts of the Project as well as to influence the mitigation measures necessary to reduce or eliminate Project-related and cumulative impacts. 93-81 PH

Jobs-Housing Fit: As a result of the omissions and flawed assumptions underlying the DEIR's analysis of employment, the DEIR's analysis of employment growth and housing demand and supply is incomplete and inadequate. If the DEIR had completed an adequate analysis as described above, it would have shown significant impacts associated with the Project in terms of jobs-housing balance, demand for housing and related impacts. 93-82 PH

Cumulative Impacts are Not Adequately Analyzed: The DEIR uses forecasted employment growth as a proxy for "related projects." DEIR at page 4.3-6. Based on this approach, the DEIR concludes that the Project's incremental employment effect is not "cumulatively considerable" within the meaning of CEQA and hence its cumulative employment impact is less than significant. DEIR at 4.3-31. To the contrary, there is information concerning likely future employment growth based on the cumulative list as well as planning and zoning. A revised analysis should be prepared that uses both methodologies to re-evaluate cumulative impacts to jobs and in particular jobs-housing fit. 93-83 PH

Feasible Mitigation Measures to Reduce or Eliminate Potentially Significant Employment Related Impacts: The DEIR does not identify any mitigation measures to address employment impacts because 93-84 TR

[13] Attachment 4. The Economic Contributions of Oregon's Physician Practices, May 2010.
[14] Attachment 5. CBRE Consulting, Inc. Direct, Indirect, and Induced Economic Impacts of UC San Diego; Attachment 6. Kentucky Study, www.cauky.edu/krhw

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it finds that Project-related and cumulative-impacts associated with employment to be less than significant. DEIR at page 4.3-31. A revised DEIR must include feasible mitigation measures to reduce or eliminate employment related impacts to transportation, housing and air quality, such as measures that would draw new employees from the local workforce. In addition to housing related measures (see list above), mitigation measures should consider all of the following:

1. Creation of a Local Apprentice Employment Program that involves training and other strategies to maximize the number of local entry-level opportunities for area residents in both service and construction jobs that lead to middle-income careers.
2. Establishment of a Local First Source Policy to promote the hiring of local journey-level workers (in a community benefits agreement and the development agreement).
3. Creation of a small business assistance program and funding for small businesses in the project areas that exist and could provide secondary services (to reduce the impacts of a multiplier).
4. Establishment of a scalable Transportation Demand Management Fee linked to the average vehicle miles traveled of the construction workforce. The revised analysis of construction worker transportation impacts would provide a basis for this fee.

93-84 TR

E. The DEIR Fails to Adequately Analyze the Project's Significant Inconsistencies with Adopted Plans and Policies

The Project as proposed requires general plan amendments, variances from the existing Codes, Floor Area Ratio (FAR) amendments, parking reductions and other significant departures from adopted plans, policies and regulations in order to be built. DEIR Chapter 3. The lengthy list of necessary and sweeping departures from adopted plans and policies call into question whether the Project benefits and merits justify the requested departures and amendments. Because the DEIR omitted critical documents for review (e.g. proposed policy amendment text), it is impossible to fully evaluate Project consistency with adopted plans and policies. Moreover, Project consistency is based on the Project receiving all of the myriad major entitlements, amendments and exceptions from existing plans, policies and regulations. This is not the correct method for measuring Project consistency.

93-85 LU

Broadly speaking, in order to protect California's land resources and improve the quality of life in the state, each California City and county must adopt a comprehensive, long-term general plan governing development.

93-86 LU

The myriad of applicable existing plans and policies from which to evaluate Project consistency includes, but is not limited to, the following:

- The San Francisco General Plan and all applicable elements, including the Housing Element
- Regional Plans and policies (e.g., Bay Area Air Quality Management plans and regulations)
- Van Ness Avenue Area Plan (VNAP)
- Market & Octavia Neighborhood Plan
- Mission Area Plan
- Japan town Better Neighborhood Plan

93-87 LU

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- Mission District Streetscape Plan
- Measure M

93-87 LU

The Project consistency "analysis" contained in the DEIR provides conclusory statements of consistency that are in most cases unsupported by evidence in the record. For example, according to the DEIR, the Project is "generally consistent with the Recreation and Open Space Element. Implementing the LRDP would result in an increase in FTE employees and new San Francisco residents." The paragraph points to other sections of the DEIR for further information. DEIR at page 3-7. In the place of such conclusory statements, a revised DEIR must include a table with the full text of applicable policies and provisions and a specific description of why the Project is or is not consistent with each applicable policy or provision. While other sections of the DEIR contain statements regarding Project consistency or general consistency with applicable plans, policies and regulations, these statements are largely devoid of analysis and evidence to support the conclusions of Project-plan/policy consistency even with amendments and exceptions. The table below provides just a few of the key examples of plan provisions where Project consistency has not been adequately demonstrated.

Examples of Applicable Plan, Policy, or Regulation	Comment
Van Ness Avenue Area Plan (VNAP): The focus of this visionary plan is to revitalize the area by encouraging new retail and housing to facilitate the transformation of Van Ness Avenue into an attractive mixed use boulevard. The VNAP does not encourage medical centers and instead encourages high-density mixed use development. To accomplish this the VNAP has a number of key provisions including: • Establishes a require ratio for new development of 3 square feet of residential use for every 1 square foot of nonresidential uses. • Eliminates density for residential uses. • Allowable FAR of 7.0:1.	The proposed Project requires a major general plan amendment to achieve heights and bulks that are inconsistent with VNAP, to waive housing requirements and density requirements, among other amendments and exclusions necessary for the Project as proposed to be found consistent with the VNAP. In addition the proposed Project is inconsistent with the overall vision of the VNAP and would impact its objectives for a vital pedestrian environment, lower parking ratios and mix of uses. Requested amendments would also increase the current allowable floor area ratio (FAR) of 7.0:1 to an FAR of 9.0:1. Waiver of density limits in the VNAP was intended to encourage housing, not a major medical center. The DEIR concludes that with the proposed amendments, the project is "generally consistent" with the VNAP. This could not be a greater reach. Permitting the CPMC project to completely ignore the VNAP, including its residential requirements, opens the door for further erosion of the Plan and its vision. Neither the direct Project impacts, nor the precedent set by allowing the Project to ignore the VNAP is adequately analyzed in the DEIR.
Housing Element: Applicable provisions include	The proposed Project has numerous

93-88 LU

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proposed housing on the CPMC sites (e.g. Cathedral Hill), requirements for adequate housing for the workforce and requirements for replacement housing.	inconsistencies with the City's Housing Element that are not analyzed or disclosed in the DEIR including but not limited to: • Inconsistencies with sites (housing site inventory) designated for housing and that would help the City meet its regional housing needs assessment. • Inconsistencies with housing element policies requiring non-residential uses to do their fair share to provide workforce housing. • Inconsistencies with replacement housing requirements.
Proposition M – Accountable Planning Initiative which added Section 101.1(b) to the Planning Code to establish eight priority policies including preservation and enhancement of affordable housing and discouragement of commuter automobiles.	The findings for consistency between the Project and Measure M priority policies are not supported by the evidence in the DEIR. Additional information and mitigation is needed to make such findings of consistency particularly with the provisions noted.

93-88 LU

Other Project inconsistencies with applicable plans, policies or regulations include, but are not limited to the following:

- Height and bulk limits for numerous campuses: For example, an amendment is required to the Height and Bulk District map to reclassify the block for the Cathedral Hill hospital from the 130-V Height and Bulk District to a 265-V Height and Bulk District, allowing a maximum height of 265 feet. DEIR at Table S-1.
- Height limit for Cathedral Hill campus: Conditional Use authorization is required for the Cathedral Hill Hospital and Cathedral Hill MOB in an RC-4 zoning district to allow buildings taller than 40 feet within the Van Ness Special Use District. DEIR at Table S-1.
- Off-street loading space dimension: The proposed Cathedral Hill campus would also require Conditional Use authorization to exceed the allowable parking. DEIR at Table S-1.

93-89 LU

A revised DEIR must include a detailed table that provides the applicable text of all policies and regulations for all applicable plans, policies and regulations and provides the rationale for a finding of Project consistency with each. If consistency can only be found because of amendment or exception to a policy or regulation, feasible alternatives and mitigation should be described that would not require the amendment or exception. For example, consistency with the VNAP housing requirements could be achieved by providing those required units or other measures described above.

93-90 LU

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The DEIR contains evidence that the Project is inconsistent with a number of adopted policies. DEIR Table S-1; See also Project Description chapters for each campus site. Since the project description sections fail to describe the proposed text of the necessary general plan amendments and the proposed text of other required exceptions and amendments, the significance of these impacts cannot be analyzed. Unless and until the Project is shown to be consistent with all applicable plans and policies, either through appropriate amendments that do not render plans internally inconsistent or through changes to the project, it cannot be approved. 93-91 LU

Moreover, feasible alternatives and mitigation to address policy and regulation inconsistencies must be identified. For example, a reduced scale project at the Cathedral Hill campus would be more consistent with policies and regulations (e.g., Floor Area Ratio (FAR)) for those sites. 93-92 LU

F. The DEIR Fails to Adequately Analyze the Project's Growth Inducing Impacts

The DEIR concludes that the Project will not result in direct or indirect substantial growth inducement. The conclusion of the DEIR's "analysis" of growth inducement is that implementing the proposed CPMC would not induce substantial population of employment growth and the growth that is generated is within growth projections and projected housing capacity. DEIR at pages 5-16 to 5-17. This conclusion is reached notwithstanding the DEIR's admission that: 93-93 GRO

- CPMC is the second largest private employer in San Francisco;
- The analysis fails to consider all growth generated by the Project (e.g., the multiplier effect on direct construction and ongoing operations jobs including induced and indirect jobs); and
- The analysis fails to consider growth at the California Campus once sold; among other considerations.

As discussed in detail above, every CEQA document must start from a "baseline" assumption. A revised DEIR must include an analysis of the extent to which the Project could lead to growth in the area beyond the existing conditions. At a minimum, the analysis should include: a) identification of infill parcels in the Project areas that may be underutilized or vacant; and b) the potential for additional growth of secondary services to the Project (e.g., from housing to janitorial, plumbing, repairs/maintenance and other specialized support services not provided by the Project). Moreover, the analysis should evaluate the potential growth inducing effects of sweeping land use; zoning and code changes that could be replicated by other projects (e.g., Floor Area Ratio (FAR) and other variances). Such an analysis should also include an evaluation of the potential for the project to "gentrify" the neighborhood thereby displacing existing housing and non-residential uses. 93-94 GRO 93-95 PH

G. Feasible Alternatives to the Project Exist that Mitigate Impacts

CEQA's purpose of avoiding or substantially reducing effects of a project through the adoption of feasible alternatives is defeated where an EIR fails to ensure that information about potentially feasible alternatives is subject to public and decision-maker review. The DEIR dismisses alternatives based on statements such as the CPMC decided that the alternative would not be cost effective. See e.g. DEIR at page 6-24: 93-96 ALT

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"According to CPMC, retrofitting could not bring existing on-campus structures up to 'new construction' standards of safety without prohibitive costs."

93-96 ALT

Where a project proponent asserts that various alternatives are not financially feasible or cost effective, they must disclose the financial information and economic data and analysis underlying the assertion to allow the public and decision-makers to fully understand why certain alternatives could be rejected as infeasible.

The DEIR identifies Alternative 3A as the environmentally superior alternative other than the No Project alternatives. See DEIR at page 6-401. In describing the merits and limitations of Alternative 3A, the DEIR points to specific project elements, such as the loss of the pedestrian through connection at St. Luke's, that could be addressed with more detailed attention to the planning for that campus. Given that the alternatives analysis contains the same flaws as the DEIR's analysis of the Project as described in detail in the sections of this letter above, a revised DEIR must re-analyze Project alternatives. Such a re-analysis should focus on the environmentally superior alternatives and specifically, should modify those alternatives for re-analysis in a manner that would further reduce impacts while potentially improving performance related to project objectives. Reducing the development program at the Cathedral Hill campus while maintaining and/or expanding the health care services at the St. Luke's campus would be a likely candidate for revised analysis. Finally, a revised and recirculated DEIR must include sufficiently detailed financial and economic analysis to allow the public and decision-makers to understand why some alternatives warrant rejection, including the retrofit-only alternative.

93-97 ALT3A

93-98 ALT

CONCLUSION

For all the above reasons, the City must prepare and recirculate a revised DEIR based on a complete project description and environmental setting that addresses these omissions.

93-99 OTH

Very truly yours,

83424B25B5B1404...
Terry Watt
DocuSigned By: Terry Watt

Terrell Watt, AICP

Attachments:

1. Resume of Terrell Watt
2. Imerman, Mark M. and Orazem, Sikdar and Russell. Wages, benefits, hours, commuting time, and license renewal for Iowa Registered Nurses; September 15, 2006.
3. So, Kim and Orazem and Otto. The Effects of Housing Prices, Wages, and Commuting Time on Joint Residential and Job Location Choices; 2001.
4. Isgrigg, Jo, Ph.D., Beleciks, Moorhead, Dodson, Swendsen, Conkin, Beck. The Economic Contributions of Oregon's Physician Practices; May 7, 2010.

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5. Description of Multipliers: CBRE Consulting, Inc Chapter VII. Direct, Indirect, and Induced Economic Impacts of UC San Diego
6. KY Rural Health Works. Economic Impact of Rockcastle Hospital and Respiratory Care Center, Inc. On Four Kentucky Counties: Fayette, Jefferson, Franklin & Madison; January 2005.

Letter 94

Devyani Jain /CTYPLN/SFGOV
10/20/2010 10:16 AM

To Chelsea Fordham/CTYPLN/SFGOV@SFGOV
cc
bcc
Subject Fw: CNA Comments on CPMC DEIR: Email 5

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Major Environmental Analysis

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----- Forwarded by Devyani Jain/CTYPLN/SFGOV on 10/20/2010 10:16 AM -----

Gloria D Smith <gloria@gsmithlaw.com>
10/19/2010 09:58 PM
Please respond to gloria@gsmithlaw.com

To bill wycko <bill.wycko@sfgov.org>, Devyani Jain <Devyani.Jain@sfgov.org>
cc ngreen@calnurses.org
Subject CNA Comments on CPMC DEIR: Email 5

Please find attached appendices to land use comments by the California Nurses Association for the CPMC DEIR.

The Law Offices of Gloria D. Smith

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--- On **Mon, 10/18/10, Terry Watt <*terrywatt@att.net*>** wrote:

From: Terry Watt <terrywatt@att.net>
Subject: FW: attachments to Terry Watt letter
To: gloria@gsmithlaw.com
Date: Monday, October 18, 2010, 5:52 PM

Gloria,

Here are the attachments. Please let me know you rec'd these. Letter coming.

Terry Watt

415-377-6280



scan 1 to 5.pdf

ATTACHMENT 1

Attachment to Letter 93

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EXPERIENCE

1989 - **TERRELL WATT PLANNING CONSULTANTS**
Planning Consulting Firm Owner

1981-1989 **SHUTE, MIHALY & WEINBERGER**
Planning Expert/Paralegal

PROFESSIONAL MEMBERSHIPS AND BOARDS

American Institute of Certified Planners (AICP)
American Planning Association (APA)
Board Member of the Planning and Conservation League

AWARDS

California State Association of Counties Distinguished Service Award, 2005

EDUCATION

USC GRADUATE SCHOOL OF URBAN AND REGIONAL PLANNING
Masters degree in City and Regional Planning

STANFORD UNIVERSITY
Bachelor's degree in Urban Studies

Since 1989, Terrell Watt, AICP, has owned Terrell Watt Planning Consultants. Ms. Watt's firm specializes in planning and implementation efforts focused on regionally-significant projects that promote resource conservation and sustainable development patterns. Prior to forming her own consulting group, she was the staff planning expert with the environmental and land use law firm Shute, Mihaly & Weinberger. She is an expert in general and specific planning, open space and agricultural land conservation

and environmental compliance. Her skills also include facilitation, public outreach, and negotiation.

Terrell works with a wide variety of clients throughout California including non-profit organizations, government agencies and foundations. Her recent projects and roles include:

- Participant on the advisory panel to the California Statewide Infill Study project conducted by UC Berkeley's Institute for Urban and Regional Development and sponsored by BTH, HCD and Caltrans. The outcome of this project is a California Infill Parcel locator tool to pinpoint sites for infill throughout California. http://infill.gisc.berkeley.edu/

- Project Manager for the Marin Countywide Plan Update and its EIR. The Plan was adopted by the Marin Board of Supervisors in November 2007. http://www.co.marin.ca.us/depts/CD/main/fm/cwpdocs/CWP_CD2.pdf The plan and EIR have won numerous awards for addressing climate change and sustainability.

- Project coordinator for the California Infill Estimation Methodology Project funded by an Environmental Justice Grant from Caltrans and jointly sponsored by the City of Los Angeles, County of Los Angeles and Environment Now. The Study Toolbox can be obtained at www.solimar.org

- Co-Lead negotiator to secure an Agreement with the Tejon Ranch Company for the permanent protection of 240,000 acres (90% of the Tejon Ranch. Acted as Interim Executive Director of the new Non-Profit Tejon Ranch Conservancy.

ATTACHMENT 2

Attachment to Letter 93

Wages, benefits, hours, commuting time, and license renewal for Iowa Registered Nurses

Mark M. Imerman, Peter F. Orazem, Shiva Sikdar and Gina Russell
Iowa State University

September 15, 2006

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Mark Imerman, Department of Economics, Iowa State University, Ames, IA 50011-1070; (515) 294-5781; mdimerna@iastate.edu
This project was made possible by grant number 1 D1DHP06382-01-00 from the Bureau of Health Promotions, Health Resources and Services Administration, U.S. Department of Health and Human Services with additional funds provided by the Iowa State University Economics Department. We thank Hale Strasser for assistance in programming the on-line questionnaire, Vicki Imerman for organizing a survey pretest at the Des Moines Area Community College Boone Campus, all of the pretest participants, and Eileen Gloor and Michelle Holst, Iowa Department of Public Health, for comments and suggestions regarding survey design.

Executive Summary

This study makes use of the Iowa Board of Nursing licensing database for Registered Nurses to evaluate the factors that influence the decision to renew an RN license and to examine current nurses' salaries, benefits, working hours and commuting decisions. Among the findings:

License Renewal

- Nurses are most likely to renew if they are young, white, female, and residing outside but adjacent to a metropolitan area.
- The exit rate from nursing is extremely small—80% reach 30 years of tenure without letting the license expire. Many license holders will still maintain the license even after moving to jobs that do not require the license.
- By far the most important reason nurses let their licenses expire is because they have left the labor force.
- Home responsibilities are more important than poor compensation as a reason for letting the license expire.
- Only 7% of nurses with expired licenses thought they would return to the profession and another 17% said they might. For these compensation and home responsibilities were key factors in triggering a reentry.

Wages, Benefits and Hours

- Average family income for registered nurses is well above the median for Iowa households.
- Average wages for RNs in nursing or nursing-related jobs are well above the pay RNs receive for jobs outside nursing. Similarly health insurance and pension benefits are much better in nursing jobs than jobs outside nursing.
- The higher pay for nursing than for other jobs is partly due to working longer hours, but also due to higher hourly compensation.
- Pay is highest in metropolitan markets. However, most nurses work within commuting distance of jobs at or near top paying jobs.
- Nurses' salaries do not vary greatly with education and experience, suggesting significant wage compression for experienced nurses and little incentive to gain additional schooling beyond the bachelor's degree.
- Nurses with young children work 2.5 fewer hours per week than average. Male nurses average 7 more hours per week.
- Rural nurses earn 22% less and nurses in small urban areas earn 17% less than otherwise comparable nurses in metropolitan areas.
- Female nurses are less likely to receive pension benefits, but there are no other significant differences in compensation between men and women holding Iowa nursing licenses.

Commuting

- One-third of nurses commute over 21 minutes each way to work. Nurses residing in rural and small urban communities are the most likely to commute with average distance exceeding 40 minutes.
- Commuting has a significant impact on average pay and access to benefits for nurses in small urban and urban communities. It does not appear as important on average for nurses in rural communities. On average, commuting 20 minutes raises pay by about 5%.
- The probability of commuting is not related to household characteristics, suggesting that there are no serious constraints to commuting, even for nurses with larger households, with young children in the home, or for nurses residing in rural or small urban markets.
- The geographic distribution of registered nurses closely matches the distribution of the Iowa population. This suggests that there is no current evidence that rural markets lack a potential supply of nurses. Wage differences between urban and rural markets indicate that rural areas may need to pay more to keep their resident nurses from commuting to urban markets.

Glossary of terms

Compensation: Includes both wages and benefits from employment.

Family Income: Total combined income of all household members during the 2005 calendar year, including money from jobs, net income from business, farm, or rent, pensions, dividends, interest, social security payments and any other money income received by members of this family who are 15 years of age or older.

Pay: Used interchangeably with **Wage**

Personal Earnings: Annual wages from personal employment in a job or personal net income from a wholly owned business during the 2005 calendar year.

Return to (education or experience): The proportional increase in pay from an additional year of schooling or job experience.

Wage: Amount of pay received per unit of time worked. Unit of time is weekly or hourly. Also see **Pay**

Wage Compression: Occurs when wages for more experienced employees grow at a slower rate than wages for new employees. This shrinks the pay gap between more and less experienced employees so that there is little increase in wages as time worked increases.

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Wages, benefits, hours, commuting time, and license renewal for Iowa Registered Nurses

Mark M. Imerman, Peter F. Orazem, Shiva Sikdar and Gina Russell

The Iowa Board of Nursing licensing database for Registered Nurses (RNs) contains information on nurses[1] who have renewed their licenses including age, race, gender, education, and location of employment. It also contains comparable information on nurses who opted not to renew at the time of their last renewal. In the analysis below, we refer to the licensing database as the Master dataset. In addition, because the database includes each nurse's address at the time of the last renewal, we were able to send a labor market survey to a randomly drawn subset of nurses in the Master dataset. This report contains an analysis of the nurses' characteristics that increase the likelihood of license renewal based on all useable information contained in the Master dataset. We then report on various aspects of the Iowa nursing labor market using responses to the labor market survey.

A. Analysis of the Registered Nurse Licensing Master Dataset

Table A1 presents the sample statistics for the subset of nurses in the licensing database who held an Iowa registered nurse's license at some time between 1994 and 2005 and for whom the database had complete information on age, education, gender, race, and residential address. Our analysis excluded nurses over age 80, although these nurses may have been included in the original survey dataset. The working subsample is roughly 87% of the full sample, with the most common reasons for exclusion being missing information about the individual's education (7%); age over 80 (3.2%); and missing information about the individual's county of residence (2.8%). The notes to Table A1 show the impact of each of the sample selection criteria on the number of observations in the working subsample.

Of those in our Master dataset subsample, 66% still had active licenses as of 2005. The average age was 50, ranging from 21 to 80. Iowa nurses are overwhelmingly white (97%) and female (96%). Average education is 14 years, ranging from 12 to 20 years. The distribution of nurses is slightly more urban than the population distribution as a whole but generally matches the state. Fifty-eight percent of licensed nurses live in a metropolitan county compared to 53% of the Iowa population. However, the distribution of nurses is not so heavily urban as to suggest that rural areas are underserved by nursing services. Six percent of nurses live in rural counties compared to 7% of the state population; and 25% of nurses live in small urban counties compared to 28% of the Iowa population as whole. The 11% of nurses living in larger urban counties matches the population average. Twenty-one percent of nurses live in counties adjacent to a metropolitan county compared to 24% of the Iowa population.

Table A2 reports the results of regressions explaining the probability of renewing a license versus letting it lapse. The demographic factors included in the licensing database can explain 18% of the variation in the likelihood of renewal. The coefficients in the first column show how a unit change in each factor changes the probability of renewal. The

[1] Unless otherwise noted, the words "nurse" and "nurses" refer to persons holding or having held Iowa Registered Nursing licenses.

second column shows the percentage change in the probability of renewal from a 1% increase in each factor. Positive signs imply that an increase in the factor raises the probability of renewal while negative signs mean the factor decreases the probability of renewal.

Age has a nonlinear effect on probability of renewal. Over the relevant age range in the sample (21-80), the probability of renewal decreases at an increasing rate as age increases. The probability of renewal is higher for women, for whites, and for the more educated than it is for others. Whites are 17% more likely to renew and women are 6% more likely to renew. Education has only a small effect on renewal—every additional year of schooling led to less than a 1% increased probability of renewal.

Nurses residing in metropolitan areas are the least likely to renew. The probability of renewal rises as the county becomes less urban. Compared to metropolitan residents, nurses residing in large urban counties are 2% more likely; those in small urban counties 4% more likely; and those in rural counties 6% more likely to renew. However, residing in a county adjacent to a metropolitan county raises the probability of renewal by 4 percentage points.

Table A3 presents a proportional hazards analysis of the likelihood of leaving nursing for the subsample about whom we have information on the date the individual obtained the first Iowa license. Hazard ratios greater than 1 imply the factor raises the probability of exiting the nursing profession. Age and education raise the probability of exit, but the effect is extremely small. More substantial are the reduced likelihood of exit for women; for whites; for urban, small urban, and rural county residents; and for residents of counties adjacent to a metropolitan area. These results corroborate the conclusions from the probit analysis of Table A2.

We replicated this analysis using the subsample of nurses for whom we have data on the date the individual obtained the first Iowa license and who were active in or after 1994. Results are not very different when we restrict the dataset to this younger subsample. The plots below are based on the larger subsample.

The graphs plot the probability of renewing as nursing tenure increases, where nursing tenure is measured by the time elapsed since the first Iowa nursing license was obtained. All plots are downward sloping, indicating the falling likelihood of renewal as the person ages. As Figure A1 shows, even after 50 years of nursing the probability of renewal is still over 40%, and many nurses continue to renew their licenses even after retiring.

Other implications:

- Figure A2: At the same level of tenure, probability of renewal is lower for nurses who enter licensure at older ages.
- Figure A3: Nonwhite nurses are less likely to renew, and the probability of nonrenewal starts very quickly after the date of first licensure.
- Figure A4: The gender gap in renewal begins after about 5 years of tenure and slowly widens thereafter.

- Figures A5-6: Residents of the large and small urban counties renew at rates comparable to statewide averages.
- Figure A7: Rural residents renew with greater frequency after 5 years of nursing tenure, but the difference in probability of renewal compared to nonrural residents does not exceed 10 percentage points until 40 years of tenure.
- Figure A8: Living adjacent to a metropolitan area increases the likelihood of staying in nursing.

B. Details of RN survey population, sample, and response rates

In addition to the analysis of the population detailed above, a sample of the population was surveyed to determine what factors influenced their decision to renew or not renew their RN licenses, their employment choices, and their willingness to commute.

A solicitation letter (contained in Appendix 1) was mailed to 7,000 addresses taken from the Board of Nursing's RN license database. The recipients were selected randomly from three subsets of the database population.

5,201 (74.3% of the survey sample) were RNs whose licenses were set to expire on June 16, 2006 or later. These RNs had current licenses during the survey period.

605 (8.65% of the survey sample) were RNs whose licenses expired between the time our database was drawn and the time the survey solicitation was sent (November 15, 2005 and May 15, 2006). The license status of these nurses was unknown.

1,194 (17.05% of the survey sample) were RNs whose licenses had expired prior to November 15, 2005. These RNs were assumed to be inactive.

The distribution of letters across these categories was consistent with the distribution of the entire population that these individuals were selected from. The surveyed population was derived as follows.

62,030 RNs were listed in the database received from the Board of Nursing.

16,030 records that expired prior to January 1, 1996 were removed.
3,038 records that included no expiration date were removed.
6 records that included no last name or invalid ZIP codes were removed.

43,504 records remained in the final population.

Of these,

32,324 had active licenses.
3,761 were of undetermined status.
7,419 had inactive/expired licenses.

Of the 7,000 solicitations sent, 610 (8.71% of total solicitations sent) were returned as undeliverable. Of these:

184 had active licenses (3.54% of the active sample).
42 were of undetermined status (6.94% of the indeterminate sample).
384 had inactive/expired licenses (32.16% of the inactive/expired sample).

As a result, solicitations reached (at maximum) 6,390 members of the population. Of these:

5,017 had active licenses (78.51% of unreturned solicitations).
563 were of undetermined status (8.80% of unreturned solicitations).
810 had inactive/expired licenses (12.68% of unreturned solicitations).

Nine hundred twenty-six (926) RNs completed the survey. This equates to 14.49% of all unreturned solicitations or 13.23% of all solicitations sent. Files containing printed versions of the survey for both licensed and unlicensed RNs are attached as Appendices 2 and 3, respectively. Responses are categorized by whether the respondent has a currently valid RN license and whether the respondent provided an identification number. Responses were distributed as follows:

With license
- With ID = 794
- Anonymous = 59

Without license
- With ID = 67
- Anonymous = 6

Two hundred sixteen (216) additional online surveys were initiated but not completed. Of these, 182 are known to be unique solicitation recipients, because they provided ID numbers. Thirty-four (34) incomplete online surveys were initiated anonymously. We cannot tell whether these are unique solicitation recipients. Likewise, five requested paper copies of the survey were not returned and cannot be counted as unique recipients. Incomplete surveys break down as follows:

With license
- With ID = 159
- Anonymous = 23

Without license
- With ID = 23
- Anonymous = 9

Two incomplete surveys did not indicate license status (aborted at the first question beyond the "Consent to participate" screen).

C. Why nurses decide not to renew their licenses

Of all the respondents to the survey, 7.9% had expired Iowa registered nursing licenses. The survey investigated why these nurses decided not to renew and whether they would consider returning to a job that required a nursing license.

Table C1 lists the reasons for deciding not to renew. Respondents could list multiple reasons. Consistent with their age (average age for the nonrenewal sample is nine years older than the average age for those holding active licenses), retirement is by far the most important reason for non-renewal. The next most important reasons listed are "career change" and "home responsibilities," which can also be part of the retirement decision. Therefore, only a very small proportion of nurses are deciding not to renew because they are moving to an alternative field of work. In fact, more nurses retain an active license despite working outside nursing than opt not to renew after leaving nursing employment.

Home responsibilities are a more important reason for leaving nursing than is dissatisfaction with the compensation or job attributes of the nursing jobs. Less than one-quarter of the respondents list wages, benefits or commuting costs as a reason not to renew.

As shown in Table C2, the great majority (76%) of the nonrenewal group had left nursing for good. Only 7% said they thought they might return while another 17% were still undecided. The factors that affect the decision of whether to reenter the nursing profession are listed in Table C3. Although insufficient earnings are not the leading cause for exiting nursing, improvement in wages is cited by 88% of the respondents as a factor in the decision of returning to nursing, and improved health insurance and pension benefits are cited by over 70%. Easing of home responsibilities is cited as a factor by 70% of the potential returnees.

D. Why nurses decide to retain their licenses

Of all the respondents to the survey, 92.1% had active Iowa registered nursing licenses. Of these licensed respondents, 91% were required to have an active license by their primary employer while 9% did not have to have a nursing license for their current job (Table D1).

Job-related licensing requirements are clearly important: 91% of respondents plan to renew, including most of those in jobs requiring a license, and an additional 5% are undecided about whether to renew. Only 3% plan to let their license expire (Table D2).

Interestingly, only 10% of those who are not in jobs requiring a license plan to let their license expire (Table D3). The main reason to retain a license, even when it is not required, is to retain the option of returning to a licensed job (61%). Nearly one-quarter maintain the license because it helps certify qualifications, even if the job does not require the license. In other words, the license signals training and skills, even when it is not a mandated requirement of the job.

E. Sample Characteristics of Nurses

Active and Inactive Licensed Nurses

Average attributes of respondents to the nursing market survey are reported in Table E1. The averages are weighted to match the distribution of education and age distributions of all nurses in the state of Iowa. Sample breakdowns are 92% of the respondents with active Iowa RN licenses and 8% with expired licenses.

The mean age[2] of the active respondents is nine years less than that of the inactive respondents, reflecting the high proportion retirees within the inactive group. Both active and inactive nurses in Iowa are heavily drawn from the population of white women.

Seventy-eight percent of the licensed respondents and 55% of unlicensed respondents are married. The average yearly family income of the active licensees ($75,140) and of the inactive licensees ($50,904) is well above the Iowa median family income of just over $43,000. Respondents with active licenses average just under three members in the household, with 16% having children less than six years of age and 55% having children aged 6-18. Reflecting their older ages, only 5% of those with inactive licenses have children under 6 and 22% have children in the 6-18 age range.

Ninety-five percent of active licensees were employed during 2005 while only 25% of inactive licensees were employed. The average workweek is 34 hours for employed licensed nurses and their average pay is $23 per hour, or $794 per week. Eighty-four percent are offered health insurance and 91% are offered a pension through their primary employer. The average commute from home to work is 21 minutes.

For those with expired licenses who are employed, the average workweek is 26 hours with average pay of $11 per hour or $287 per week. These averages are well below the averages for those with active licenses. Only 20% have access to health insurance through their employer, although many unlicensed workers are over 65 and qualify for Medicare. Three-quarters get pension benefits through their employer. Their average commute is 14 minutes.

Characteristics of Positions Taken by Registered Nurses

Weighted averages of the job attributes of nurses are reported in Table E2. Of the 89% of the respondents who were employed in 2005, the majority (90%) was employed as nurses, while 5.4% were in nursing-related jobs and 4.8% were employed outside nursing. Hours worked and hourly wages in nursing and nursing-related fields are comparable to one another and are considerably higher than those in non-nursing jobs. The workweek averages 35 hours in nursing and 33 in nursing-related jobs. Weekly earnings and average hourly wages are modestly higher in licensed nursing jobs than in nursing-related jobs. Those employed as nurses are more likely to have health insurance benefits than are those in nursing-related jobs (85% versus 71%), but both types of jobs are equally likely to have pension benefits offered (92%). Those in nursing-related jobs have a longer average commute than do nurses (27 minutes versus 21 minutes).

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[2] Proxy age is measured by years of education plus reported work career plus 6. It corresponds well with the subset of the sample for whom we have actual age.

Nurses employed outside of nursing have markedly different job attributes. The average workweek is 21 hours. Hourly and weekly pay ($11, $298) is well below the average for nursing and nursing-related jobs. The jobs outside nursing are also less likely to include health insurance and pension benefits, and the average commuting time for those with jobs outside nursing is lower at 15 minutes.

For nurses, average weekly pay is higher than the average pay reported for the best local job option but less than the average for the best regional job (within a 45-minute commute). The majority of these best alternative jobs are also in nursing. For those in nursing-related jobs, the average pay received dominates the alternative in either the local or regional market. A much smaller fraction of these alternative jobs is in nursing. For those employed outside nursing, alternative pay in the local and regional market generally exceeds pay in their current job. The majority of these alternative jobs are also in nursing, and so, on average, nurses who accept jobs outside nursing take a substantial pay reduction relative to their options in nursing. The tradeoff is presumably the shorter commute and access to part-time work.

F. Compensation Terms

Our analysis of the compensation and employment decisions of Iowa nurses uses two datasets. The first, which we refer to as the Survey Database, consists of all respondents to the survey conducted in 2006. The survey data include 894 observations. We also use a reduced sample that merges in residential county, gender, and age from the nursing license database for the subset of nurses who agreed to identify themselves (nurses were given the option of answering anonymously). The Merged Database had 824 respondents. Smaller subsets of each database were used to generate information on compensation, as some of the nurses were retired or unemployed. The results in this section refer only to employed nurses.

Sample statistics

Table F1 contains sample average information for nurses' compensation in four markets: metropolitan, urban, small urban, and rural counties. The highest family incomes are in metropolitan areas while the lowest are in small urban and rural markets. Nurses' personal earnings are roughly half the family incomes across all markets

A nurse is labeled as a commuter if it takes at least 20 minutes to travel to work, the average across all nurses in the sample. For commuters, the average length of time spent commuting is over 40 minutes in all nonmetro areas, while metro area commuters commute an average of 34 minutes to work. Noncommuters live within ten minutes of work.

The role of commuting is readily apparent in that personal earnings for commuters are higher than for noncommuters in all markets except the metropolitan areas.[3] Commuting allows individuals living outside the metro markets to access the higher wages paid in

[3] Because pay tends to be highest in metropolitan areas, metro area commuters are actually commuting to lower paying markets.

metro areas. Part of the explanation for the higher weekly wages earned by nonmetro commuters versus noncommuters is that the commuters work more hours per week. Urban commuters also earn more per hour than urban noncommuters, whereas the advantage for rural commuters is entirely from working longer hours but at lower average wages. The opposite pattern holds for metro commuting nurses who have lower personal earnings and hours worked than do metro noncommuters.

Nonmetro commuters are more likely than noncommuters to be offered health insurance and pension benefits, although the likelihood of accepting benefits if offered is either equal or sometimes higher for nonmetro noncommuters. In metro areas, benefit incidence is roughly equal between commuters and noncommuters.

Surveyed nurses were asked what their best alternative jobs would pay, where one is in their immediate local market and the other would be within a reasonable commuting distance. The highest paid alternative local jobs were in urban and metropolitan areas and in the nursing profession. Local pay was substantially lower in small urban and rural communities. However, pay within the commuting region serves as the great equalizer across areas, suggesting that most nurses living in low-paying markets are within commuting distance of a higher-paying market.

Wage Function

We estimated equations that examine how various individual attributes affect nurses' earnings. The results are reported in Table F2. The coefficients are quite consistent between the equations using the broader survey dataset and the smaller but more complete merged dataset, and so we concentrate our discussion on the latter. The equation fit is somewhat disappointing, with only 17% of the variance explained by the model, but the coefficients appear to be reasonable.

One reason for the weak fit is that there is not much variation in pay by experience and education, two elements that normally factor prominently in determining pay in datasets containing a broader array of jobs and education levels. In our setting, pay does not vary by years of work experience, suggesting unusually flat age-earnings profiles in nursing compared to other professions. This profile may suggest fairly rapid pay increases for new market entrants and pay compression for experienced nurses, a situation that can lead to the loss of experienced nurses from the profession. Years of schooling are also rewarded minimally in the sample, but there is not much variation in education in the sample of registered nurses. Future work may be able to assess the pay increment that goes to nurses holding a Master's degree or higher, but if these results continue to hold, they suggest minimal return to obtaining a degree beyond the bachelor's level.

The highest paying jobs are in the nursing profession, suggesting that on average, those who leave the nursing profession take a pay cut. Other things equal, average pay for those in nursing jobs or nursing-related areas is more than double the average pay for those outside nursing.

Other things equal, commuters get a positive but small return from their travel to a more distant job. The coefficient suggests that a twenty-minute commute is rewarded with about 5% higher earnings. Nevertheless, the evidence shows that there is a large pay penalty to living in a rural or small urban area. Compared to equally skilled nurses residing in a metropolitan market, rural nurses earn 22% less and small urban nurses earn 17% less.

There is no statistically significant difference in the wages of male and female nurses. There is no statistically significant evidence of wage differentials between those residing in metropolitan markets and those residing in adjacent markets or in larger urban areas.

Benefits

Table F2 contains information on access to benefits. Again the results using the smaller but more complete merged dataset do not differ substantially from the results using the broader sample, so we concentrate our discussion on the merged dataset.

Results are interpretable as the impact of each factor on the probability of receiving the benefit. Work experience has a positive but very small effect on the probability of being offered a pension plan but has no impact on the likelihood of receiving health insurance. As with wages, education has no effect on the probability of receiving either benefit.

Being in a registered nursing or nursing-related job has a large positive effect on the probability of being offered a pension plan of 40% and 9%, respectively. Probability of receiving health insurance benefits is unaffected by type of job.

Commuters do not have better access to either type of benefit. However, individuals working more hours are more likely to receive health insurance, which is consistent with national data that suggest that health insurance is primarily offered to full-time but not part-time workers.

Women have an 8% lower probability of being offered a pension plan than men. There is no statistically significant difference in access to health insurance between the sexes.

The probability of receiving a pension does not differ by population density although there is marginal evidence that those residing adjacent to a metro area are 7% less likely than average to be offered a pension. However access to health insurance is significantly higher in metropolitan markets than in the rest. Those residing outside metropolitan areas have a 15-20% lower likelihood of being offered employer-provided health insurance, with the lowest probability being in rural markets.

Work Hours

In Table F3, we show how individual attributes affect hours of work. Again we concentrate on the results in the first column. Hours initially rise with years of work experience, but at a diminishing rate. Peak work hours occur at 21 years of experience or when nurses are in their early to mid 40s. More educated nurses work significantly more

hours per week. The coefficients suggest that bachelor's degree holders work nearly 1.5 hours more than do community college graduates.

The substantial pay advantage for those in the nursing jobs is partly due to much longer work weeks. Nursing jobs average 10-15 more hours per week compared to jobs outside nursing, suggesting that one reason to exit nursing may be to get part-time hours.

Family responsibilities do not appear to have much of an impact on hours, with the exception of nurses who have children younger than school age in the home. They work 2.5 fewer hours per week on average than do other nurses. Hours worked are not strongly influenced by family size or the presence of older children in the home. However, women work seven hours less per week on average than do men.

Hours of work per week do not differ by geographic market.

Commuting Time

Table F4 presents results on how these various factors affect time spent commuting. The overriding conclusion is that none of the factors appear to affect commuting time, with the possible exception that more educated nurses may commute one more minute per year of schooling more than do less educated nurses. This is interesting because it suggests that there are no serious constraints to commuting, even for nurses with larger households, with young children in the home, or for nurses residing in rural or small urban markets. The implication is that if market wages in more distant markets are sufficiently attractive, nurses will respond equally regardless of home responsibilities.

G. Licensed Practical Nurses

The historical database of Registered Nurse licensees upon which the survey in this study was based does not provide information that would have facilitated a similar survey of Licensed Practical Nurses. It is possible, however, to utilize results from the current investigation and existing knowledge of Licensed Practical Nurses' labor supply decisions to make some informed hypotheses regarding Licensed Practical Nurse behavior.

Previous work by the authors that included information on both RNs and LPNs found that the labor supply and commuting decisions of LPNs were even more sensitive to prevailing wages and economic circumstances than were the decisions by RNs. That suggests that the results found in this study are likely to understate how LPNs' decisions regarding license renewal, work in or out of nursing, and time spent commuting are affected by local versus regional wages, family responsibilities, education, and age.

Additionally, a point-in-time (December 2004) database of Iowa licensed nurses by county of residence provided by the Iowa Board of Nursing shows 45,046 Iowa resident holders of Iowa Registered Nurse and Licensed Practical Nurse licenses. Of these,

9,199 held an LPN license only.
23,059 held an RN license only.

12,788 held both an LPN and an RN license.

This results in 21,987 LPN licenses and 35,847 RN licenses held by Iowa residents in December 2004. Over half (58%) of the LPN license holders and over one-third (36%) of the RN license holders held dual licenses. Consequently, roughly one third of the current sample includes responses from LPNs.

It appears that a substantial proportion of LPNs transition into RN licenses. Because the LPN population is much smaller and there is no reason to assume that RNs are transferring in the other direction, a reasonable assumption is that LPNs as a group are younger and less experienced than RNs. Unfortunately, to evaluate these presumptions more accurately, we would need to survey the LPNs as a group rather than just the RNs who also maintain an LPN license. Future research should investigate the extent to which the LPN serves as a gateway into the RN and whether registered nurses who enter the profession as LPNs differ in wages or characteristics from nurses who enter directly as RNs.

A: Analysis based on the Master Dataset

Table A1: Variable definitions and summary statistics

Variable	Definition	Number of observations	Mean
Active	= 1 if registered nurse has active license 0 otherwise	54444	.66
Age	Age of registered nurse	49830	50.033
age_sq	Square of the age		
White	= 1 if white of non Hispanic origin 0 otherwise	51617	.97
Female	= 1 if gender is female 0 otherwise	54327	.96
Education	number of years of education	54444	14.18
URBAN	= 1 if Beale code is 4 or 5 0 otherwise	54444	.11
SMURB	= 1 if Beale code is 6 or 7 0 otherwise	54444	.25
RURAL	= 1 if Beale code is 8 or 9 0 otherwise	54444	.06
ADJACENT	= 1 if Beale code is 4, 6 or 8 0 otherwise	54444	.21

Reasons for sample exclusion

	Number of observations
Master dataset	62564
Deleted records with no information on education	58150 (-4414)
Deleted records with age >80	56175 (-1975)
Deleted records with missing or wrong county information	54444 (-1731)

Note: Number of observations lost due to each exclusion restriction is reported in parentheses.

Description of Rural-Urban Continuum (Beale) Codes

Metro counties:

0 Central counties of metro areas of 1 million population or more.
1 Fringe counties of metro areas of 1 million population or more.
2 Counties in metro areas of 250,000 to 1 million population.
3 Counties in metro areas of fewer than 250,000 population.

Nonmetro counties:

4 Urban population of 20,000 or more, adjacent to a metro area.
5 Urban population of 20,000 or more, not adjacent to a metro area.
6 Urban population of 2,500 to 19,999, adjacent to a metro area.
7 Urban population of 2,500 to 19,999, not adjacent to a metro area.

Rural counties:

8 Completely rural or less than 2,500 urban population, adjacent to a metro area.
9 Completely rural or less than 2,500 urban population, not adjacent to a metro area.

Table A2: Probit Estimation Results of factors affecting the probability of renewing a registered nurse license

	dF/dx	Elasticities
Age	0.021 (0.001)	1.42
age_sq	-0.003 (0.000)	-1.23
White	0.171 (0.015)	0.20
Female	0.058 (0.011)	0.07
Education	0.007 (0.001)	0.13
URBAN	0.016 (0.007)	0.00
SMURB	0.036 (0.006)	0.01
RURAL	0.062 (0.009)	0.01
ADJACENT	0.043 (0.006)	0.01
Log likelihood	-23767.72	
Pseudo R square	0.180	
Number of observations	49445	

Notes: All marginal effect estimates are significant at the 5% level.
Standard errors are given in parentheses.

Table A3: Cox Proportional Hazard Model Estimates of Registered Nurse Duration

Variables	Hazard Ratios	
	1[a]	2[b]
Age	1.017 (0.001)	1.004 (0.002)
White	0.411 (0.025)	0.405 (0.283)
Female	0.771 (0.042)	0.719 (0.043)
Education	1.015 (0.008)	1.034 (0.009)
URBAN	0.910 (0.043)	0.967 (0.052)
SMURB	0.889 (0.036)	0.963 (0.044)
RURAL	0.745 (0.051)	0.838 (0.064)
ADJACENT	0.761 (0.035)	0.731 (0.038)
Log likelihood	-54098.36	-41473.97
Chi squared	513.02	287.16
Number of observations	31076	29815

Notes: In Cox proportional hazards model the hazard is assumed to be:

$$h(t)=h_0(t)\exp(\beta_1 x_1+\cdots+\beta_k x_k).$$

Standard errors are given in parentheses.

[a] Results for the whole subsample. All estimates are significant at the 5% level.

[b] Results for the subsample of nurses who were active in 1994 or later. All estimates except the coefficients for URBAN and SMURB are significant at the 5% level.

C. INACTIVE RESPONDENTS

Table C1: Reasons for Not Renewing Nursing License, by Importance

Reason	Weighted Importance[a]	% Citing[b]
Other (retirement)	6.36	83.6
Career Change	3.23	45.9
Home Responsibilities	2.95	47.5
Insufficient Earnings	1.56	24.6
Poor Health Benefits	1.07	21.3
Commuting Distance	0.87	19.7
Poor Pension	0.85	18.0
Move to Another State	0.69	13.1

Notes:
[a] Maximum possible weighted importance is 8
[b] Percent of respondents listing this as at least one of the reasons for nonrenewal

Table C2: Possibility of returning to a job requiring a RN license

	%
Yes	7.04
No	76.06
Undecided	16.90
Total Inactive Respondents = 71	

Table C3: Conditions for Reapplication for Nursing License, by Importance

Reason	Weighted Importance[a]	% Citing[b]
Earning Improvement	4.24	88.2
Reduced Home Responsibility	2.47	70.6
Health Benefits Improvement	2.47	70.6
Commute Distance Improvement	2.18	76.5
Pension Improvement	2.12	76.5
Other	2.11	76.5
Total inactive respondents who could return or were undecided about return = 17		

Notes:
[a] Maximum possible weighted importance is 8.
[b] Percent of respondents listing this as at least one of the conditions for reapplication.

D. ACTIVE RESPONDENTS

Table D1: Primary Employer requires IA RN license

	%
Yes	91.10
No	8.90
Total respondents with active licenses = 832	

Table D2: Intention of renewing at next expiration date

	%
Yes	91.23
No	3.37
Undecided	5.29

Table D3: Reason for maintaining an Iowa RN license although not required by primary employer

	%[a]
Return to position requiring RN license in the future	6.8
License relevant to nursing-related position	24.3
Maintain future employment option	60.8
Will let license expire at next renewal date	9.5
Other	23.0
Total respondents with active licenses though not required by primary employer = 74	

Notes:

[a] Percent of respondents listing this as at least one of the conditions for maintaining active IA RN license.

E. Summary Statistics of the RN Survey Sample

Table E1: Characteristics of the weighted sample by active and inactive licenses

	Active	Inactive
Proxy age	51	60
White	0.99	0.97
Married	0.78	0.55
Household size	2.9	1.8
Family Income	75140	50904
Dependents in 2005		
Total dependents	2.15	1.00
Dependent children aged 5 years or less	0.16	0.05
Dependent children aged 6 - 18 years	0.55	0.22
If employed in 2005		
N	776	18
Employed proportion	0.95	0.25
Primary weekly hours	33.89	25.65
Primary weekly earnings	794.31	287.10
Primary hourly wage	22.95	11.05
Primary commute time[a]	21	14
Health insurance offered by primary employer	0.84	0.20
Health insurance accepted[b]	0.69	0.90
Pension plan offered by primary employer	0.91	0.64
Pension plan accepted[c]	0.85	0.89
Pension plan offered by any employer	0.92	0.75
Pension plan accepted[c]	0.89	0.76

Notes:

[a] In minutes.

[b] Conditional on health insurance being offered.

[c] Conditional on some pension plan being offered.

Table E2: Weighted primary job characteristics and alternate job characteristics by primary employment type

	RN	Nursing-related	Non-nursing
% of employed in 2005	89.80	5.41	4.79
Weekly hours	34.61	32.82	21.17
Weekly earnings	815.00	804.67	297.99
Hourly wage	23.50	22.49	11.24
Commute time[a]	21	27	15
Health insurance offered	0.85	0.71	0.47
Health insurance accepted[b]	0.71	0.56	0.40
Pension plan offered	0.92	0.92	0.63
Pension plan accepted[c]	0.84	0.88	0.83
Alternate local job			
Weekly earning	704.31	620.03	418.71
Nursing position	0.71	0.27	0.65
Alternate regional job			
Weekly earning	941.68	792.88	529.48
Nursing position	0.80	0.54	0.69
N	713	43	38

Notes:
[a] In minutes.
[b] Conditional on health insurance being offered.
[c] Conditional on some pension plan being offered.

F: Compensation, Hours of Work and Commuting Patterns of Surveyed Nurses

Table F1: Characteristics of weighted sample by primary commute and residence areas

	Metro		Urban		Small Urban		Rural	
	Commute	Non-commute	Commute	Non-commute	Commute	Non-commute	Commute	Non-commute
% (Total = 741)	15.38	39.95	2.43	7.15	12.69	17.14	3.10	2.16
Personal Earnings	35324	41692	40788	30183	36912	29236	35417	33486
Family Income	80212	83136	67504	72725	72480	62762	65019	59709
Weekly hours	31.97	35.12	37.22	33.04	36.16	31.89	38.54	32.60
Weekly earnings	838.79	837.12	1009.99	761.99	794.06	616.01	717.85	727.60
Hourly wage	25.50	23.47	27.01	23.29	22.24	18.89	18.96	21.88
Commute time[a]	34	12	44	10	48	9	40	10
Health insurance offered	0.88	0.90	0.88	0.78	0.85	0.66	0.85	0.82
Health insurance accepted[b]	0.66	0.63	0.78	0.77	0.8	0.76	0.38	0.52
Pension plan offered	0. 93	0.90	0.92	0.90	0.95	0.83	0.89	0.87
Pension plan accepted[c]	0.74	0.90	0.88	0.87	0.78	0.88	0.81	0.77
Alternate local job								
Weekly earning	596.76	840.53	813.19	776.24	566.41	549.05	556.07	760.15
Nursing position	0.57	0.71	0.77	0.80	0.72	0.65	0.70	0.78
Alternate regional job								
Weekly earning	787.97	1027.87	1170.68	990.09	786.20	820.14	880.14	965.57
Nursing position	0.73	0.80	0.73	0.80	0.84	0.79	0.83	0.77

Notes:

An individual is assumed to commute if the commuting time to the primary employer is greater than 20 minutes.

[a] In minutes.

[b] Conditional on health insurance being offered.

[c] Conditional on some pension plan being offered.

The personal earnings of the commuters is higher than those of non-commuters across all regions.

Table F2: Wage Function for primary job

	Coefficients (Standard Errors)	
	Merged Database	Survey Database
Intercept	2.078 (0.260)**	1.756 (0.245)**
Total experience	0.001 (0.002)	0.002 (0.002)
Education	0.018 (0.012)	0.026 (0.011)**
RN	0.921 (0.226)**	0.915 (0.222)**
Nursing-related	0.859 (0.237)**	0.833 (0.235)**
Commuting time[a]	0.002 (0.001)**	0.002 (0.001)**
Female	-0.152 (0.096)	
URBAN	-0.091 (0.091)	
SMURB	-0.188 (0.059)**	
RURAL	-0.244 (0.122)**	
ADJACENT	0.059 (0.063)	
R^2	0.1725	0.1483
Number of observations	688	733

Note:
[a]Commuting time in minutes.
* and ** imply significance at the 10% and 5% levels respectively.

Table F3: Benefits in primary job

	dF/dx (Standard Errors)			
	Pension		Health Benefits	
	Merged Database	Survey Database	Merged Database	Survey Database
Total experience	0.001 (0.001)*	0.002 (0.001)*	-0.002 (0.002)	-0.001 (0.002)
Education	0.002 (0.006)	0.004 (0.006)	0.002 (0.008)	0.009 (0.009)
RN	0.339 (0.122)**	0.319 (0.114)**	0.048 (0.114)	0.027 (0.118)
Nursing-related	0.086 (0.018)**	0.095 (0.017)**	-0.027 (0.122)	-0.060 (0.150)
Commuting time[a]	0.001 (0.001)	0.001 (0.001)	0.000 (0.001)	0.000 (0.001)
Weekly hours	0.002 (0.001)	0.002 (0.001)	0.009 (0.002)**	0.010 (0.002)**
Female	-0.077 (0.019)**		-0.069 (0.047)	
URBAN	0.019 (0.038)		-0.153 (0.086)**	
SMURB	-0.003 (0.032)		-0.183 (0.054)**	
RURAL	-0.003 (0.054)		-0.201 (0.114)**	
ADJACENT	-0.067 (0.040)*		0.028 (0.036)	
Log pseudo-likelihood	-216.909	-235.172	-233.727	-262.334
Pseudo R^2	0.110	0.090	0.2838	0.270
Number of observations	738	788	738	788

Note:
[a]Commuting time in minutes.
* and ** imply significance at the 10% and 5% levels respectively.

Table F4: Weekly hours in primary job

	Coefficients (Standard Errors)	
	Merged Database	Survey Database
Intercept	19.837 (6.007)**	13.668 (5.665)**
Total experience	0.422 (0.189)**	0.505 (0.181)**
(Total experience)^2	-0.010 (0.004)**	-0.012 (0.004)**
Education	0.695 (0.329)**	0.634 (0.310)**
RN	10.147 (3.418)**	9.378 (3.306)**
Nursing-related	14.506 (5.676)**	11.392 (5.424)**
Household size	0.241 (0.256)	0.190 (0.246)
Dependent children aged 5 years or less	-2.571 (0.815)**	-2.790 (0.803)**
Dependent children aged 6 - 18 years	-0.041 (0.459)	-0.018 (0.449)
Married	-1.420 (1.154)	0.432 (1.389)
Female	-6.950 (1.492)**	
URBAN	0.454 (1.783)	
SMURB	-0.400 (1.491)	
RURAL	-0.125 (1.574)	
R^2	0.198	0.201
Number of observations	740	791

Note:
*and ** imply significance at the 10% and 5% levels respectively.

Table F5: Commuting time[a] for primary employment

	Coefficients (Standard Errors)		
	Merged Database		Survey Database
	1	2	
Intercept	11.533 (8.613)	9.408 (8.580)	16.426 (6.830)**
Total experience	-0.061 (0.079)	-0.066 (0.073)	-0.072 (0.077)
Education	1.038 (0.594)*	0.906 (0.516)**	0.775 (0.524)
Household size	-0.095 (0.232)	-0.184 (0.278)	-0.074 (0.250)
Dependent children aged 5 years or less	-1.088 (1.699)	-0.790 (1.638)	-0.988 (1.545)
Dependent children aged 6 - 18 years	1.167 (1.118)	1.152 (1.060)	1.222 (1.082)
Married	-1.386 (2.794)	-1.249 (2.700)	-1.379 (2.643)
Female	-2.048 (4.641)	-1.483 (4.517)	
URBAN	-2.073 (3.397)	-2.753 (3.359)	
SMURB	2.244 (2.328)	2.711 (2.204)	
RURAL	5.562 (4.203)	5.480 (4.081)	
ADJACENT	6.134 (3.910)	6.755 (3.714)*	
Alternate local wage	-0.004 (0.003)		-0.005 (0.002)**
Alternate regional wage	-0.001 (0.002)		-0.000 (0.001)
R^2	0.0034	0.033	0.015
Number of observations	701	741	749

Note:
*and ** imply significance at the 10% and 5% levels respectively.
[a] Commuting time (in minutes) to the primary employer.

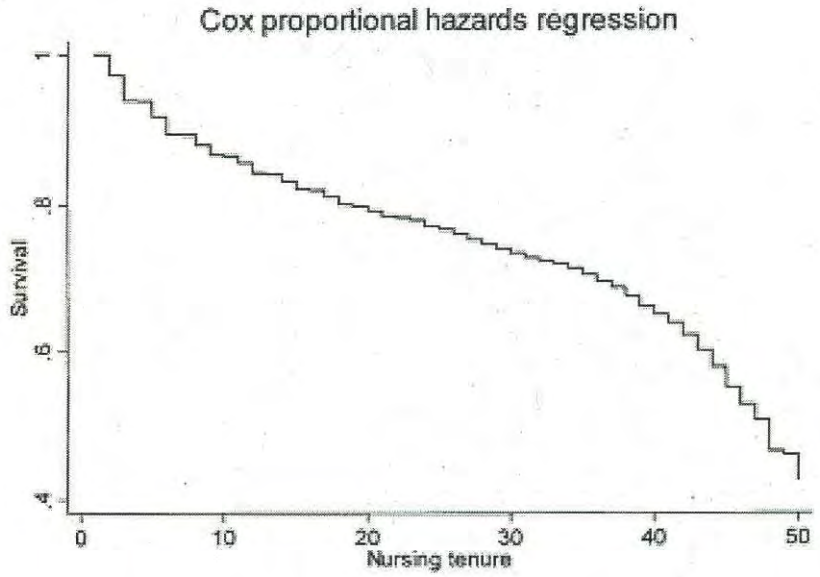

FIGURE A1: Estimated Survival function at the mean values of all the predictors

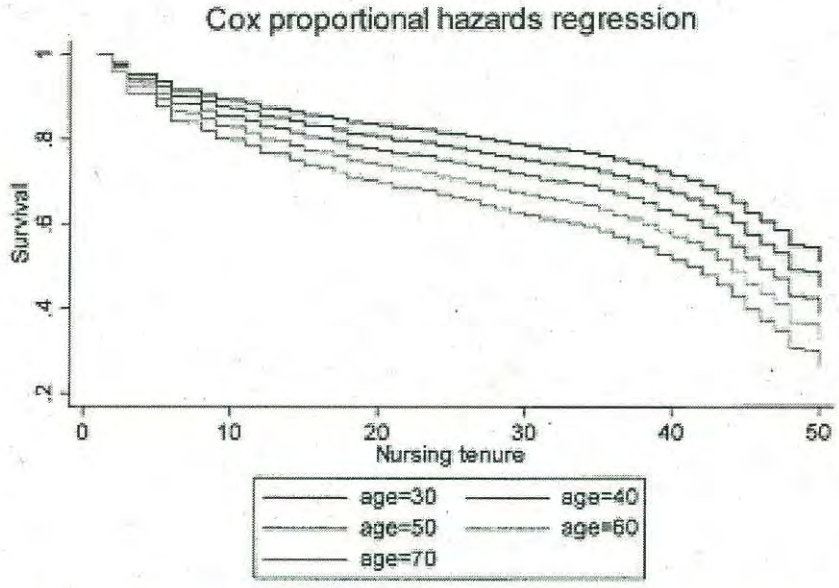

FIGURE A2: Estimated Survival functions at different ages

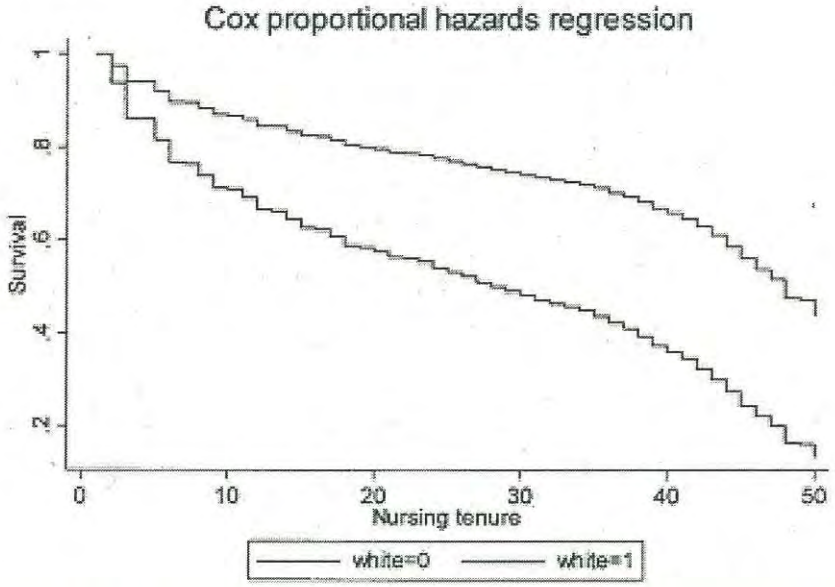

FIGURE A3: Estimated Survival functions by race

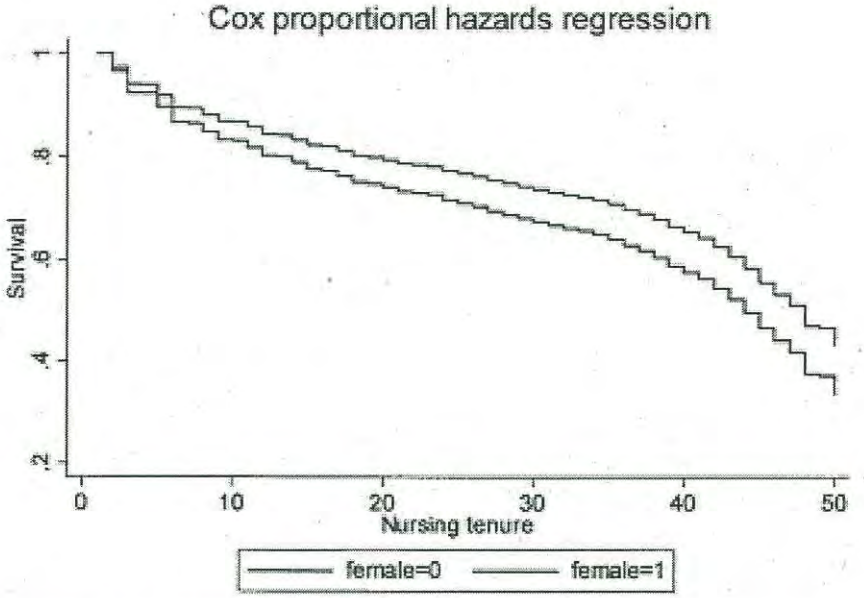

FIGURE A4: Estimated Survival functions by gender

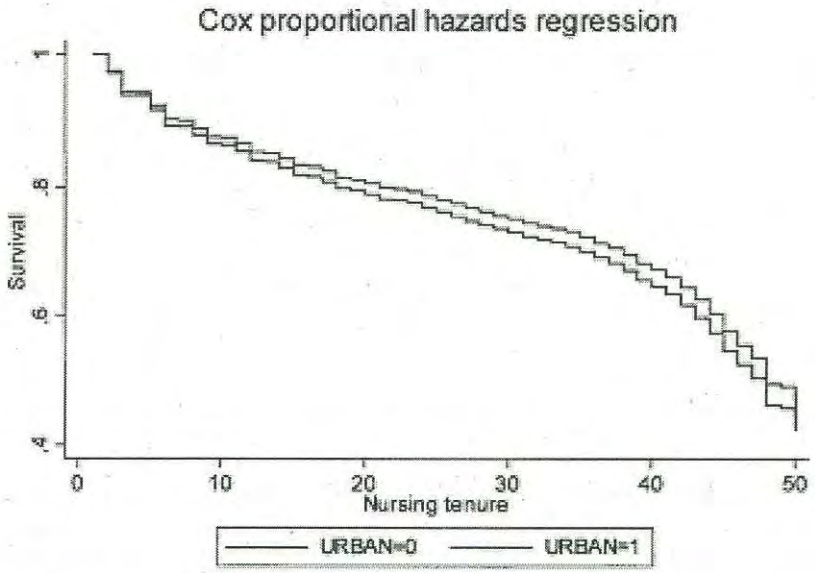

FIGURE A5: Estimated Survival functions by URBAN

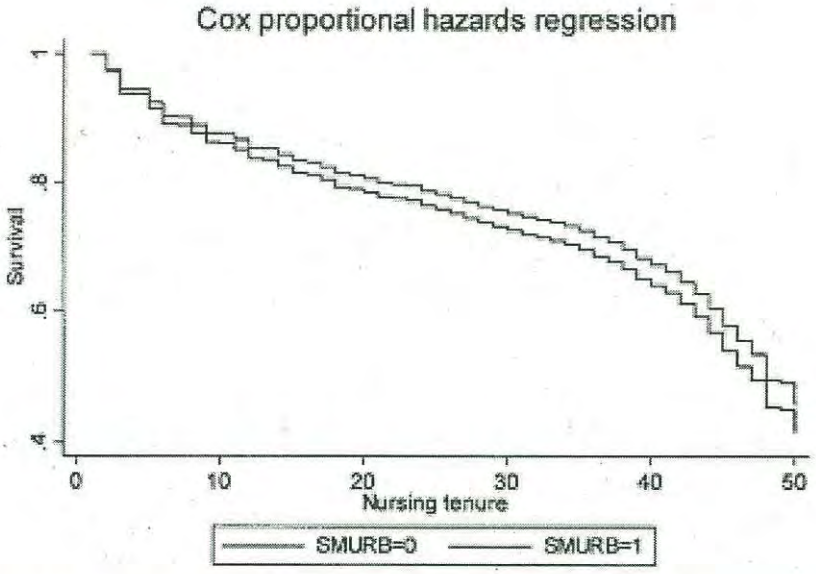

FIGURE A6: Estimated Survival functions by SMURB

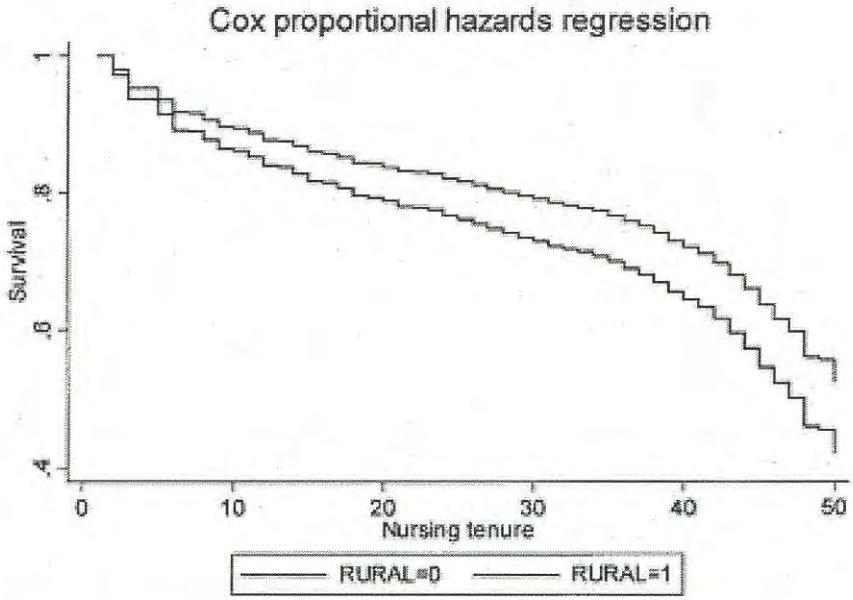

FIGURE A7: Estimated Survival functions by RURAL

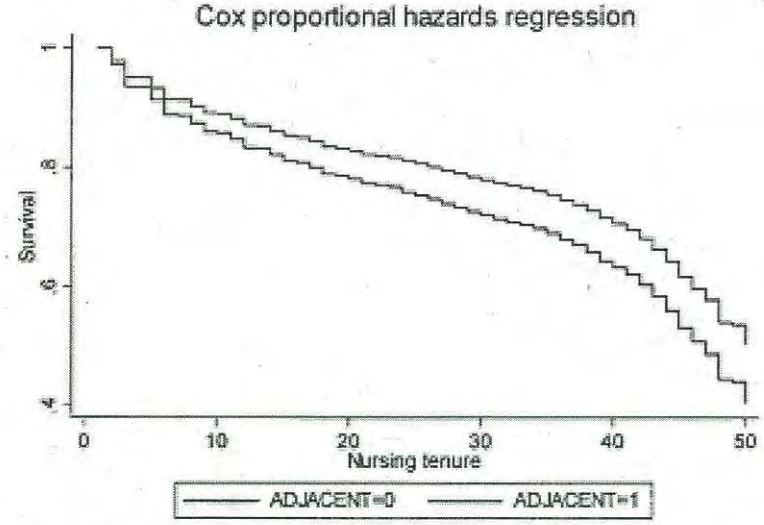

FIGURE A8: Estimated Survival functions by ADJACENT

Appendix 1: Text of survey solicitation letter sent out under Iowa State University letterhead on May 3, 2006

Dear [FULL_NAME],
You have been randomly selected from all Registered Nurses who have been licensed in Iowa over the past ten years. We would like you to participate in an online survey about factors that influence the decision to obtain and/or renew an Iowa Registered Nurse license.[4] We need your response whether you are currently licensed as a nurse or you have decided not to renew your license. The more responses we get, the more reliable our conclusions about the market for nurses in Iowa will be.

Participation in the survey is completely voluntary. Responses will be completely confidential. The survey should take approximately 10 to 15 minutes of your time. Survey questions about family status and income closely match those asked by the U.S. Bureau of Labor Statistics' monthly surveys of employment and earnings in the U.S. labor market.

We will use the responses to this survey in combination with national data to estimate the effects of nursing earningss and family status on nursing shortages in Iowa. Survey results will inform policy decisions aimed at attracting and retaining Registered Nurses in Iowa.

The survey can be completed on the World Wide Web at

http://www.seta.iastate.edu/survey/nursing/

If you do not have internet access available at home, many public libraries and Iowa State University Extension Service offices offer public access internet.

You have been assigned a participant identification (ID) number: [ID_NUMBER]

Entering this code when you complete the survey will enter you in a drawing for several Best Buy gift cards to be given to selected participants as thanks for completing the survey[5]. This ID will be removed from your response before August 31, 2006 to assure your confidentiality. Entering this code on the survey is entirely optional, and you can fill out the survey without the code if you prefer.

If you would prefer to complete a paper copy of the survey, please contact Mark Imerman at the address, email, or phone number below. Leave your participant identification number if you want a paper copy sent to the same address as this letter. If you want the survey sent to an alternative address, please leave the address desired or a phone number where you can be reached.

Thank you for taking the time to complete this survey. We believe that its results will be very valuable for improving the availability of Registered Nurses and quality health care in Iowa.

Sincerely,

Peter Orazem, University Professor
Department of Economics
Iowa State University
Ames, IA 50011-1070
pfo@iastate.edu
(515) 294-8656

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[4] This project was made possible by grant number 1 D1DHP06382-01-00 from the Bureau of Health Promotions, Health Resources and Services Administration, U.S. Department of Health and Human Services with additional funds provided by the Iowa State University Economics Department.
[5] No federal funds will be used to provide these incentives.

Appendix 2: Print version of survey delivered to holders of active RN licenses

CONSENT TO PARTICIPATE IN RESEARCH

Title of Study: Nurse Labor Market Analysis

Investigators: Peter Orazem, University Professor of Economics
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Department of Economics
Iowa State University
Ames, Iowa 50011

Mark Imerman, Staff Economist
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(515) 294-5781
Department of Economics
Iowa State University
Ames, Iowa 50011

The survey that you have been asked to participate in is part of a research study. Please take your time in deciding if you would like to participate. Please feel free to contact any of the investigators at any time to ask questions or express concerns. You may exit the survey at any time. Incomplete responses will not be retained for the research dataset.

The purpose of this study is to identify the factors that influence whether Iowa registered nurses opt to renew their licenses. In particular, we want to determine the effect upon this decision of

Wages
Benefits and working conditions
Skill level
Length of journey to work
Family environment

It is hoped that the results of this study will inform policies designed to attract and retain Registered Nurses in Iowa and rural areas. You were selected as part of a random sample of licensed or recently licensed (within the last ten years) Registered Nurses from the Iowa Board of Nursing's Registered Nurse License Database. Your participation is completely voluntary.

DESCRIPTION OF PROCEDURES

If you agree to participate in this study, your participation will last for approximately 10-to-15 minutes. Depending upon the responses received from the entire participating sample, the investigators may follow up with brief telephone inquiries of a small subset of the random sample surveyed here. Your participation will consist of answering a maximum of 36 survey questions (depending upon the survey version you receive). It is the intent of the investigators that you answer questions on the basis of your best recollections or estimates while taking the survey. It is not the intent of the investigators that responses should require you to access personal files or records in order to obtain perfect responses.

RISKS AND BENEFITS

We know of no foreseeable risks from participating in this study.

If you decide to participate in this study there will be no direct benefit to you. It is hoped that the information gained in this study will benefit society by improving access to skilled health care professionals through a better understanding of the factors that influence the decisions of those professionals to remain active in the health care industry.

COSTS AND COMPENSATION

You will not have any costs from participating in this study. You will not be directly compensated for participating in this study. Respondents that do provide a participant ID (from your selection letter) when completing the survey will be entered into a drawing for gift cards from Best Buy. Chances being drawn for a gift card will be one-in-one-hundred for participants providing an ID number and completed survey prior to June 1, 2006.

PARTICIPANT RIGHTS

Your participation in this study is completely voluntary and you may refuse to participate or leave the study at any time. If you decide to not participate in the study, it will not result in any penalty or loss of benefits to which you are otherwise entitled. Incomplete survey responses will not be retained for the research dataset.

CONFIDENTIALITY

Records identifying participants will be kept confidential to the extent permitted by applicable laws and regulations and will not be made publicly available. However, federal government regulatory agencies and the Institutional Review Board (a committee that reviews and approves human subject research studies) may inspect and/or copy your records for quality assurance and data analysis. These records may contain private information.

To ensure confidentiality to the extent permitted by law, the following measures will be taken. All individuals invited to participate in this survey will be assigned a unique individual identification code. Individuals that provide this identifier on the survey will be entered into a drawing for Best Buy gift cards at the conclusion of the study. Participants can also complete the survey in complete anonymity. All individual identification codes will be stripped from the research data before August 31, 2006. After this point, only anonymous data will be retained. No information from this survey or the subsequent analysis of responses will be released in any way that violates the confidentiality of the participants. If the results are published, your identity will remain confidential.

QUESTIONS OR PROBLEMS

You are encouraged to ask questions at any time during this study. For further information about the study contact:

Peter Orazem
pfo@iastate.edu
(515) 294-8656
Department of Economics

Iowa State University
Ames, Iowa 50011

Mark Imerman
imerman@iastate.edu
(515) 294-5781
Department of Economics
Iowa State University
Ames, Iowa 50011

If you have any questions about the rights of research subjects or research-related injury, please contact Ginny Austin Eason, IRB Administrator, (515) 294-4566, austingr@iastate.edu, or Diane Ament, Director, Office of Research Assurances (515) 294-3115, dament@iastate.edu

AGREEMENT TO PARTICIPATE

Circling "AGREE" below indicates that you voluntarily agree to participate in this study, that the study has been explained to you, that you have been given the time to read this document and that your questions have been satisfactorily answered. This consent will be maintained with the survey responses that you provide. You are free to exit the survey at any time, regardless of your agreement here. Incomplete surveys will not be retained for the research data.

Circle one:

AGREE

DO NOT AGREE TO PARTICIPATE

NURSE SURVEY

1. Please mark the racial category below that most closely describes yourself.

_____White
_____Black
_____American Indian or Alaska native
_____Oriental or Asian
_____Pacific islander
_____Multiracial
_____Other

2. Please mark one choice to indicate whether you have an Hispanic ethnicity.

_____Hispanic
_____Not Hispanic

3. Please indicate the educational level that best describes your basic RN education (your educational level at the time you first received an RN license).

_____Hospital-based nursing program diploma
_____Associate degree
_____Baccalaureate degree
_____Masters degree
_____Other

4. Please indicate the highest level of education that you have attained to date.

_____Hospital-based nursing program diploma
_____Associate degree
_____Baccalaureate degree in nursing
_____Baccalaureate degree in another field
_____Masters degree in nursing
_____Masters degree in another field
_____Doctorate degree in nursing
_____Doctorate degree in another field

5. Please indicate your marital status on the list below.

_____Single (never married)
_____Married
_____Widowed

_____Separated and/or divorced

6. TOTAL FAMILY INCOME By selecting one of the income categories from the list below, please indicate the total combined income of all members of this FAMILY during the 2005 calendar year. This includes money from jobs, net income from business, farm, or rent, pensions, dividends, interest, social security payments and any other money income received by members of this FAMILY who are 15 years of age or older.

_____Less than $15,000

_____$15,000 to $19,999

_____$20,000 to $24,999

_____$25,000 to $29,999

_____$30,000 to $34,999

_____$35,000 to $39,999

_____$40,000 to $49,999

_____$50,000 to $59,999

_____$60,000 to $74,999

_____$75,000 to $99,999

_____$100,000 or more

7. Indicate the total number of people that lived in your household at any time during calendar year 2005.

_____Number of People

8. Please indicate the number of dependents (including yourself) that you supported during calendar year 2005. Answer "0" (zero) if you did not support anyone, even yourself.

_____Total number of dependents (including yourself and adults and minors living either at or away from home that you supported)

Of these dependents, how many were:

_____Children five years of age or younger living at Home

_____Children aged 6-18 living at home

9. In each of the categories listed below, please indicate the years of employment experience that you have obtained since attaining the age of 18. Answer "0" (zero) for any category for which you have no employment experience.

_____Registered Nurse (positions that require a valid Registered Nurse License)

_____Nurse-related employment (positions that do not require a valid Registered Nurse License but which make use of training or experience that you have

obtained as a Licensed Registered Nurse)

_____Other (non-nursing-related) employment

10. For how many weeks during calendar year 2005 did you hold more than one job?

_____Did not hold multiple jobs at any time during 2005

_____Held multiple jobs from one (1) to thirteen (13) weeks in 2005

_____Held multiple jobs from fourteen (14) to twenty-six (26) weeks in 2005

_____Held multiple jobs for twenty-seven (27) weeks or more in 2005

11. How many weeks during 2005 were you self-employed, either full or part time? Answer "0" (zero) for either category if you were not self-employed in that category for any weeks during 2005.

_____Self employed, part time

_____Self employed, full time

12. For each of the categories below, please indicate the hours that you worked during a typical week in calendar year 2005 and the number of weeks that you were employed in the category during 2005. Answer "0" (zero) for any category in
which you were not employed during a typical week during the year.

_____Typical hours per week employed as a Registered Nurse (positions that require a valid Registered Nurse License)

_____Number of weeks you worked as a Registered Nurse during 2005

_____Typical hours per week employed in nurse-related employment (positions that do not require a valid Registered Nurse License but which make use of training or experience that you have obtained as a Licensed Registered Nurse)

_____Number of weeks you worked in nurse-related employment in 2005

_____Typical hours per week employed in other (non-nursing-related) employment

_____Number of weeks you worked in other employment in 2005

/

13. PERSONAL EARNINGS FROM EMPLOYMENT Please indicate YOUR individual earnings from personal employment in a job or net income from a wholly owned business during the 2005 calendar year. Do not include income from other nonlabor sources (income from business or farm activities, pensions, social security, dividends, interest, rent, alimony, etc.) or income earned by other members of your family.

_____Less than $5,000
_____$5,000 to $7,499
_____$7,500 to $9,999
_____$10,000 to $12,499
_____$12,500 to $14,999
_____$15,000 to $19,999
_____$20,000 to $24,999
_____$25,000 to $29,999
_____$30,000 to $34,999
_____$35,000 to $39,999
_____$40,000 to $49,999
_____$50,000 to $59,999
_____$60,000 to $74,999
_____$75,000 or more

14. At any time during calendar year 2005, were you or anyone else in your household covered by a health plan provided through a spouse's employment?

_____Yes
_____No

15. At any time during calendar year 2005, were you or anyone else in your household covered by a health plan PURCHASED DIRECTLY FROM AN INSURANCE COMPANY?

_____Yes
_____No

16. Select one choice from the list below that best describes the activities you performed for your PRIMARY EMPLOYER in calendar year 2005. "PRIMARY EMPLOYER" refers to the employer that received your largest time commitment (paid work and commuting time) during a typical week.

_____Was not employed in 2005
IF YOU WERE NOT EMPLOYED IN 2005, SKIP QUESTIONS 17-21.
BEGIN AGAIN WITH QUESTION 22

_____Registered Nurse (positions that require a valid Registered Nurse License)

_____Nurse-related employment (positions that do not require a valid Registered Nurse License but which make use of training or experience that you have obtained as a Licensed Registered Nurse)

_____Other (non-nursing-related) employment

17. Indicate on the list below the state in which your PRIMARY EMPLOYER is located.

_____Iowa

_____Illinois

_____Kansas

_____Minnesota

_____Missouri

_____Nebraska

_____South Dakota

_____Wisconsin

_____Other

18. Regarding your PRIMARY EMPLOYER in calendar year 2005

_____Indicate your typical WEEKLY hours worked for your primary employer

_____Indicate your typical WEEKLY earnings (before payroll deductions and taxes) from this job

_____Indicate your typical commuting time (minutes one-way) to this job

19. Are you offered health insurance through your PRIMARY EMPLOYER (or the union representing you, if applicable)?

_____Yes

_____No

If "Yes", do you accept this insurance coverage?

_____Yes

_____No

If "Yes", (you accept this insurance coverage), what other household members covered under the plan?

_____Spouse

_____Children

_____Other dependents

_____No one else is covered under this plan

20. Other than Social Security did your PRIMARY EMPLOYER (or the union representing you, if applicable) have a pension or other type of retirement plan for any of its employees in 2005?

_____Yes

_____No

If "Yes", were you included in that plan?

_____Yes

_____No

21. Other than Social Security did ANY employer that you work for (or the union representing you, if applicable) in 2005 have a pension or other type of retirement plan for any of its employees?

_____Yes

_____No

If "Yes", were you included in that plan?

_____Yes

_____No

22. If you had to accept a position other than one (if any) you hold now, and were constrained to work WITHIN A 10 MINUTE DRIVE (one way) from your residence, what would your WEEKLY earnings (before deductions for benefits and payroll taxes) be in this best alternative job?

_____Expected WEEKLY earnings from alternative local employment

Would this alternative be a nursing position?

_____Yes

_____No

23. If you had to accept a position other than one (if any) you hold now, and were constrained to work WITHIN A 45 MINUTE DRIVE (one way) from your residence, what would your WEEKLY earnings (before deductions for benefits and payroll taxes) be in this best alternative job?

_____Expected WEEKLY earnings from alternative regional employment

Would this alternative be a nursing position?

_____Yes

_____No

24. Do you intend to renew your Iowa Registered Nurse license at your next expiration date?

_____Yes

_____No

_____Don't know

25. At the time of your last license renewal did your position with your PRIMARY EMPLOYER require a valid license to practice as a Registered Nurse in Iowa?

_____Yes

_____No

26. If you do not currently work in a position that requires your Iowa Registered Nurse license, why do you maintain the license (select all that apply)?

_____Intend to return to a position requiring the license at some future date

_____License is not required but is relevant to my nursing-related position

_____Want to maintain my future employment options

_____Will let license expire at next renewal date

_____Other

Appendix 3: Print version of survey delivered to recipients having inactive or expired RN licenses

CONSENT TO PARTICIPATE IN RESEARCH

Title of Study: Nurse Labor Market Analysis

Investigators: Peter Orazem, University Professor of Economics
pfo@iastate.edu
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Department of Economics
Iowa State University
Ames, Iowa 50011

Mark Imerman, Staff Economist
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Department of Economics
Iowa State University
Ames, Iowa 50011

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The purpose of this study is to identify the factors that influence whether Iowa registered nurses opt to renew their licenses. In particular, we want to determine the effect upon this decision of

Wages
Benefits and working conditions
Skill level
Length of journey to work
Family environment

It is hoped that the results of this study will inform policies designed to attract and retain Registered Nurses in Iowa and rural areas. You were selected as part of a random sample of licensed or recently licensed (within the last ten years) Registered Nurses from the Iowa Board of Nursing's Registered Nurse License Database. Your participation is completely voluntary.

DESCRIPTION OF PROCEDURES

If you agree to participate in this study, your participation will last for approximately 10-to-15 minutes. Depending upon the responses received from the entire participating sample, the investigators may follow up with brief telephone inquiries of a small subset of the random sample surveyed here. Your participation will consist of answering a maximum of 36 survey questions (depending upon the survey version you receive). It is the intent of the investigators that you answer questions on the basis of your best recollections or estimates while taking the survey. It is not the intent of the investigators that responses should require you to access personal files or records in order to obtain perfect responses.

RISKS AND BENEFITS

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COSTS AND COMPENSATION

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PARTICIPANT RIGHTS

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CONFIDENTIALITY

Records identifying participants will be kept confidential to the extent permitted by applicable laws and regulations and will not be made publicly available. However, federal government regulatory agencies and the Institutional Review Board (a committee that reviews and approves human subject research studies) may inspect and/or copy your records for quality assurance and data analysis. These records may contain private information.

To ensure confidentiality to the extent permitted by law, the following measures will be taken. All individuals invited to participate in this survey will be assigned a unique individual identification code. Individuals that provide this identifier on the survey will be entered into a drawing for Best Buy gift cards at the conclusion of the study. Participants can also complete the survey in complete anonymity. All individual identification codes will be stripped from the research data before August 31, 2006. After this point, only anonymous data will be retained. No information from this survey or the subsequent analysis of responses will be released in any way that violates the confidentiality of the participants. If the results are published, your identity will remain confidential.

QUESTIONS OR PROBLEMS

You are encouraged to ask questions at any time during this study. For further information about the study contact:

Peter Orazem
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(515) 294-8656
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If you have any questions about the rights of research subjects or research-related injury, please contact Ginny Austin Eason, IRB Administrator, (515) 294-4566, austingr@iastate.edu, or Diane Ament, Director, Office of Research Assurances (515) 294-3115, dament@iastate.edu

AGREEMENT TO PARTICIPATE

Circling "AGREE" below indicates that you voluntarily agree to participate in this study, that the study has been explained to you, that you have been given the time to read this document and that your questions have been satisfactorily answered. This consent will be maintained with the survey responses that you provide. You are free to exit the survey at any time, regardless of your agreement here. Incomplete surveys will not be retained for the research data.

Circle one:

AGREE

DO NOT AGREE TO PARTICIPATE

NURSE SURVEY

1. Please mark the racial category below that most closely describes yourself.

_____White
_____Black
_____American Indian or Alaska native
_____Oriental or Asian
_____Pacific islander
_____Multiracial
_____Other

2. Please mark one choice to indicate whether you have an Hispanic ethnicity.

_____Hispanic
_____Not Hispanic

3. Please indicate the educational level that best describes your basic RN education (your educational level at the time you first received an RN license).

_____Hospital-based nursing program diploma
_____Associate degree
_____Baccalaureate degree
_____Masters degree
_____Other

4. Please indicate the highest level of education that you have attained to date.

_____Hospital-based nursing program diploma
_____Associate degree
_____Baccalaureate degree in nursing
_____Baccalaureate degree in another field
_____Masters degree in nursing
_____Masters degree in another field
_____Doctorate degree in nursing
_____Doctorate degree in another field

5. Please indicate your marital status on the list below.

_____Single (never married)
_____Married
_____Widowed

_____Separated and/or divorced

6. TOTAL FAMILY INCOME By selecting one of the income categories from the list below, please indicate the total combined income of all members of this FAMILY during the 2005 calendar year. This includes money from jobs, net income from business, farm, or rent, pensions, dividends, interest, social security payments and any other money income received by members of this FAMILY who are 15 years of age or older.

_____Less than $15,000

_____$15,000 to $19,999

_____$20,000 to $24,999

_____$25,000 to $29,999

_____$30,000 to $34,999

_____$35,000 to $39,999

_____$40,000 to $49,999

_____$50,000 to $59,999

_____$60,000 to $74,999

_____$75,000 to $99,999

_____$100,000 or more

7. Indicate the total number of people that lived in your household at any time during calendar year 2005.

_____Number of People

8. Please indicate the number of dependents (including yourself) that you supported during calendar year 2005. Answer "0" (zero) if you did not support anyone, even yourself.

_____Total number of dependents (including yourself and adults and minors living either at or away from home that you supported)

Of these dependents, how many were:

_____Children five years of age or younger living at Home

_____Children aged 6-18 living at home

9. In each of the categories listed below, please indicate the years of employment experience that you have obtained since attaining the age of 18. Answer "0" (zero) for any category for which you have no employment experience.

_____Registered Nurse (positions that require a valid Registered Nurse License)

_____Nurse-related employment (positions that do not require a valid Registered Nurse License but which make use of training or experience that you have

obtained as a Licensed Registered Nurse)

_____Other (non-nursing-related) employment

10. For how many weeks during calendar year 2005 did you hold more than one job?

_____Did not hold multiple jobs at any time during 2005

_____Held multiple jobs from one (1) to thirteen (13) weeks in 2005

_____Held multiple jobs from fourteen (14) to twenty-six (26) weeks in 2005

_____Held multiple jobs for twenty-seven (27) weeks or more in 2005

11. How many weeks during 2005 were you self-employed, either full or part time? Answer "0" (zero) for either category if you were not self-employed in that category for any weeks during 2005.

_____Self employed, part time

_____Self employed, full time

12. For each of the categories below, please indicate the hours that you worked during a typical week in calendar year 2005 and the number of weeks that you were employed in the category during 2005. Answer "0" (zero) for any category in
which you were not employed during a typical week during the year.

_____Typical hours per week employed as a Registered Nurse (positions that require a valid Registered Nurse License)

_____Number of weeks you worked as a Registered Nurse during 2005

_____Typical hours per week employed in nurse-related employment (positions that do not require a valid Registered Nurse License but which make use of training or experience that you have obtained as a Licensed Registered Nurse)

_____Number of weeks you worked in nurse-related employment in 2005

_____Typical hours per week employed in other (non-nursing-related) employment

_____Number of weeks you worked in other employment in 2005

13. PERSONAL EARNINGS FROM EMPLOYMENT Please indicate YOUR individual earnings from personal employment in a job or net income from a wholly owned business during the 2005 calendar year. Do not include income from other nonlabor sources (income from business or farm activities, pensions, social security, dividends, interest, rent, alimony, etc.) or income earned by other members of your family.

_____Less than $5,000
_____$5,000 to $7,499
_____$7,500 to $9,999
_____$10,000 to $12,499
_____$12,500 to $14,999
_____$15,000 to $19,999
_____$20,000 to $24,999
_____$25,000 to $29,999
_____$30,000 to $34,999
_____$35,000 to $39,999
_____$40,000 to $49,999
_____$50,000 to $59,999
_____$60,000 to $74,999
_____$75,000 or more

14. At any time during calendar year 2005, were you or anyone else in your household covered by a health plan provided through a spouse's employment?

_____Yes
_____No

15. At any time during calendar year 2005, were you or anyone else in your household covered by a health plan PURCHASED DIRECTLY FROM AN INSURANCE COMPANY?

_____Yes
_____No

16. Select one choice from the list below that best describes the activities you performed for your PRIMARY EMPLOYER in calendar year 2005. "PRIMARY EMPLOYER" refers to the employer that received your largest time commitment (paid work and commuting time) during a typical week.

_____Was not employed in 2005
(IF YOU WERE NOT EMPLOYED IN 2005, SKIP QUESTIONS 17- 21. BEGIN AGAIN WITH QUESTION 22)

_____Registered Nurse (positions that require a valid Registered Nurse License)

_____Nurse-related employment (positions that do not require a valid Registered Nurse License but which make use of training or experience that you have obtained as a Licensed Registered Nurse)

_____Other (non-nursing-related) employment

17. Indicate on the list below the state in which your PRIMARY EMPLOYER is located.

_____Iowa

_____Illinois

_____Kansas

_____Minnesota

_____Missouri

_____Nebraska

_____South Dakota

_____Wisconsin

_____Other

18. Regarding your PRIMARY EMPLOYER in calendar year 2005

_____Indicate your typical WEEKLY hours worked for your primary employer

_____Indicate your typical WEEKLY earnings (before payroll deductions and taxes) from this job

_____Indicate your typical commuting time (minutes one-way) to this job

19. Are you offered health insurance through your PRIMARY EMPLOYER (or the union representing you, if applicable)?

_____Yes

_____No

If "Yes", do you accept this insurance coverage?

_____Yes

_____No

If "Yes", (you accept this insurance coverage), what other household members covered under the plan?

_____Spouse

_____Children

_____Other dependents

_____No one else is covered under this plan

20. Other than Social Security did your PRIMARY EMPLOYER (or the union representing you, if applicable) have a pension or other type of retirement plan for any of its employees in 2005?

_____Yes

_____No

If "Yes", were you included in that plan?

_____Yes

_____No

21. Other than Social Security did ANY employer that you work for (or the union representing you, if applicable) in 2005 have a pension or other type of retirement plan for any of its employees?

_____Yes

_____No

If "Yes", were you included in that plan?

_____Yes

_____No

22. If you had to accept a position other than one (if any) you hold now, and were constrained to work WITHIN A 10 MINUTE DRIVE (one way) from your residence, what would your WEEKLY earnings (before deductions for benefits and payroll taxes) be in this best alternative job?

_____Expected WEEKLY earnings from alternative local employment

Would this alternative be a nursing position?

_____Yes

_____No

23. If you had to accept a position other than one (if any) you hold now, and were constrained to work WITHIN A 45 MINUTE DRIVE (one way) from your residence, what would your WEEKLY earnings (before deductions for benefits and payroll taxes) be in this best alternative job?

_____Expected WEEKLY earnings from alternative regional employment

Would this alternative be a nursing position?

_____Yes

_____No

24. For your last employment position that required an Iowa Registered Nurse license, please provide the following

_____Last year that you held a position requiring your Iowa Registered Nurse license

_____Typical WEEKLY hours worked in your last position requiring your Iowa Registered Nurse license

_____Typical WEEKLY earnings (before deductions for benefits and payroll taxes) from you last position requiring your Iowa Registered Nurse license

25. Please rank the following factors in order of importance in influencing your decision to exit the nursing profession and not renewing your Iowa Registered Nurse license ("1" for most important, "2" for second most important, "3" for third most important, etc)

_____Did not exit nursing. Maintain a valid Registered Nurse License from another state.

_____Insufficient earnings

_____No health benefits available

_____No retirement benefits available

_____Distance to potential employers was too large.

_____Responsibilities at home (children, etc.)

_____Desired a change in career

_____Other

26. Is there any realistic possibility that you will return to employment that requires a Registered Nurse license if the conditions cited in Question 34 change?

_____Yes

_____No

_____Don't know

27. Please rank the following factors in order of importance in influencing your decision to apply for another Iowa Registered Nurse license in the future ("1" for most important, "2" for second most important, "3" for third most important, etc)

_____Increased earning potential

_____Better availability or quality of health benefits

_____Better availability or quality of retirement benefits

_____Reduced distance to potential employers

_____Reduced responsibilities at home (children, etc.) or more accessible child/elder care

_____Other

ATTACHMENT 3

Attachment to
Letter 93

The Effects of Housing Prices, Wages, and Commuting Time on Joint Residential and Job Location Choices

Kim S. So, Peter F. Orazem, and Daniel M. Otto

An empirical model of joint decisions of where to live and where to work demonstrates that individuals make residential and job location choices by trading off wages, housing prices, and commuting costs. Wages are higher in metropolitan markets, but housing prices are also higher in urban areas. Consumers can live in lower priced nonmetropolitan houses and still earn urban wages, but they incur commuting costs that increase with distance from the city. Improvements in transportation that lower commuting time will increase nonmetropolitan populations and will increase the number of nonmetropolitan commuters to metropolitan markets. Equal wage growth across labor markets causes a shift in relative population from rural to urban markets, while an equiproportional increase in housing prices causes a population shift toward rural areas.

Key words: commuting, housing costs, residential-job location choice, utility maximizing.

Traditional rural economic development efforts have included strategies such as industrial recruitment, small business development, and business retention and expansion programs in order to increase employment, income, and population bases of rural communities (Rosenfeld, Shaffer). However, rural economic growth has not kept pace with metropolitan economic expansion. Geographically isolated areas and resource dependent communities are less likely to be successful in achieving income and population growth (Barkley and Henry, Drabenstott and Smith) and the employment base in rural areas is increasingly concentrated in low-skilled, low-wage jobs (Wojan). The more rapid rates of economic and population growth in rural counties adjacent to metropolitan centers suggest that urban spillovers or urbanization economies are important factors in affecting the economic performance of rural areas (Henry and Drabenstott, Drabenstott and Smith).

Much of the research on interregional interactions builds on Roback's pioneering model that allows interregional amenity differences to be bid into interregional differences in wages and land rents. Early applications of these models were concerned with processes of suburbanization, urban decline, and overall metropolitan growth. In this interregional framework, population and economic activity in a metropolitan region adjust to allow for efficient distribution of firms and individuals (Adams et al.; Benabou; Henry, Barkley, and Bao). Other related applications of this interregional modeling approach have examined the local versus regional effects of amenities, (Blomquist, Burger, and Hochn; Voith 1991, 1993) and the bi-directional effects of public investments and economic activities in cities and suburbs (Voith 1998). In each of these studies, economic activities occurring in one region are found to generate broader regional effects and economic adjustments, rather than only occurring locally.

In addition to job creation opportunities spilling over from stronger, more rapidly growing metropolitan economies, rural areas adjacent to metropolitan areas can expand their population by providing housing and commuting opportunities. Household choices of where to live and work involve trade-offs between wages, commuting time, and living costs. The classic works of Alonso, Muth, and Mills present the implications of distance

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from a central business district for housing prices, wages, and population densities. Several studies have found empirical results consistent with elements of the Alonso, Muth, and Mills (AMM) model. McMillen and Singell found that wages fall as probability of living outside the central city rises. Renkow and Hoover found that recent rural population growth was more affected by new residents trading longer commutes for lower home prices. Carlino and Mills; Boarnet; Freedman and Kern; and Henry, Barkley, and Bao present evidence that residence and job location are jointly determined. However, none of these studies consider all the major elements of the AMM framework: wages, commuting costs, housing prices, residential choice, and job location. Consequently, they cannot address the issues of how these factors interact to alter choices of where to live and where to work. However, it is exactly those questions that must be answered to identify which towns might benefit from proximity to an urban labor market.

This study fills this gap by using the Public Use Microdata Sample of the 1990 Census to examine how wages, housing prices, and commuting time affect the joint decisions of where to live and where to work. A restricted multinomial logit framework is applied to a sample of 6214 working-age (ages twenty-four to sixty-two) residents of a thirty-one county region in central Iowa. Individuals choose whether to reside in metropolitan Des Moines or in the nonmetropolitan communities around Des Moines. They also choose whether to work in the community in which they live or to commute. In fact, all four possible residence/job location pairs occur in the data, although relatively few individuals reside in metropolitan communities and commute to nonmetropolitan jobs.

The model yields plausible estimates of the roles of economic variables on the joint residence/job location choices. In particular, the probability of residing in an area is negatively influenced by housing price levels but positively influenced by wage levels. Incentives to commute are greater the higher the wages in the other market. As a consequence, commuters have higher wages than do noncommuters, a requirement of the utility maximizing model. The probability of choosing the commuting option is negatively related to the commuting distance, with probability going to zero when the one-way commute approaches one hour. Consequently, the extent of the labor market around a metropolitan area is the distance that can be traveled in one hour.

The empirical results point to several avenues of rural economic development. Improving transportation routes from rural areas to metropolitan labor markets will increase rural populations. Policies which raise housing costs across rural and urban markets will shift population toward rural areas, while policies that lower rural versus urban housing costs will be even more favorable toward rural areas.

Theory

Householders are assumed to jointly select a residential location and a work location so as to maximize utility. Indirect utility at residence i with job location j is given by

$$(1) \quad V_{ij} = V(W_j, C_{ij}, P_i, T_i) \qquad i, j = \mathrm{M}, \mathrm{N}$$

where M designates a metropolitan location and N designates a nonmetropolitan location, and where W_j is the wage the householder could earn in job location j, C_{ij} is the cost of commuting from residential location i to job j, P_i is the cost of living in residential location i, and T_i is a vector of observed and unobserved locational preferences. Indirect utility is assumed to increase with the wage and decrease with commuting time and living expenses, so that $V_{W_j} > 0$, $V_{C_{ij}} < 0$, and $V_{P_i} < 0$.

The householder objective is to choose a residence location and job location $V_{ij} = \max(V_{\mathrm{MM}}, V_{\mathrm{MN}}, V_{\mathrm{NM}}, V_{\mathrm{NN}})$.[1] The optimality condition requires that the residential and job locations i^* and j^* satisfy

$$(2) \quad V(W_{j^*}, C_{i^*j^*}, P_{i^*}, T_{i^*}) \geqq V(W_j, C_{ij}, P_i, T_i) \quad \forall\, i \neq i^*\ j \neq j^*.$$

Equation (2) implies that commuters will require a wage premium over wages in their local market. An individual selecting a commuting job over a local job must have

$$(3) \quad V(W_j, C_{ij}, P_i, T_i) \geqq V(W_i, C_{ii}, P_i, T_i)$$

[1] We will be applying the model to data on a specific metropolitan area and its environs, so we do not allow the choice of moving to or from the region. Therefore, the choice here assumes that the household has already decided which region of the country to live in.

where $C_{ii} < C_{ij}$. Because local tastes and prices are the same for the same residential location, W_j must be greater than W_i for (3) to hold. Therefore, we would expect average wages for commuters to exceed average wages for noncommuters, other things equal.

Equation (3) implies that as C_{ij} increases, $W_j - W_i$ must increase to compensate commuters. Therefore the gap between wages for commuters and noncommuters will rise as the distance between the metropolitan and nonmetropolitan areas increase. However, there is no requirement that average wages in the metropolitan and nonmetropolitan areas differ overall.

Average wages will differ across the two markets if $P_M \neq P_N$. By definition, nonmetropolitan areas have lower population density than urban areas. If higher population per square mile causes land prices to be bid upward, we would expect housing costs to be greater in metropolitan than in nonmetropolitan markets. Because housing costs are a significant share of consumer budgets, it is reasonable to assume that $P_N < P_M$.

Consider the cross-area commuting combination MN and NM and assume that $C_{MN} = C_{NM} = C$. If on average

$$(4) \quad V(W_M, C, P_M, T_M) \geqq V(W_N, C, P_N, T_N)$$

then $W_M > W_N$ provided that $T_N \geqq T_M$ (average taste for nonmetropolitan residence is no lower than average taste for metropolitan residence). Average metropolitan wages will exceed nonmetropolitan wages even with $T_N < T_M$ if the disutility of higher urban living costs exceeds the positive amenities of living in the metropolitan area.[2]

Empirical Specification

The model requires data on home and job location choices, residential prices, and wages for two contiguous locations, one metropolitan and the other nonmetropolitan. Householders are allowed four choices,

- MM: live and work in the metropolitan area
- MN: live in the metropolitan area and commute to the nonmetropolitan area
- NM: live in the nonmetropolitan area and commute to the metropolitan area
- NN: live and work in the nonmetropolitan area.

The general form of the indirect utility from each joint choice, V_{ij}, is given by equation (1). To operationalize (1), we assume the linear form

$$(5) \quad V_{ij} = \alpha_W W_j + C_{ij} + \alpha_P P_i + T_i + e_{ij} \quad i, j = M, N$$

The effect of local amenities such as climate, crime rate, cultural attractions, or public services will be captured by the residential fixed effects, T_M and T_N.[3] The taste variables will only affect choices if they differ in impact across the two areas. Without loss of generality, we specify taste for nonmetropolitan residence to be $T_N = \beta_N$.[4] Given this baseline taste for nonmetropolitan areas, relative taste for metropolitan areas is assumed to be of the form

$$(6) \quad T_M = \beta_M + \beta_{MA} A + \beta_{MK} K + \beta_{ME} E + \beta_{MY} Y + \beta_{MF} F$$

where A is respondent age, K is the number of children in the household, E is years of education of the householder, Y is nonlabor income, and F indicates whether or not the respondent is female. The coefficients β_{MA}, β_{MK}, β_{ME}, β_{MY}, and β_{MF} will be positive if the variable is associated with a preference for urban over nonmetropolitan residence. If taste for nonmetropolitan living gets stronger with age, education, wealth, or raising children, or if women have stronger preferences for nonmetropolitan living, then their respective coefficients will be negative.

The other specification choice is for the commuting costs, C_{ij}. These are assumed to depend on the length of commuting time, τ_{ij}, but also on age, education, presence of children, nonlabor income, and gender. Commuting might be expected to be more dif-

[2] Note: this does not imply that no one will commute from M to N. However, M to N commuters must be paid at least $E(W_M) + C$. If, on average, $W_M > W_N$, then there will be relatively few jobs in N that would induce someone to commute from M to N. In our sample, only 1% are M to N commuters compared to 12% N to M commuters.

[3] Because all observations are from a restricted geographic area, climatic or geological amenities will be similar across M and N. These variables would become more important if the empirical frame were broadened to incorporate choice of region or state.

[4] If there are differential fixed costs of location in M versus N, those would be incorporated into node-specific constant terms β_M and β_N also. As the model already assumes that the household has opted for this particular region, fixed costs of locating in M versus N are likely to be similar.

ficult with age if younger workers have more energy. Children might make commuting more costly, if only because coordinating child care and job responsibilities is complicated when they are located thirty minutes apart. Education would proxy for the value of time while commuting, but it should also be positively related to the ease of obtaining information on job openings across labor markets. Increased nonlabor income may increase leisure demand and/or lower the marginal utility of income, lowering the incentives to accept higher pay in exchange for a longer commute. Women and men may differ in the value of the disamenity they attach to commuting.

The assumed functional form for commuting costs from residence location i to job location j is

$$(7)\quad \begin{aligned} C_{ij} &= \alpha_C + \gamma_\tau \tau_{ij} + \gamma_A A \\ &\quad + \gamma_K K + \gamma_E E \\ &\quad + \gamma_Y Y + \gamma_F F \qquad i \neq j \\ &= \gamma_\tau \tau_{ii} \qquad\qquad i = j. \end{aligned}$$

The coefficients γ_A, γ_K, γ_E, γ_Y, and γ_F will be negative if the variable is associated with greater commuting costs across areas. If commuting time lowers utility, then $\gamma_\tau < 0$. Inserting (6) and (7) into (5) yields the following system of equations:

$$(8)\quad \begin{aligned} V_{MM} &= \beta_M + \alpha_W W_M + \gamma_\tau \tau_{MM} + \alpha_P P_M \\ &\quad + \beta_{MA} A + \beta_{MK} K + \beta_{ME} E \\ &\quad + \beta_{MY} Y + \beta_{MF} F + e_{MM} \\ V_{MN} &= (\beta_M + \alpha_C) + \alpha_W W_N + \gamma_\tau \tau_{MN} \\ &\quad + \alpha_P P_M + (\beta_{MA} + \gamma_A) A \\ &\quad + (\beta_{MK} + \gamma_K) K + (\beta_{ME} + \gamma_E) E \\ &\quad + (\beta_{MY} + \gamma_Y) Y + (\beta_{MF} + \gamma_F) F \\ &\quad + e_{MN} \\ V_{NM} &= (\beta_N + \alpha_C) + \alpha_W W_M + \gamma_\tau \tau_{NM} \\ &\quad + \alpha_P P_N + \gamma_A A + \gamma_K K + \gamma_E E \\ &\quad + \gamma_Y Y + \gamma_F F + e_{NM} \\ V_{NN} &= \beta_N + \alpha_W W_N + \gamma_\tau \tau_{NN} + \alpha_P P_N \\ &\quad + e_{NN}. \end{aligned}$$

If the error terms are independently drawn from an extreme value distribution, then multinomial logit estimation is appropriate for equation (8). The system of equations has sixteen coefficients. This is a restricted form of the general multinomial logit specification which would have twenty-seven coefficients.[5] The imposed restrictions include that the marginal utility of wage income α_W is equal across choices, as is the marginal utility of commuting time γ_τ. Similarly, living costs have the same marginal utility across residential locations. These assumptions impose six restrictions. The remaining five restrictions come from imposing equal marginal effects of A, K, E, Y, and F on utility of commuting, regardless of whether the commute is from M to N or N to M.[6]

Data

The empirical specification is applied to data from the 5% Public Use Microdata Samples (PUMS) of the 1990 United States Census. We concentrate on householders aged twenty-four to sixty-two. Concentration on the householder insures that we are observing individuals actually involved in decision making for the household. While the householder can be male or female, 80% of the sample has a male designated as householder. Avoiding those under twenty-four sidesteps complications caused by respondents who are still going to school and may be making residential choices based on factors other than wages and housing prices. Similarly, those over sixty-two may have working location and residential choices influenced by pensions and social security rather than the factors in this model. For similar reasons, individuals already retired before age sixty-two were also excluded from the sample.[7]

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[5] These would include a constant term and coefficients on W_i, τ_{ij}, P_i, A, E, K, Y_i, and F in each of the first three equations. Coefficients in the NN choice would be normalized to zero to insure that the probabilities across all four choices add up to one.

[6] The test of the restricted model against the unrestricted model is distributed $\chi^2(11)$. The test statistic has a marginal significance level of around 0.005. Nevertheless, as with the imposition of homogeneity in prices or symmetry in the case of demand system estimation, it is reasonable to impose the restrictions because of their consistency with theory. In our application, the estimates of α_W, γ_τ, and α_P did not differ in sign across nodes and were generally of similar magnitudes. The results of the unrestricted model are reported in the appendix.

[7] The concentration on the householder choice as representative of the entire household is a simplification. Justification lies in the finding that labor earning for the household head, typically male, rise after a move, while labor earnings for the spouse fall on average (Ehrenberg and Smith). Consequently, residential decisions appear to be driven by the income opportunities of the householder.

The model requires measures of an individual's expected wage and commuting time for each of the four residence/job location choices. However, we only observe a wage and commuting time for the choice actually taken. Furthermore, it would be incorrect to use observed wages or commuting time for the choice taken since these wages and commuting times are chosen simultaneously with locational choice. Consequently, we need to derive estimates of expected wages and commuting time for each potential choice for each individual.

The PUMS data have some clear advantages for our study. Most importantly, they include information on housing prices, commuting time, and wages as well as metropolitan versus nonmetropolitan residence and job site. However, the data set does not reveal county of residence. Consequently, it does not allow us to use available indicators of local amenities, land prices, road conditions, or labor market information that would be useful instruments for endogenous wages, housing prices, and commuting costs. Future work on residential location would benefit tremendously if better locational indicators could be incorporated into the PUMS data.

Our study includes PUMS regions that form a rural to urban continuum of thirty-one counties from southern to north central Iowa. A total of 8876 usable household records were included in the sample. The analysis will concentrate on 6214 of these, excluding the self-employed and those out of the labor force. The metropolitan residents in the sample are in the Des Moines SMSA, while the nonmetropolitan residents are in the PUMS regions surrounding Des Moines. Although the data include whether the place of residence and the place of work are designated as metropolitan or nonmetropolitan, no narrower geographic designator is provided. As a result, instruments for the endogenous variables must be generated from the variables included in the PUMS.

Given these limitations, we predict wages using education level, age, and gender as instruments. The regression was conducted over the subsample of householders who are working full time and are not self-employed.[5] Separate regressions by metropolitan and nonmetropolitan labor market are reported in the appendix. The overall fit of the regressions was weak. However, the parameters were precisely estimated and matched stylized facts about returns to education, gender, and life cycle earnings profiles. Using the parameters of the earnings function, expected wages were assigned for both the metropolitan and nonmetropolitan labor market, based on householder's age, education level, and gender. Node specific averages are reported in table 1A.

A similar strategy was attempted to predict commuting time. However, commuting time was dictated by residential location. Regressions of commuting time on age, education, and gender resulted in few precisely estimated parameters. Predicted values generated from a model with many poor instruments would lead to significant measurement error problems. Consequently, a simpler specification was used in which commuting time was set at node-specific averages by education level for each individual. The commuting time values used are reported in table 1A.

Housing prices depend on both the quality of the housing stock and the price of land. The latter is the better measure of the relative cost of living, but absent information on actual city of residence, land prices are not an option. The PUMS data offer a partial solution. While detailed information on housing quality is not available, the number of rooms is reported. Therefore, we can measure housing cost as the annual payment for housing divided by the number of rooms. For homeowners, the annual payment was assumed to be the implied payment on a thirty-year loan with a fixed 8% interest rate, plus estimated annual real-estate tax divided by the number of rooms. For renters, the annual cost of housing was set at twelve times the monthly rent, divided by the number of rooms. If housing is a normal good, housing quality will vary by earnings level. We allowed for this complication by allowing residential housing price per room to vary by education level. Therefore, for the residential location not selected, housing costs were set by the average price per room paid at the other locale by residents of the same education level. The assigned housing costs are reported in table 1A.

The remaining variables are self-explanatory. Age, education, gender, and number of children are taken directly off the

[5] As is common in the literature, we exclude part-time and self-employed workers from the sample because their wage levels depend on labor supply choices. For example, Blank found that part-time workers earn less per hour than otherwise identical full-time workers. Averett and Hotchkiss found that benefits were also lower for part-time workers. In addition, self-employed individuals have complete control over their hours worked, making income and hours worked endogenous.

Table 1A. Average Node-Specific Wages, Commuting Time, and Housing Costs, by Education

Education Level		Node: (Residence, Job) (M, M)	(M, N)	(N, M)	(N, N)
<8 yrs:	W[a]	8.14	10.14	9.08	8.77
	τ	16.0	28.2	38.1	16.0
	P	920	920	556	556
9–11 years:	W	10.45	11.13	10.28	8.66
	τ	16.9	35.9	35.2	14.8
	P	1078	1078	684	684
12 years:	W	12.07	10.59	10.45	8.71
	τ	17.5	31.4	34.8	15.2
	P	1158	1158	694	694
13–15 years:	W	14.19	14.63	12.88	12.26
	τ	16.2	35.3	34.7	12.7
	P	1324	1324	909	909
16 years:	W	23.59	22.60	13.78	14.46
	τ	14.3	60.0	40.5	11.2
	P	1635	1635	998	998
17+ years:	W	16.11	16.61	13.26	19.37
	τ	16.9	23.5	40.3	14.0
	P	1463	1463	1290	1290

Note: Averages based on samples of full-time workers aged 16–65 who are not self-employed.
[a] W is the hourly wage, τ the commuting time (in minutes), and P the annual cost of housing per room.

PUMS tapes. Nonlabor income is the sum of reported interest, dividends, rent, government transfer payments, and other nonlabor income.

Empirical Results

The sample statistics are reported in table 1B. Our reported results are for the 6214 PUMS respondents who are employed but not self-employed. If labor force participation or occupational choices are made jointly with locational choices, then exclusion of the self-employed or specialists in home production would amount to selecting on the dependent variable. However, preliminary estimation of the model reported in the appendix showed that the results were quite robust to inclusion or exclusion of the self-employed and householders who are not employed.[9]

Several stylized facts from table 1B are worth emphasizing. First, average commuting time for those working outside their

[9] As a practical matter, it was not obvious how one would properly assign expected commuting time or wages to those not employed. For many of the self-employed, especially farmers, job location and residential location were identical, so commuting was not an issue.

Table 1B. Sample Means by Residential and Job Location

Variable	Node: (Residence, Job) (M, M)	(M, N)	(N, M)	(N, N)	All Metro Residents	All Nonmetro Residents
Average commuting time (minutes)	17.3	36.9	35.5	15.3	17.9	19.1
Average housing price ($/room/100)	11.5	10.8	8.5	6.6	11.5	6.9
Average hourly wage ($/hour)	13.4	14.0	12.4	11.4	13.4	11.6
Age	38.4	37.3	38.4	39.4	38.4	39.2
Average no. of children	0.87	1.02	1.08	1.08	0.87	1.08
Average education level (years of schooling)	11.6	11.8	11.0	11.0	11.6	11.0
Average unearned income ($/1000)	0.94	0.80	0.71	0.72	0.94	0.72
Female	0.28	0.19	0.17	0.21	0.28	0.20
No. of observations	2135	67	759	3253	2202	4012

residential location is two to three times the commuting time for those working in their residential location. For those working in their residential area, metropolitan residents have slightly longer commutes than nonmetropolitan residents. Metropolitan residents were more educated, had higher nonlabor income, and had smaller families than nonmetropolitan residents. Commuters were younger, more educated, atypically male, and had lower nonlabor income than noncommuters.

Consistent with the theory, commuters have higher wages than noncommuters in both markets.[10] Also, as speculated above, housing costs are lower in the nonmetropolitan areas. The higher metropolitan housing costs require that wages be higher in the metropolitan market, as confirmed by the data. While these sample statistics are supportive of the underlying theoretical model, the stronger test comes from the estimation of the structural model.

The parameters of the multinomial logit model for both samples are reported in table 2. In general, the model performed quite well. Most of the parameters are precisely estimated and correspond well to the theoretical model. Wages attract residents and commuters, while higher housing prices reduce incentives to reside in an area. As commuting time increases, incentives to commute decline. These results imply that longer commutes require higher wages to leave a worker better off than working in their place of residence. Areas with higher housing costs required higher wages to meet a worker's opportunity utility at other residential locations, or else wages must exceed those in other labor markets sufficiently to induce nonresidents to commute. These comparative static results correspond well to the underlying theory.[11]

The remaining variables have interesting implications for residential preferences and tastes for commuting. The parameters β_{Mi} will be positive if the variable is associated with an increased interest in metropolitan residence, and γ_i will be positive if variable i increases willingness to commute. The results suggest that older householders are less likely to commute and prefer to live in nonmetropolitan areas. Householders with children also prefer to live in nonmetropolitan areas. Interestingly, children do not appear to have a big impact on the probability of commuting. The estimate of γ_k is negative, but not large or statistically signifi-

Table 2. Coefficients from the Restricted Multinomial Logit Model of Residential and Job Location Choices

Coefficients	
Location-specific	
α_W	0.065*
	(7.69)
γ_T	−0.054*
	(2.44)
α_P	−0.047*
	(7.69)
Individual	
β_{MA}	−0.019*
	(6.27)
γ_A	−0.015*
	(3.49)
β_{MK}	−0.186*
	(7.05)
γ_K	−0.049
	(1.42)
β_{ME}	0.061*
	(4.43)
γ_E	−0.042*
	(2.39)
β_{MY}	0.028*
	(2.65)
γ_Y	0.007
	(0.43)
β_{MF}	0.40*
	(6.03)
γ_F	−0.26*
	(2.53)
Constants	
β_M	−0.232
	(1.06)
$\beta_M + \alpha_C$	−1.38*
	(2.56)
$\beta_N + \alpha_C$	0.77
	(1.56)
N	6214
Log likelihood	−6147.2
Pseduo R^2	0.29

Note: Sample of householders aged twenty-four to sixty-two excluding self-employed and those not employed.
*Significant at the 0.05 level.

[10] Note that commuters from M to N earned more than those who lived and worked in M. This means that the (M, N) group earned well above the average pay for all jobs in N ($14/hour versus $11.45). The relative scarcity of jobs in N paying wages above $E(W_M)$ leads to relatively few commuters from M to N.

[11] Wieand, White, and Yinger have developed the theory of residential choice when there are multiple employment centers. The strong performance of the empirical model herein suggests that the simpler monocentric model still has currency in the Midwest and would probably do well in most inland states that still have significant rural populations surrounding relatively dispersed cities.

Table 3. Elasticities of Residential and Job Location Choices with Respect to Wages, Commuting Time, and Housing Price

	Elasticity
Hourly wage choices: M-M	0.56[a]
	(−0.30)[b]
M-N	0.73
	(−0.10)
N-M	0.75
	(−0.10)
N-N	0.34
	(−0.38)
Commuting time choices: M-M	−0.59
	(0.31)
M-M	−1.87
	(0.02)
N-M	−1.69
	(0.23)
N-N	−0.37
	(0.41)
Housing price choices: M-M	−0.35
	(0.18)
M-N	−0.53
	(0.01)
N-M	−0.30
	(0.04)
N-N	−0.17
	(0.17)

Note: Based on parameters in table 2.
[a]Direct effect of node-specific change in an exogenous variable on own node choice.
[b]Feedback effect of node-specific change in an exogenous variable on the other three node choices is reported in parentheses.

cant. More educated householders are more likely to live in metropolitan areas but are less likely to commute to them if they live in the nonmetropolitan areas. Householders with more unearned income also prefer to live in metropolitan areas, as do women. Women are more averse to commuting than are men.

Elasticities

Our primary interest is in the first three parameters. It is useful to convert these to elasticities to derive further implications of the empirical estimates. The comparative static elasticities are reported in table 3. These elasticities measure the impact of a node-specific variable, X, on node choice under the assumption that X is unchanged at the other nodes. For example, an individual could experience a change in job opportunities that changes expected wages for a particular job location without altering expected wages at other job locations. Similarly, an improvement in transportation could change expected commuting time between locations but not within locations. These comparative static elasticities will show how individuals will respond to location-specific job offers. However, one could not have a change in local housing costs that would not simultaneously alter expected residential prices for both working in the local market and commuting to the other market while living in the local market. Therefore, our discussion concentrates on the comparative static elasticities for commuting time and wages.

Residential and job location choices respond inelastically to changes in wages. A 10% increase in the expected metropolitan wage raises incentives to reside and work in the metropolitan area by 5.6% but increases incentives to commute from a nonmetropolitan area by 7.5%. Increases in the expected nonmetropolitan wage raise incentives to live in the nonmetropolitan area by 3.4% but raise incentives to commute from the metropolitan area to a nonmetropolitan job by 7.3%. The larger wage elasticity for commuting than for working in the own residential location is consistent with the presumption that the fixed costs of changing a commute are lower than the fixed costs of changing residence. In other words, it will take a larger wage offer to induce an individual to move than that necessary to induce an individual to commute.

A percentage change in commuting time to a job alters the probability of commuting across markets more than it alters the probability of commuting within a market. Because average commuting time across markets is two to three times greater than average commuting time within a market, the differences in the elasticities are roughly comparable to the differences in mean commuting times across markets. The magnitudes of the elasticities imply that incentives to commute across markets decrease rapidly as the commuting time between the metropolitan and nonmetropolitan markets increases. A 10% increase in commuting time between metropolitan and nonmetropolitan areas reduces the proportion of commuters across the markets by 17 to 19%, evaluated at sample means. With mean commuting time of about thirty-six minutes one way, this implies

that the probability of commuting from nonmetropolitan to metropolitan markets goes to zero at just under a one-hour commuting time.[12]

The comparative static elasticities are appropriate for an individual householder. However, if wages for all commuters to metropolitan markets increase, then wages must be rising for residents of the metropolitan area as well. Table 4 reports elasticities which incorporate all possible feedback effects of wages and housing prices. For example, the impact of an increase in metropolitan wage, W_M, on the incentive to select MM must also take into account the impact of W_M on the incentive to select NM. Therefore, the elasticity of MM with respect to W_M includes the direct effect (0.56) plus the feedback effect from NM (−0.10) for a total effect of 0.46. Similarly, the effect of W_M on incentives to live in the metropolitan area include the positive effect on MM and the negative effects on MN, weighted by their respective population shares. Similar methods are used to establish total elasticities for other wages and housing prices.

A 10% increase in average metropolitan wages increases metropolitan resident employment and employment of commuters into the metro by nearly identical proportions (4.6% and 4.5%, respectively). While some of the increase in MM comes from reduced commuting out of the metro, the MN source is numerically very small. The more important source is the reduction in NN, with some opting to commute to the metro and others moving to the metro to work. A 10% increase in metropolitan wages will raise metro residents by 4.3%, reduce nonmetro residents by 2.4%, and increase total commuters (increased NM net of decreased MN) by 3.8%. Node choice is less sensitive to changes in nonmetropolitan wages. Consequently, residential populations react less elastically to increases in W_N than to W_M. A 10% increase in W_N lowers metro resident populations by 3.7% but raises nonmetro populations by just 1.9%.[13] Because metropolitan labor supply is more wage sensitive, an equiproportional increase in metropolitan and nonmetropolitan wages raises metropolitan population and lowers nonmetropolitan population. In addition, if W_M and W_N increase by the same proportion, commuting across markets is reduced.

Residential and job locations are less affected by housing prices than by wages. A 10% increase in metro housing costs reduces metro residence by 3.4% and increases nonmetro residence by 1.9%. Similarly, increases in nonmetropolitan housing costs raise metro populations and lower nonmetro populations, but the elasticities are one-third smaller in magnitude. The effect of equiproportional increases in housing costs across all markets causes a relative shift of population toward nonmetropolitan areas with an increase in commuting. Comparing the third and sixth columns of table 4, one can determine that equiproportional shocks to wages and prices (i.e., W_M, W_N, P_M, and P_N all increase by the same proportion) will cause a slight shift of the population away from cities and toward

[12] A separate study by Khan, Orazem, and Otto found that local labor markets spanned a three-county area in the Midwest. It takes about one hour to drive across three counties by highway.

[13] Runkow's finding that rural wages are more sensitive to local demand shocks than are urban wages is consistent with our finding of less elastic labor supply in nonmetropolitan markets.

Table 4. Total Elasticities of Residential and Job Location Choices to Wages and Housing Prices

Node Choice	Percentage Change in						
	W_M	W_N	W_M, W_N	P_M	P_N	P_M, P_N	C_{ij}
MM	0.46	−0.39	0.07	−0.34	0.21	−0.13	0.25
MN	−0.40	0.35	−0.05	−0.35	0.21	−0.14	−1.64
NM	0.45	−0.39	0.06	0.19	−0.13	0.06	−1.67
NN	−0.40	0.33	−0.07	0.19	−0.13	0.06	0.25
Metro residence	0.43	−0.37	0.07	−0.34	0.21	−0.13	0.19
Nonmetro residence	−0.24	0.19	−0.05	0.19	−0.13	0.06	−0.11
Commute	0.38	−0.33	−0.05	0.15	−0.10	0.05	−1.67

Note: Based on the elasticities reported in table 3.

nonmetropolitan areas. However, commuting is unchanged when all wages and prices change by equal proportions.

The last exercise conducted in table 4 was to measure the total effects of increased commuting time. The exercise assumes a common percentage shock to commuting time to and from the metropolitan market. When MM and NN increase by the same proportion, commuters decrease by roughly the same proportion in both markets. However, commuters are a much more important fraction of the nonmetropolitan population. Consequently, the negative effect on the nonmetropolitan commuter population is sufficiently large to cause a net reduction of the nonmetropolitan population. Over time, improvements in highways have reduced commuting times from rural to urban markets. Every 10% reduction in commuting time raises nonmetropolitan population by 1.1% while it reduces the metropolitan population by 1.9%. The disproportionate share of the increase in the metropolitan population comes from an increase in commuters to metropolitan jobs.

The large negative effect of commuting time on probability of commuting implies a substantial associated disamenity. Therefore, a wage premium over the local wage is required to compensate commuters for the disamenity. A 10% increase in commuting time lowers nonmetropolitan population by 1.1%.[14] Holding housing prices fixed, the real wage increase required in the metropolitan market over the local market is 7.7% if we use the comparative static wage elasticity, or 12.8% if we use the total wage elasticity.[15] Therefore, the implied elasticity of W_M with respect to commuting time lies in the range (0.7, 1.3). Of course, commuters can also be compensated by lower housing prices as distance from the metropolitan area increases. Thus, the required gradient in nominal wages will be less than the real wage gradient implied by the elasticity of W_M with respect to commuting time. In fact, the implied elasticity of P_M with respect to commuting time is even larger than the elasticity of W_M with respect to commuting time.

As distance to the metropolitan area increases, the wage premium commuters will require increases. Given an invariant distribution of metropolitan wages, the costs of job search necessary to capture progressively higher commuting reservation wages are expected to increase, and so there will be an inverse relationship between number of commuters and distance from the metropolitan market, even as the wage premium paid to more distant commuters increases.

Conclusions

This study shows that an intraregional empirical model of individual joint choices of residential and job locations can yield plausible results. Nonmetropolitan residents trade off lower housing costs for lower wages in the local labor market. Those that opt to commute to urban markets trade off higher wages for the disamenity of commuting time. All of these results are consistent with the underlying predictions of the Alonso–Mills–Muth model. That residential choices were influenced by differences in wages and housing prices is also consistent with previous interregional empirical studies based on the Roback model. A valuable extension of this work would be to nest our model of intraregional job/residence choice within the broader choice of which region in which to live.

Our results suggest that improvements in transportation that lower commuting time will increase nonmetropolitan populations and will increase the number of nonmetropolitan commuters to metropolitan markets. If, instead, policies encouraged economic expansion in both markets which increased wages equally, population growth would be concentrated in metropolitan areas. Consequently, improvements in transportation to metropolitan markets may be an effective means of extending economic gains to rural areas. It appears that nonmetropolitan residents are willing to commute to the metropolitan markets if they live within one hour's distance or if transportation improvements (or speed limit changes) bring them within one hour's distance. These results are consistent with the Renkow and Hoover study in North Carolina where metro areas were increasingly drawing commuters

[14] Using the sample population in table 1, the number of nonmetropolitan commuters falls by 127, but 83 remain in the nonmetropolitan market in local jobs, so the nonmetro population decreases by 44.

[15] With 759 commuters initially, and with a commuter elasticity with respect to W_M of 0.75, the implied wage increment necessary to include 44 more commuters is (44)/(0.75)(759) = 0.077 or 7.7%. If the NM elasticity with respect to W_M is 0.45, the compensating differential is (44)/(0.45)(759) = 0.128 or 12.8%.

from surrounding (less than 35 miles) and from second-ring counties (between 35 and 70 miles) when interstate highways were present. Alternatively, policies which lower housing prices in nonmetropolitan areas or cause an overall increase in both metro and nonmetro housing prices will cause a shift of population away from cities. The opposite policies will shift the population to the urban center.

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Appendix

Hourly Wage Equations for Metropolitan and Nonmetropolitan Labor Markets, 1990

	Metropolitan	Nonmetropolitan
Education		
8 to <12 years	3.08*	1.19
	(4.61)	(.99)
12 years	4.07*	1.77
	(4.60)	(1.06)
>12 to <16 years	6.54*	4.28*
	(9.30)	(3.22)
≥16 years	14.7*	8.29*
	(12.8)	(3.66)
Age		
30 to 34 years	2.42*	1.40
	(4.92)	(1.31)
35 to 39 years	3.73*	2.01
	(7.49)	(1.89)
40 to 44 years	4.49*	2.24*
	(8.67)	(1.97)
45 to 49 years	5.44*	3.58*
	(9.57)	(2.86)
50 to 54 years	5.64*	4.87*
	(8.78)	(3.82)
55+ years	4.57*	6.46*
	(6.38)	(4.96)
Female	−3.94*	−4.11*
	(11.1)	(5.09)
Constant	6.64*	7.80*
	(9.2)	(5.8)
R^2	0.16	0.02
N	2910	3404

*Significant at the 0.05 level.

Unrestricted and Restricted Forms of the Joint Model of Residential and Job Location

	Unrestricted		Restricted[b] 1	Restricted[b] 2
Wage(α_w)				
MM	0.75			
	(2.42)[a]			
MN	0.466		0.081	0.035
	(4.22)		(3.90)	(2.17)
NM	0.094			
	(2.69)			
Commute time (γ_r)				
MM	−0.231			
	(3.20)			
MN	−0.088		−0.052	−0.078
	(2.85)		(2.39)	(4.88)
NM	−0.035			
	(1.00)			
Housing price (α_p)				
MM	−0.003			
	(0.37)			
MN	−0.086		−0.012	−0.009
	(1.84)		(2.22)	(2.30)
NM	−0.018			
	(2.40)			
Children				
MM	−0.189	Metro[c]	−0.185	−0.161
	(7.39)		(7.46)	(7.58)
MN	−0.072	Commute	−0.007	0.013
	(0.68)		(0.21)	(0.43)
NM	−0.019			
	(0.55)			
Nonlabor income				
MM	0.029	Metro	0.030	0.008
	(2.76)		(2.89)	(1.31)
MN	0.013	Commute	−0.002	−0.045
	(0.26)		(0.10)	(3.18)
NM	0.001			
	(0.05)			
Education				
MM	0.054	Metro	0.068	0.092
	(1.69)		(5.51)	(8.62)
MN	−0.103	Commute	−0.008	−0.007
	(1.43)		(0.46)	(0.50)
NM	−0.015			
	(0.82)			
Age				
MM	−0.014	Metro	−0.013	−0.019
	(5.07)		(4.88)	(8.37)
MN	−0.025	Commute	−0.008	−0.014
	(2.01)		(2.10)	(3.98)
NM	−0.008			
	(2.03)			
N	6549		6549	9438
$\mathcal{L}$	−6524.2		−6536.9	−8806.1

[a]Estimated t-statistics in parentheses.
[b]Column 1 is the sample excluding the self-employed and those working at home. Column 2 includes those groups.
[c]Metro means metropolitan residence choice. Commute means commuting from N to M or M to N.
Notes: All estimates are from maximum likelihood of restricted or unrestricted multinomial logit models. Estimates also included mode-specific constants for MM, MN, and NM.

ATTACHMENT 4

Attachment to Letter 93

Oregon Healthcare Workforce Institute

The Economic Contributions of Oregon's Physician Practices

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AAMC Physician Workforce Conference, Alexandria, Virginia, May 7, 2010

Background:

Studies have shown the importance of health care services, particularly in rural communities, for developing new industries, recruiting new businesses, and attracting new residents. Oregon has a strong and growing need for physicians, particularly in rural communities. In fact, 32 of Oregon's 36 counties have federal primary care health professional shortage area designations. While the shortage of physicians can adversely affect health care delivery, the economic contribution of physicians' practices should also be considered in decisions regarding public and private policies and investments in the physician workforce.

Purpose:

This study estimates the economic contributions of physician practices statewide and for each of Oregon's 36 local county economies, including:

1. The direct and total employment contributions of physician practices.
2. The percent of jobs attributed to the economic contribution of physician practices.
3. The physician contribution to state and county Gross Domestic Product (GDP).
4. The total annual value of production of physicians and physician-related firms.
5. The annual taxes paid to state and local governments through the total contribution of physicians and physician-related employment.

Methodology:

The study used 2008 physician and physician-related employment figures abstracted directly from administrative records provided by employers to the Oregon Employment Department as part of the state's unemployment insurance program. Direct employment includes all employees in offices of physicians, drugstores, home health care services, outpatient care centers, medical and diagnostic labs, other ambulatory health care services, hospitals, and nursing care facilities as categorized under the North American Industrial Classification System. Corporate officers at physician offices who opt out of unemployment insurance coverage were added as physician-related employment. Additional data regarding the number of pharmacy workers in general merchandise and grocery stores (N=305) was obtained by contacting corporate offices. Seventy-three percent responded and identified 1,589 additional pharmacy workers who were added as physician-related employment.

The Oregon Medical Board's June 2008 licensing database identified 9,469 physicians who had an active license and listed an Oregon practice address. Physicians who had administrative, teleradiology or surgical assisting license limits were excluded from the count of active physicians.

An economic input/output statistical modeling software program (IMPLAN) was used to measure the direct and indirect employment, GDP, total production output, and state and local tax contributions. By capturing county level economic leakages in the statewide model and including employment data that cannot be attributed to a specific county, the findings for statewide data are larger than the cumulative total of the county findings.

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KEY FINDINGS:

Oregon's physicians not only provide health care services to the residents of their community, they are an economic foundation of their community. Physician practices contribute significantly to Oregon's local economies by creating and supporting jobs and purchasing products and services. In addition, physician activity shows a cumulative economic ripple effect, such as when patients fill prescriptions at a local pharmacy or receive treatment at a local hospital.



Statewide, Oregon's active physician workforce supported 242,084 jobs, or 11% of the state's labor market, added over $17 billion, or 11%, to the state's GDP, created nearly $29 billion in total production value and generated $1.48 billion in state and local taxes.

Statewide on average, one physician supported 25 total jobs, contributed $1.8 million to the state's GDP, created $3.05 million in total production value, and generated $150,000 in state and local taxes.

The county level data shows that on average, one Oregon physician supported 14 to 48 total jobs, contributed $800,000 to $2.4 million to a county's GDP, created $1.17 million to $3.7 million in total production value and generated $60,000 to $170,000 in state and local taxes.

IMPLICATIONS OF FINDINGS:

The cumulative economic effect of a physician's presence is convincing justification in recruiting and retaining even just one professional, particularly during the current economic recessionary period. A county that is able to attract and retain just one physician not only improves its health care access, it puts in place an economic ripple-effect that generates millions of dollars and impacts residents, businesses and government. With this data, a clear picture emerges on the return on investment for medical student loan repayment programs, expansion of medical, residency and professional education programs, tax incentives, and other efforts to train, recruit and retain physicians in Oregon.

The findings also point to an important role for community engagement. The presence of a physician practice has an economic effect on the local business sector, creates living wage jobs and improves health care access. Therefore, it is in a community's best interest to be aware of this broader perspective of community health and promote the multiple advantages of a physician's practice. Health care access and a healthier local economy are not just outcomes of the local health care infrastructure, but should also be goals of the entire community.

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ATTACHMENT 5

Attachment to
Letter 93

VII. DIRECT, INDIRECT, AND INDUCED ECONOMIC IMPACTS OF UC SAN DIEGO

THE CONCEPT OF INDIRECT AND INDUCED ECONOMIC IMPACTS

The impact of UC San Diego on the local, regional, and state economies is greater than the total of the University's direct spending on payroll, goods and services, and construction. This is because money spent by the University is spent again by the recipient employees and local businesses. Employees use their salaries and wages to purchase goods and services from other businesses. Businesses make their own purchases and hire employees, who also spend their salaries and wages throughout the local, regional, and state economies. A chain reaction of indirect and induced spending continues, with subsequent rounds of additional spending gradually diminished through savings, taxes, and expenditures made outside the state. This economic ripple effect is measured by what is known as an "Input-Output" economic model, which uses a series of "multipliers" to provide estimates of the number of times each dollar of "input," or direct spending, cycles through the economy in terms of "indirect and induced output," or additional spending, personal income, and employment.[58] The mechanics of the input-output model are described in more detail in Appendix A.

IMPLAN Model

There are several input-output models commonly used by economists to estimate multiplier effects. With the assistance of the economic consulting firm Applied Economics, CBRE Consulting employed the IMPLAN input-output model in developing the estimates of UC San Diego's spending, income, and employment impacts. This model, initially developed by the U.S. Department of Agriculture, is described in more detail in Appendix A. The IMPLAN model examines inter-industry relationships in the local, regional, and national economies. Through Applied Economics, CBRE Consulting relied on IMPLAN to provide estimates of indirect and induced output, income, and employment impacts based on multipliers for the City of San Diego, San Diego County, and the State of California.

Multipliers and Spending, Employment, and Income Impacts

IMPLAN multipliers indicate the ratio of direct impacts to indirect and induced impacts. For example, a spending multiplier of 0.25 indicates that one dollar of direct spending generates an additional $0.25 in indirect and induced spending.[59] Put differently, a spending multiplier of 0.25 can also be interpreted as indicating that $1 of direct spending generates total spending of $1.25. In the case of employment impacts, the multipliers measure the number of full-time equivalent (FTE) jobs supported by $1.000 million in direct spending; for example, an employment multiplier of 10 indicates that $1.000 million in spending generates 10 indirect and induced FTE jobs.

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[58] Indirect impacts are the changes in inter-industry purchases as they respond to new demands of directly affected industries. Induced impacts typically reflect changes in spending from households as income increases or decreases due to changes in production. For more explanation of indirect and induced impacts, see Appendix A.

[59] Multipliers are rounded to two decimal places, throughout this report, to reflect their high level of precision.

Unless otherwise indicated, the reader should interpret the multipliers and impacts described in the following sections, and provided in Tables 16, 17, and 18 and Figures 3, 4, and 5, as cumulative – as multipliers and impacts attributed to larger geographies are inclusive of the multipliers and impacts found in smaller or subordinate geographies. For example, the impact of the University's spending in San Diego County includes the impact of the University's spending in the City of San Diego. Instances where tables and figures present non-cumulative impacts are labeled as such, with geographies labeled "Other San Diego County," and "Other California."

DIRECT, INDIRECT, AND INDUCED SPENDING IMPACTS

This chapter discusses the "total" economic impacts – including direct, indirect, and induced economic impacts – of University purchases of goods and services, payroll expenditures, and spending on construction projects. The analysis estimates total impacts in three distinct ways – spending, employment, and income. These spending, employment, and income impacts are estimated at the state, county, and city levels.

The methodology of estimating indirect and induced economic impacts is based on estimates of direct University spending in particular geographic areas. In order to estimate direct University spending in this way, UC San Diego staff identified the addresses of all vendors and employees who received payments from the University during the 2006-07 fiscal year. Appendix A provides further detail on the assumptions and methodology used in deriving these estimates.

Table 16: Total UC San Diego Spending in California, 2006-07

Geography	Direct Spending	Multiplier	Indirect and Induced Spending	Total Direct, Indirect, and Induced Spending	Percentage of Total Impacts
City of San Diego	$1,240,202,808	0.83	$1,034,791,566	$2,274,994,174	56.6%
All San Diego County	$1,659,648,328	0.92	$1,532,666,358	$3,192,314,686	79.4%
All California	$1,968,739,244	1.04	$2,053,463,743	$4,022,202,987	100.0%
TOTAL	$1,968,739,244	1.04	$2,053,463,743	$4,022,202,987	

Sources: UC San Diego Office of Design and Construction, General Accounting Services, and Payroll; Applied Economics; and CBRE Consulting.

Notes: Total does not account for spending that occurred outside of California. Figures may not add due to rounding. Spending and multiplier calculations are cumulative of all inclusive geographies.

In FY 2006-07, direct spending by UC San Diego on goods and services purchases, payroll, and construction projects in the State of California totaled $1.969 billion.[60] This direct spending led to an estimated $2.053 billion in indirect and induced spending throughout the state, for an estimated $4.022 billion in total spending impact by UC San Diego during the fiscal year.

San Diego County benefited from the lion's share of the University's direct spending in California, with approximately $1.660 billion, or 84.3 percent of the University's statewide direct spending occurring within the county. This spending generated an additional $1.533 billion in indirect and induced spending in San Diego County, for a total spending impact of

[60] For the purposes of the analysis of total economic impacts, the University direct payroll number excludes the payroll received by student employees. CBRE Consulting measures the impact of student spending in a separate analysis; therefore, to avoid double counting, students' share of the total payroll is excluded from the analysis of University payroll impacts.

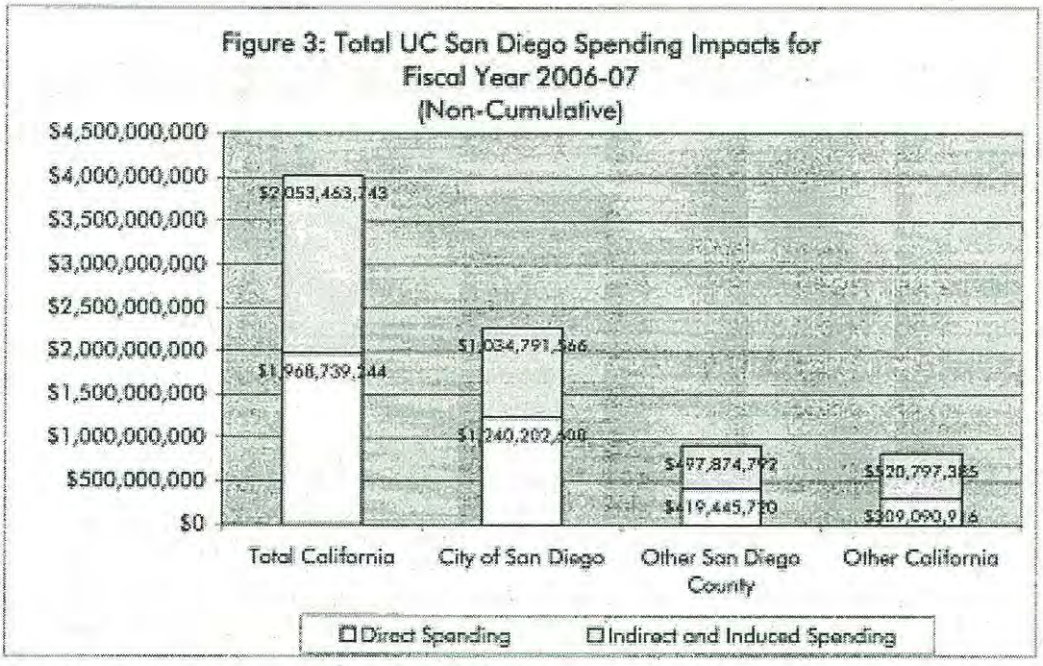
$3.192 billion. This indicates that 79.4 percent of the University's total spending impact was concentrated within San Diego County.

Within the City of San Diego, direct University spending in FY 2006-07 totaled approximately $1.240 billion, and indirect and induced spending impacts are estimated at approximately $1.035 billion. This indicates that the University generated $2.275 billion in total spending impacts within the City of San Diego in FY 2006-07, which is approximately 56.6 percent of the University's total spending impact statewide.

The estimates of indirect and induced spending reflect multipliers for the University's spending at the state, county, and city level. Table 16 shows that the average state-level multiplier for UC San Diego's direct spending is 1.04, which indicates that for every $1.00 of UC San Diego direct spending in the state there is an estimated additional $1.04 in indirect and induced spending throughout the state. The spending multipliers for San Diego County and the City of San Diego indicate that $1.00 of direct University spending generates $0.92 in indirect and induced spending in San Diego County, with the City of San Diego capturing approximately $0.83 of that indirect and induced spending impact.

Figure 3 shows the spending impacts disaggregated by geography, indicating the discrete share of impacts for the City of San Diego, other San Diego County, and other California.

Figure 3: Total UC San Diego Spending Impacts for Fiscal Year 2006-07 (Non-Cumulative)



Sources: UC San Diego Accounting Services; Applied Economics; and CBRE Consulting.

EMPLOYMENT IMPACTS

Employment impacts and multipliers for UC San Diego are summarized in Table 17 and Figure 4. Based on IMPLAN multiplier estimates, spending by UC San Diego in FY 2006-07

supported a total of 34,230 full-time equivalent (FTE) jobs in the State of California. Approximately 55.1 percent, or 18,850 of these jobs, were indirect and induced jobs – or jobs in addition to the direct employment of University faculty, staff, and students. This reflects an average indirect and induced jobs multiplier of 9.57, which indicates that $1.000 million in University spending supports approximately 9.57 jobs statewide *in addition* to the direct employment of the University. Looking at this information another way, UC San Diego supported approximately 1.23 indirect and induced jobs (FTE) for every direct University job (FTE).

Table 17: Total FTE Jobs in California Produced by UC San Diego Spending, 2006-07

Geography	Direct Jobs (UCSD Employment)	Direct Spending	Multiplier	Indirect and Induced Jobs (FTE)	Total Direct & Indirect Jobs	Percent of Total California Jobs
City of San Diego	10,396	$1,240,202,608	8.38	10,392	20,786	60.7%
Other San Diego County	4,405	$419,445,720	9.42	3,950	8,355	24.4%
Other California	580	$309,090,916	14.58	4,507	5,087	14.9%
TOTAL	15,379	$1,968,739,244	9.57	18,850	34,229	

Source: UC San Diego Office of Student Research, Design and Construction, General Accounting Services, and Medical Center Accounting Services; Applied Economics; and CBRE Consulting.
Notes: Figures may not add due to rounding. Spending and multiplier calculations are geographically non-cumulative. Job multipliers are calculated per $1 million of output.

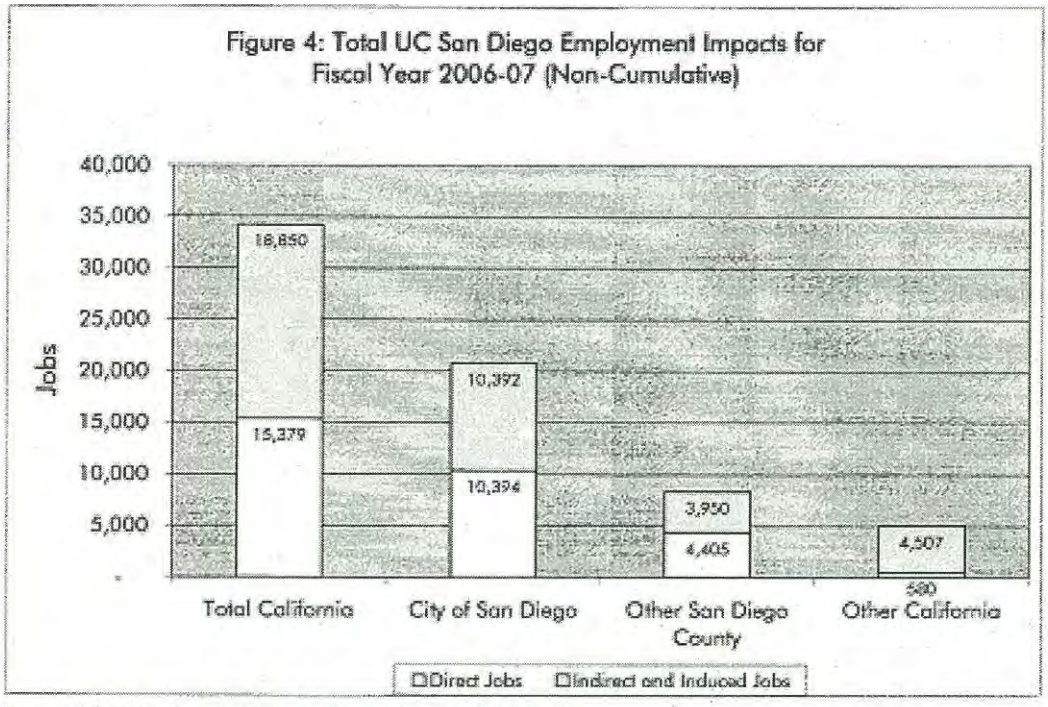
University spending supported 20,790 total FTE jobs in the City of San Diego, 10,390 of which were indirect and induced jobs. This reflects an employment multiplier of 8.38 indirect and induced jobs per $1.000 million in University spending within the city's economy. Within the City of San Diego, the University supports 1.00 indirect and induced job for every direct University job.

UC San Diego supported an additional 8,360 FTE jobs in San Diego County, of which 3,950, or 47.3 percent, were indirect and induced jobs. This reflects an average employment multiplier of 9.42 indirect and induced jobs per $1.000 million of University spending in the unincorporated county.

Outside San Diego County but within California, University spending generated another 5,090 FTE jobs, of which 4,510 were indirect and induced jobs. This reflects an average employment multiplier of 14.58 indirect and induced jobs per $1.000 million of University spending in California outside of San Diego County.

While the employment multipliers are greater at the state level than at the local level, the City of San Diego received a considerable share of the overall employment impacts. Of the total jobs generated by University spending in FY 2006-07, 60.7 percent were located within the City of San Diego. Excluding direct University employment, the City of San Diego benefited from 55.1 percent of the indirect and induced jobs generated by University spending statewide.

Figure 4: Total UC San Diego Employment Impacts for Fiscal Year 2006-07 (Non-Cumulative)



Sources: UC San Diego Payroll Office; Applied Economics; and CBRE Consulting.

PERSONAL INCOME IMPACTS

Personal income impacts and multipliers are shown in Table 18 and Figure 5. Spending by UC San Diego in FY 2006-07 generated total personal income of approximately $2.324 billion in the State of California. This total includes approximately $1.071 billion in direct UC San Diego payroll as well as $1.253 billion in indirect and induced personal income – or income in addition to the direct payroll of University faculty and staff. The indirect and induced personal income impacts are generated by the spending associated with UC San Diego payroll as well as goods and services purchases and capital expenditures. The estimated personal income multiplier associated with the University's total spending statewide was 0.64 in FY 2006-07, which indicates that $1.00 of University spending generated $0.64 in personal income throughout the state.

Of UC San Diego's total impact on personal income statewide, approximately 73.6 percent, or $1.711 billion, was generated within San Diego County. This includes $1.034 billion in direct University payroll and an additional $676.2 million in indirect and induced personal income generated by University spending in the area. The estimated personal income multiplier for UC San Diego spending in San Diego County was 0.41, which indicates that $1.00 of University spending generated an estimated $0.41 in personal income in San Diego County.

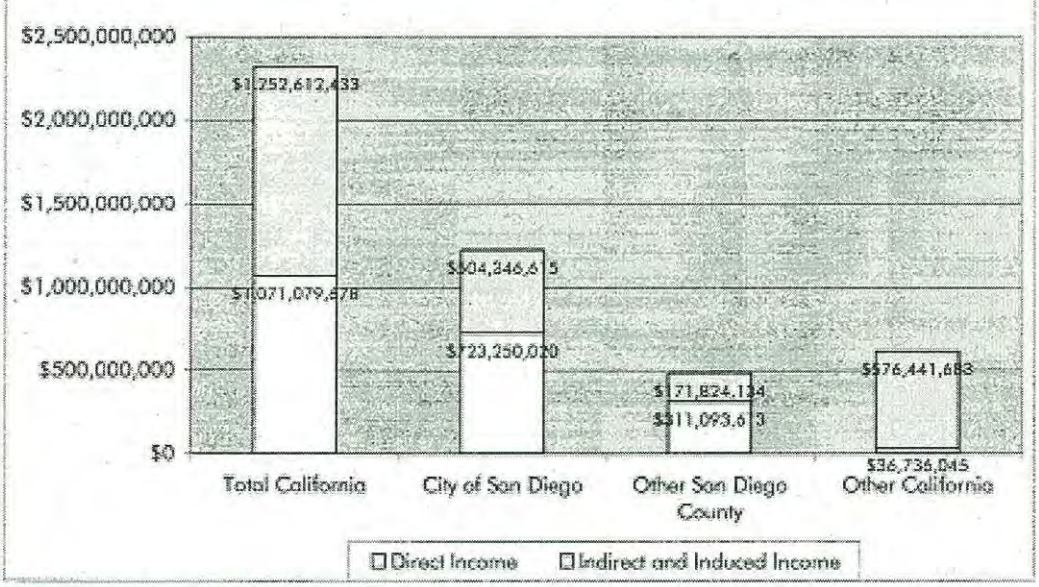
Table 18: Total Personal Income Produced in California From UC San Diego Spending, 2006-07

Geography	Direct Income (UCSD Payroll)	Direct Spending	Multiplier	Indirect and Induced Income	Total Personal Income Generated	Percent of Total California
City of San Diego	$723,250,020	$1,240,202,608	0.41	$504,346,615	$1,227,596,635	52.8%
Other San Diego County	$1,034,343,633	$1,659,648,328	0.41	$676,170,750	$1,710,514,383	73.6%
All California	$1,071,079,678	$1,968,738,244	0.64	$1,252,612,433	$2,323,692,111	100.0%
TOTAL	$1,071,079,678	$1,968,738,244	0.64	$1,252,612,433	$2,323,692,111	

Sources: UC San Diego Office of Student Research and Information, Design and Construction, General Accounting Services, Medical Center Accounting Services, Applied Economics, and CBRE Consulting.
Notes: Figures may not add due to rounding. Spending and multiplier calculations are cumulative of all inclusive geographies.

Finally, UC San Diego spending within the City of San Diego contributed to $1.228 billion in personal income for San Diego residents. This includes approximately $723.3 million in direct University payroll and an additional $504.3 million in indirect and induced personal income. The total income impacts reflect an estimated average income multiplier of 0.41, which indicates that $1.00 of UC San Diego spending generated $0.41 in personal income. The total personal income impact of University spending in the City of San Diego was approximately 52.8 percent of the total impact of University spending statewide.

Figure 5: Total UC San Diego Personal Income Impacts for Fiscal Year 2006-07 (Non-Cumulative)



Sources: UC San Diego Accounting Services; Applied Economics; and CBRE Consulting.

SUMMARY OF SPENDING, EMPLOYMENT, AND PERSONAL INCOME IMPACTS BY GEOGRAPHY

The estimated spending, employment, and personal income impacts of UC San Diego spending in the City of San Diego, San Diego County, and the State of California are summarized in Table 19.

Table 19: Summary of UC San Diego Impacts By California Geography (Non-Cumulative)
Fiscal Year 2006-07

	City of San Diego	Other San Diego County	Other California	Total Statewide
Spending				
Direct	$1,240,202,608	$419,445,720	$309,090,916	$1,968,739,244
Indirect	$1,034,791,566	$497,874,792	$520,797,385	$2,053,463,743
Total Spending	$2,274,994,174	$917,320,512	$829,888,301	$4,022,202,987
Employment (FTE)				
Direct	10,394	4,405	580	15,379
Indirect	10,392	3,950	4,507	18,850
Total Jobs	20,786	8,355	5,087	34,229
Income				
Direct	$723,250,020	$311,093,613	$36,736,045	$1,071,079,678
Indirect	$504,346,615	$171,824,134	$576,441,683	$1,252,612,433
Total Income	$1,227,596,635	$482,917,747	$613,177,728	$2,323,692,111

Sources: UC San Diego Office of Student Research and Information, Design and Construction, General Accounting Services, and Medical Center Accounting Services; Applied Economics; and CBRE Consulting.
Note: Figures may not add due to rounding.

- Overall, in Fiscal Year 2006-07, the impact of spending by UC San Diego in the City of San Diego was $2.275 billion in total spending, 20,790 jobs, and $1.228 billion in personal income, excluding UC San Diego employees.
- UC San Diego's spending generated an additional impact of approximately $917.3 million in total spending, 8,360 jobs, and $482.9 million in personal income, excluding UC San Diego employees, elsewhere in San Diego County.
- UC San Diego spending contributed another $829.9 million in total spending, 5,090 jobs, and $613.2 million in personal income, excluding UC San Diego employees, elsewhere in the state.
- In all, UC San Diego's total economic impact in California was $4.022 billion in total spending, 34,230 full time equivalent jobs, and $2.324 billion in personal income, excluding UC San Diego employees, in the 2006-07 Fiscal Year.

VII. DIRECT, INDIRECT, AND INDUCED ECONOMIC IMPACTS OF UC SAN DIEGO

THE CONCEPT OF INDIRECT AND INDUCED ECONOMIC IMPACTS

The impact of UC San Diego on the local, regional, and state economies is greater than the total of the University's direct spending on payroll, goods and services, and construction. This is because money spent by the University is spent again by the recipient employees and local businesses. Employees use their salaries and wages to purchase goods and services from other businesses. Businesses make their own purchases and hire employees, who also spend their salaries and wages throughout the local, regional, and state economies. A chain reaction of indirect and induced spending continues, with subsequent rounds of additional spending gradually diminished through savings, taxes, and expenditures made outside the state. This economic ripple effect is measured by what is known as an "Input-Output" economic model, which uses a series of "multipliers" to provide estimates of the number of times each dollar of "input," or direct spending, cycles through the economy in terms of "indirect and induced output," or additional spending, personal income, and employment.[58] The mechanics of the input-output model are described in more detail in Appendix A.

IMPLAN Model

There are several input-output models commonly used by economists to estimate multiplier effects. With the assistance of the economic consulting firm Applied Economics, CBRE Consulting employed the IMPLAN input-output model in developing the estimates of UC San Diego's spending, income, and employment impacts. This model, initially developed by the U.S. Department of Agriculture, is described in more detail in Appendix A. The IMPLAN model examines inter-industry relationships in the local, regional, and national economies. Through Applied Economics, CBRE Consulting relied on IMPLAN to provide estimates of indirect and induced output, income, and employment impacts based on multipliers for the City of San Diego, San Diego County, and the State of California.

Multipliers and Spending, Employment, and Income Impacts

IMPLAN multipliers indicate the ratio of direct impacts to indirect and induced impacts. For example, a spending multiplier of 0.25 indicates that one dollar of direct spending generates an additional $0.25 in indirect and induced spending.[59] Put differently, a spending multiplier of 0.25 can also be interpreted as indicating that $1 of direct spending generates total spending of $1.25. In the case of employment impacts, the multipliers measure the number of full-time equivalent (FTE) jobs supported by $1.000 million in direct spending; for example, an employment multiplier of 10 indicates that $1.000 million in spending generates 10 indirect and induced FTE jobs.

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[58] Indirect impacts are the changes in inter-industry purchases as they respond to new demands of directly affected industries. Induced impacts typically reflect changes in spending from households as income increases or decreases due to changes in production. For more explanation of indirect and induced impacts, see Appendix A.

[59] Multipliers are rounded to two decimal places, throughout this report, to reflect their high level of precision.

Unless otherwise indicated, the reader should interpret the multipliers and impacts described in the following sections, and provided in Tables 16, 17, and 18 and Figures 3, 4, and 5, as cumulative – as multipliers and impacts attributed to larger geographies are inclusive of the multipliers and impacts found in smaller or subordinate geographies. For example, the impact of the University's spending in San Diego County includes the impact of the University's spending in the City of San Diego. Instances where tables and figures present non-cumulative impacts are labeled as such, with geographies labeled "Other San Diego County," and "Other California."

DIRECT, INDIRECT, AND INDUCED SPENDING IMPACTS

This chapter discusses the "total" economic impacts – including direct, indirect, and induced economic impacts – of University purchases of goods and services, payroll expenditures, and spending on construction projects. The analysis estimates total impacts in three distinct ways – spending, employment, and income. These spending, employment, and income impacts are estimated at the state, county, and city levels.

The methodology of estimating indirect and induced economic impacts is based on estimates of direct University spending in particular geographic areas. In order to estimate direct University spending in this way, UC San Diego staff identified the addresses of all vendors and employees who received payments from the University during the 2006-07 fiscal year. Appendix A provides further detail on the assumptions and methodology used in deriving these estimates.

Table 16: Total UC San Diego Spending in California, 2006-07

Geography	Direct Spending	Multiplier	Indirect and Induced Spending	Total Direct, Indirect, and Induced Spending	Percentage of Total Impacts
City of San Diego	$1,240,202,608	0.83	$1,034,791,566	$2,274,994,174	56.6%
All San Diego County	$1,659,648,328	0.92	$1,532,666,358	$3,192,314,686	79.4%
All California	$1,968,739,244	1.04	$2,053,463,743	$4,022,202,987	100.0%
TOTAL	$1,968,739,244	1.04	$2,053,463,743	$4,022,202,987	

Sources: UC San Diego Office of Design and Construction, General Accounting Services, and Payroll; Applied Economics; and CBRE Consulting.

Notes: Total does not account for spending that occurred outside of California. Figures may not add due to rounding. Spending and multiplier calculations are cumulative of all inclusive geographies.

In FY 2006-07, direct spending by UC San Diego on goods and services purchases, payroll, and construction projects in the State of California totaled $1.969 billion.[46] This direct spending led to an estimated $2.053 billion in indirect and induced spending throughout the state, for an estimated $4.022 billion in total spending impact by UC San Diego during the fiscal year.

San Diego County benefited from the lion's share of the University's direct spending in California, with approximately $1.660 billion, or 84.3 percent of the University's statewide direct spending occurring within the county. This spending generated an additional $1.533 billion in indirect and induced spending in San Diego County, for a total spending impact of

[46] For the purposes of the analysis of total economic impacts, the University direct payroll number excludes the payroll received by student employees. CBRE Consulting measures the impact of student spending in a separate analysis; therefore, to avoid double counting, students' share of the total payroll is excluded from the analysis of University payroll impacts.

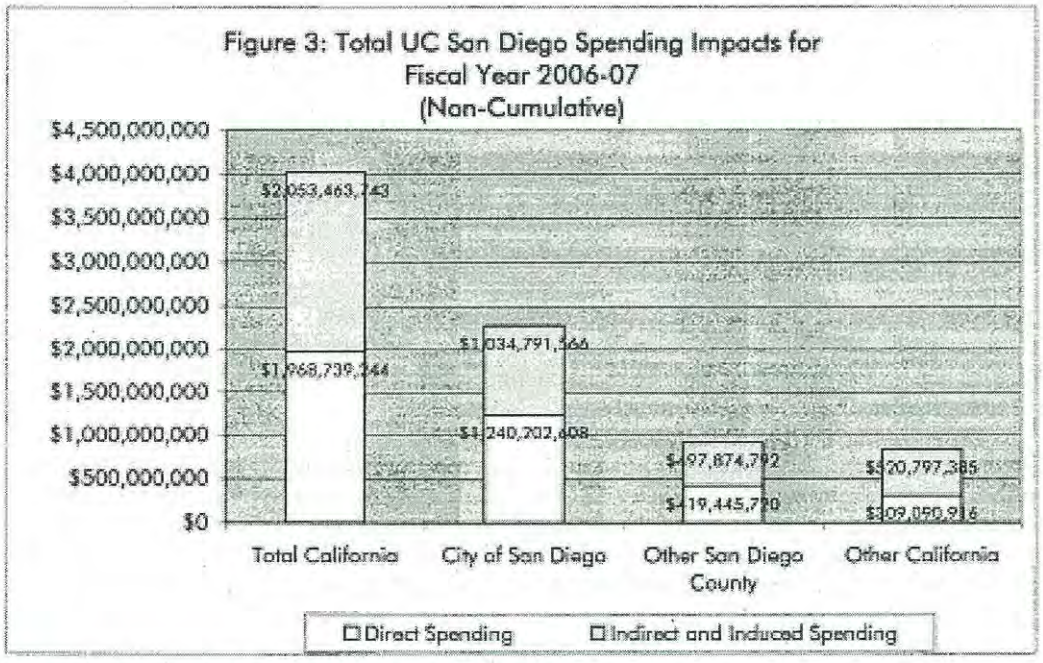
$3.192 billion. This indicates that 79.4 percent of the University's total spending impact was concentrated within San Diego County.

Within the City of San Diego, direct University spending in FY 2006-07 totaled approximately $1.240 billion, and indirect and induced spending impacts are estimated at approximately $1.035 billion. This indicates that the University generated $2.275 billion in total spending impacts within the City of San Diego in FY 2006-07, which is approximately 56.6 percent of the University's total spending impact statewide.

The estimates of indirect and induced spending reflect multipliers for the University's spending at the state, county, and city level. Table 16 shows that the average state-level multiplier for UC San Diego's direct spending is 1.04, which indicates that for every $1.00 of UC San Diego direct spending in the state there is an estimated additional $1.04 in indirect and induced spending throughout the state. The spending multipliers for San Diego County and the City of San Diego indicate that $1.00 of direct University spending generates $0.92 in indirect and induced spending in San Diego County, with the City of San Diego capturing approximately $0.83 of that indirect and induced spending impact.

Figure 3 shows the spending impacts disaggregated by geography, indicating the discrete share of impacts for the City of San Diego, other San Diego County, and other California.

Figure 3: Total UC San Diego Spending Impacts for Fiscal Year 2006-07 (Non-Cumulative)



Sources: UC San Diego Accounting Services; Applied Economics; and CBRE Consulting.

EMPLOYMENT IMPACTS

Employment impacts and multipliers for UC San Diego are summarized in Table 17 and Figure 4. Based on IMPLAN multiplier estimates, spending by UC San Diego in FY 2006-07

supported a total of 34,230 full-time equivalent (FTE) jobs in the State of California. Approximately 55.1 percent, or 18,850 of these jobs, were indirect and induced jobs – or jobs in addition to the direct employment of University faculty, staff, and students. This reflects an average indirect and induced jobs multiplier of 9.57, which indicates that $1.000 million in University spending supports approximately 9.57 jobs statewide *in addition to* the direct employment of the University. Looking at this information another way, UC San Diego supported approximately 1.23 indirect and induced jobs (FTE) for every direct University job (FTE).

Table 17: Total FTE Jobs in California Produced by UC San Diego Spending, 2006-07

Geography	Direct Jobs (UCSD Employment)	Direct Spending	Multiplier	Indirect and Induced Jobs (FTE)	Total Direct & Indirect Jobs	Percent of Total California Jobs
City of San Diego	10,394	$1,240,202,608	8.38	10,392	20,786	60.7%
Other San Diego County	4,405	$419,445,720	9.42	3,950	8,355	24.4%
Other California	580	$309,090,916	14.58	4,507	5,087	14.9%
TOTAL	15,379	$1,968,739,244	9.57	18,850	34,229	

Sources: UC San Diego Office of Student Research, Design and Construction, General Accounting Services, and Medical Center Accounting Services; Applied Economics; and CBRE Consulting.
Notes: Figures may not add due to rounding. Spending and multiplier calculations are geographically non-cumulative. Job multipliers are calculated per $1 million of output.

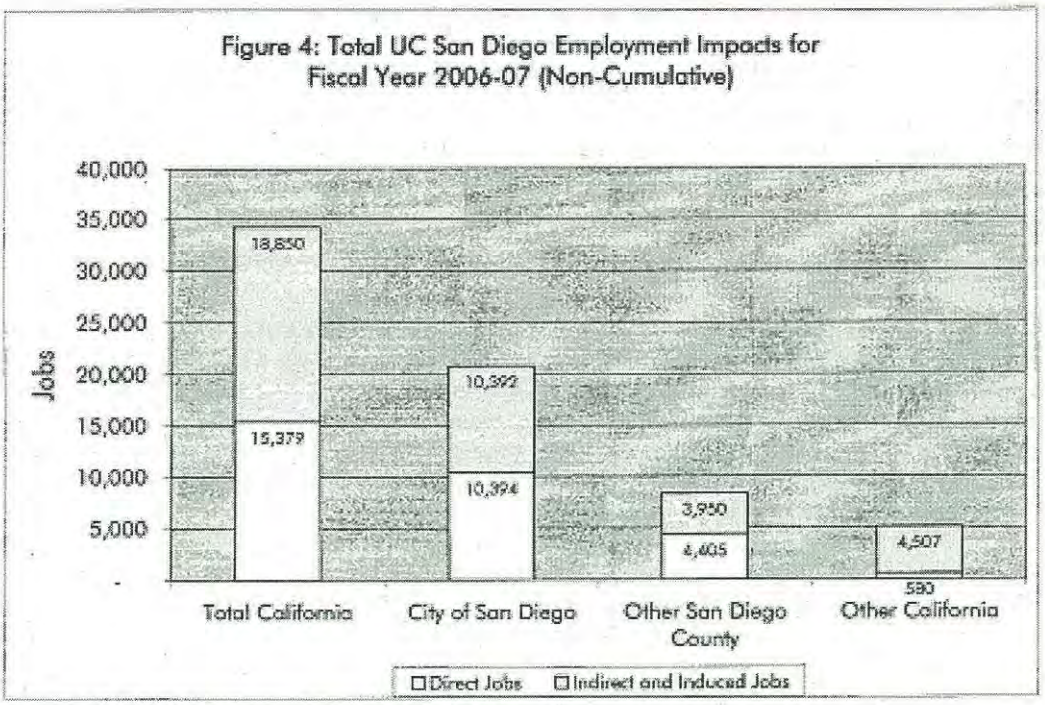
University spending supported 20,790 total FTE jobs in the City of San Diego, 10,390 of which were indirect and induced jobs. This reflects an employment multiplier of 8.38 indirect and induced jobs per $1.000 million in University spending within the city's economy. Within the City of San Diego, the University supports 1.00 indirect and induced job for every direct University job.

UC San Diego supported an additional 8,360 FTE jobs in San Diego County, of which 3,950, or 47.3 percent, were indirect and induced jobs. This reflects an average employment multiplier of 9.42 indirect and induced jobs per $1.000 million of University spending in the unincorporated county.

Outside San Diego County but within California, University spending generated another 5,090 FTE jobs, of which 4,510 were indirect and induced jobs. This reflects an average employment multiplier of 14.58 indirect and induced jobs per $1.000 million of University spending in California outside of San Diego County.

While the employment multipliers are greater at the state level than at the local level, the City of San Diego received a considerable share of the overall employment impacts. Of the total jobs generated by University spending in FY 2006-07, 60.7 percent were located within the City of San Diego. Excluding direct University employment, the City of San Diego benefited from 55.1 percent of the indirect and induced jobs generated by University spending statewide.

Figure 4: Total UC San Diego Employment Impacts for Fiscal Year 2006-07 (Non-Cumulative)



Sources: UC San Diego Payroll Office; Applied Economics; and CBRE Consulting.

PERSONAL INCOME IMPACTS

Personal income impacts and multipliers are shown in Table 18 and Figure 5. Spending by UC San Diego in FY 2006-07 generated total personal income of approximately $2.324 billion in the State of California. This total includes approximately $1.071 billion in direct UC San Diego payroll as well as $1.253 billion in indirect and induced personal income – or income in addition to the direct payroll of University faculty and staff. The indirect and induced personal income impacts are generated by the spending associated with UC San Diego payroll as well as goods and services purchases and capital expenditures. The estimated personal income multiplier associated with the University's total spending statewide was 0.64 in FY 2006-07, which indicates that $1.00 of University spending generated $0.64 in personal income throughout the state.

Of UC San Diego's total impact on personal income statewide, approximately 73.6 percent, or $1.711 billion, was generated within San Diego County. This includes $1.034 billion in direct University payroll and an additional $676.2 million in indirect and induced personal income generated by University spending in the area. The estimated personal income multiplier for UC San Diego spending in San Diego County was 0.41, which indicates that $1.00 of University spending generated an estimated $0.41 in personal income in San Diego County.

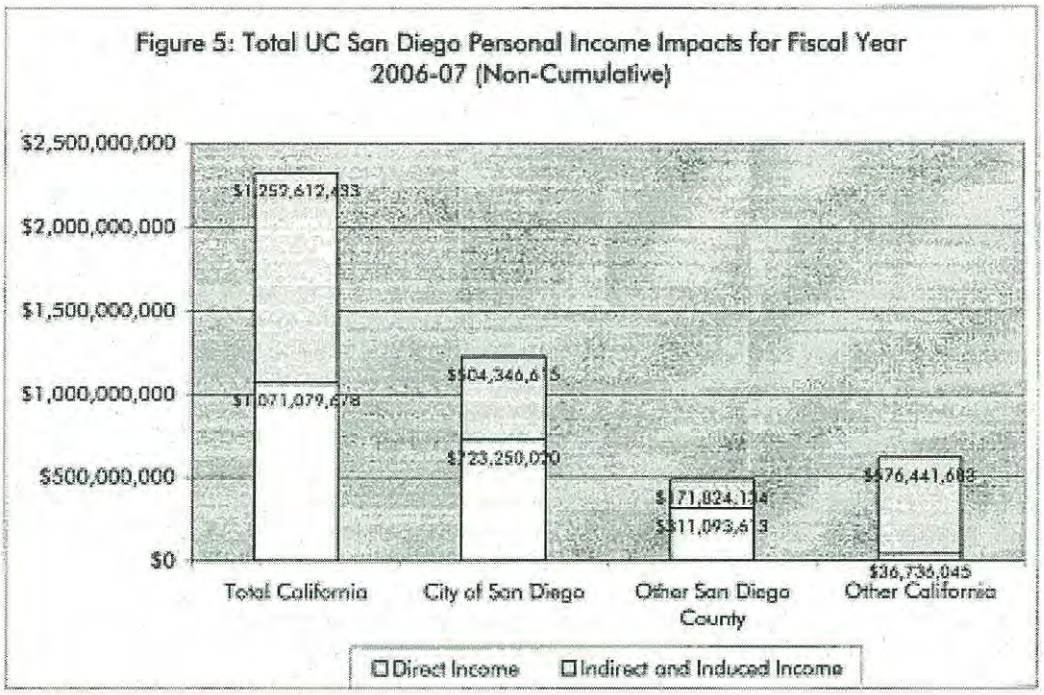
Table 18: Total Personal Income Produced in California From UC San Diego Spending, 2006-07

Geography	Direct Income (UCSD Payroll)	Direct Spending	Multiplier	Indirect and Induced Income	Total Personal Income Generated	Percent of Total California
City of San Diego	$723,250,020	$1,240,202,608	0.41	$504,346,615	$1,227,596,635	52.8%
Other San Diego County	$1,034,343,633	$1,659,648,328	0.41	$676,170,750	$1,710,514,383	73.6%
All California	$1,071,079,678	$1,968,739,244	0.64	$1,252,612,433	$2,323,692,111	100.0%
TOTAL	$1,071,079,678	$1,968,739,244	0.64	$1,252,612,433	$2,323,692,111	

Sources: UC San Diego Office of Student Research and Information, Design and Construction, General Accounting Services, Medical Center Accounting Services, Applied Economics, and CBRE Consulting.
Notes: Figures may not add due to rounding. Spending and multiplier calculations are cumulative of all inclusive geographies.

Finally, UC San Diego spending within the City of San Diego contributed to $1.228 billion in personal income for San Diego residents. This includes approximately $723.3 million in direct University payroll and an additional $504.3 million in indirect and induced personal income. The total income impacts reflect an estimated average income multiplier of 0.41, which indicates that $1.00 of UC San Diego spending generated $0.41 in personal income. The total personal income impact of University spending in the City of San Diego was approximately 52.8 percent of the total impact of University spending statewide.

Figure 5: Total UC San Diego Personal Income Impacts for Fiscal Year 2006-07 (Non-Cumulative)



Sources: UC San Diego Accounting Services; Applied Economics; and CBRE Consulting.

SUMMARY OF SPENDING, EMPLOYMENT, AND PERSONAL INCOME IMPACTS BY GEOGRAPHY

The estimated spending, employment, and personal income impacts of UC San Diego spending in the City of San Diego, San Diego County, and the State of California are summarized in Table 19.

Table 19: Summary of UC San Diego Impacts By California Geography (Non-Cumulative) Fiscal Year 2006-07				
	City of San Diego	Other San Diego County	Other California	Total Statewide
Spending				
Direct	$1,240,202,608	$419,445,720	$309,090,916	$1,968,739,244
Indirect	$1,034,791,566	$497,874,792	$520,797,385	$2,053,463,743
Total Spending	$2,274,994,174	$917,320,512	$829,888,301	$4,022,202,987
Employment (FTE)				
Direct	10,394	4,405	580	15,379
Indirect	10,392	3,950	4,507	18,850
Total Jobs	20,786	8,355	5,087	34,229
Income				
Direct	$723,250,020	$311,093,613	$36,736,045	$1,071,079,678
Indirect	$504,346,615	$171,824,134	$576,441,683	$1,252,612,433
Total Income	$1,227,596,635	$482,917,747	$613,177,728	$2,323,692,111

Sources: UC San Diego Office of Student Research and Information, Design and Construction, General Accounting Services, and Medical Center Accounting Services; Applied Economics; and CBRE Consulting.
Note: Figures may not add due to rounding.

- Overall, in Fiscal Year 2006-07, the impact of spending by UC San Diego in the City of San Diego was $2.275 billion in total spending, 20,790 jobs, and $1.228 billion in personal income, excluding UC San Diego employees.
- UC San Diego's spending generated an additional impact of approximately $917.3 million in total spending, 8,360 jobs, and $482.9 million in personal income, excluding UC San Diego employees, elsewhere in San Diego County.
- UC San Diego spending contributed another $829.9 million in total spending, 5,090 jobs, and $613.2 million in personal income, excluding UC San Diego employees, elsewhere in the state.
- In all, UC San Diego's total economic impact in California was $4.022 billion in total spending, 34,230 full time equivalent jobs, and $2.324 billion in personal income, excluding UC San Diego employees, in the 2006-07 Fiscal Year.

ATTACHMENT 6

Attachment to Letter 93

UK COOPERATIVE EXTENSION SERVICE
UNIVERSITY OF KENTUCKY—COLLEGE OF AGRICULTURE

Economic Impact of

Rockcastle Hospital and Respiratory Care Center, Inc.

On Four Kentucky Counties:

Fayette, Jefferson, Franklin & Madison

Prepared By:

KY Rural Health Works[1]

UK Department of Agricultural Economics

KY State Office of Rural Health

UK Center for Rural Health

UK Cooperative Extension Service

January, 2005

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PREFACE

This report is being furnished to the Rockcastle Hospital and Respiratory Care Center, Inc. through their request. The Kentucky Rural Health Works Program (a program of the University of Kentucky Department of Agricultural Economics, UK Cooperative Extension Service, Kentucky State Office of Rural Health and UK Center for Rural Health) was contacted to conduct an economic impact study. The Kentucky Rural Health Works Program offers decision-making information to rural health care providers, local community leaders and policymakers regarding health care and its impact on rural economies. This is carried out through market demand studies, feasibility studies, policy research studies and economic impact studies. The Kentucky Rural Health Works Program combines the health care knowledge and strengths of the UK Center for Rural Health with economic development expertise of the UK College of Agriculture.

Questions or concerns regarding this analysis should be directed to Dr. Eric Scorsone, Assistant Professor of Agricultural Economics at the University of Kentucky College of Agriculture. For more information, contact:

Eric Scorsone, Ph.D.
University of Kentucky
Department of Agricultural Economics
Lexington, Kentucky
E-mail: escorson@uky.edu

INTRODUCTION

This report examines the economic impact of Rockcastle Hospital and Respiratory Care Center on the following four Kentucky counties: Fayette, Jefferson, Franklin and Madison. This analysis shows the economic impact of output (sales), employment and labor income due to Rockcastle Hospital and Respiratory Care Center on the local economies of these four counties. On average, the Rockcastle Hospital and Respiratory Care Center generates an approximate total impact of $9,162,185 in output (sales) within the 4 counties. The 9,162,185 represents the amount of local sales or revenue generated in Fayette, Jefferson, Franklin and Madison Counties due to the impact of the Rockcastle Hospital and Respiratory Care Center. As a result, Rockcastle Hospital and Respiratory Care Center's expenditures create nearly 139 jobs and have a total impact of $4,675,985 in labor income in these areas.

METHODOLOGY AND DATA

Methodology

The IMPLAN Model was used to generate the economic impact of Rockcastle Hospital and Respiratory Care Center. IMPLAN is an input-output Model that can be used to examine the economic impact of new industries, loss of an existing industry, fiscal impact analysis and the existence of supply demand gaps. Model version 2.0 was used in this study with the 2000 Kentucky data and structural matrices.

For this study, it was important to capture the nature of Rockcastle Hospital's purchasing patterns as opposed to the use of national standard production function. After the initial models for Fayette, Jefferson, Franklin and Madison Counties were developed, the expenditure records for the hospital were reviewed to determine hospital spending patterns in each of the four counties. These patterns were in some cases slightly different from the original IMPLAN hospital expenditure patterns. Also, the regional purchase coefficients were significantly

different in some cases between the original IMPLAN Model and the revisions based on Fayette, Jefferson, Franklin and Madison Counties records. The revisions of local spending correspond with findings from other studies that indicate how rural hospitals generally affect wholesale and retail trade activities on a county level

A series of steps were followed to generate the economic impact results. First, the Fayette, Jefferson, Franklin and Madison Counties 2000 Models were estimated from IMPLAN. Second, the study area data was edited to include the actual hospital figures in sector 492. Under the hospital sector, the sales and employment (where appropriate) figures were entered along with the changes in the gross absorption coefficients, as well as, the differences between national and local production functions. Changes in the production functions were based on an examination of hospital records for the 2003 preliminary financial report. Finally, the model was re-run to calculate the new multiplier values. These new multipliers represent the revised Rockcastle Hospital's direct, indirect and induced economic effects. The economic impact was calculated by removing the hospital sector through the Impact screen and determining the loss in employment, labor income and output.

Data

The data for this report came from the IMPLAN Model and the Rockcastle Hospital and Respiratory Care Center's accounting records and financial statements. The 2000 Kentucky data set was used for the IMPLAN Model. The Rockcastle Hospital financial statements indicated a total expenditure of $27,237,072 during the 2003 fiscal year. This figure includes cash expenses related to depreciation and amortization.

In 2003, Rockcastle Hospital spent approximately $7,224,073 in other expenditures (less wages and benefits) within 27 Kentucky counties. However, of the $7,224,073, over 90% was spent in Fayette, Rockcastle, Jefferson, Franklin and Madison Counties. Among these four

counties, Rockcastle Hospital spent approximately 41% in Fayette county, nearly 17% in Jefferson County, 10% in Franklin County and about 3.4% in Madison County, Kentucky.

ECONOMIC IMPACT MULTIPLIERS

The impact of the local health care system and health care employee expenditures on the local economy are called multiplier effects. Multiplier effects are a simplified and compact way of representing these economic effects in a local economy. The multiplier is interpreted as the impact of a one-unit change in sales, employment or labor income that results in an "X" impact on the local economy. In essence, the multiplier represents the recycling of local dollars and income in the community. This recycling process creates new job opportunities and higher wages for individuals. Leakage of dollars and income out of the community, via taxes or non-local spending, reduces the size of the multiplier effect and the potential size of the local economy.

There are three multipliers effects based on the type of economic impact analysis: direct effect, indirect effect and induced effect (see Table 1). The direct multiplier effect is based on an industry's initial economic impact on the community. For example, if a manufacturing plant has revenue of 5 million dollars, then this figure becomes the direct economic impact on the community. The indirect multiplier effect is based on industry-to-industry transactions only. For example, health care providers may purchase laundry, food, landscaping and floral services from local businesses. It is important to note that the indirect multiplier does not include the effect of employee spending on retail and service sectors in the community. Alternatively, the induced multiplier effect includes both the industry-to-industry transactions and household purchases, which includes employee spending. The total economic impact is defined as the direct plus indirect plus induced economic effects.

The direct, indirect and induced multiplier effects can be classified as output (sales), employment and labor income multipliers (see Table 1). Output (sales) multipliers represent the change in local sales or revenue due to a change in an industry. Economic output is measured as a change in total sales for a new or existing business or institution in a region. Employment multipliers are the impact of a one million dollar change in economic output on the number of jobs in a local economy. Labor income multipliers represent a one-unit change in economic output on local income.

Table 1: Health Care Related Economic Impact Multipliers

Multiplier Type	Direct Impact	Indirect Impact	Induced Impact
Employment	Health care jobs	Health care supplier jobs	Local retail and service jobs related to health care employee spending
Income	Health care employee income	Health care supplier employee income	Local retail and service income related to health care employee spending
Output (Sales)	Health care revenue	Health care supplier revenue	Local retail and service revenue related to health care employee spending

ECONOMIC IMPACT ANALYSIS

The analysis is divided into three sections according to following multipliers: 1) output or sales, 2) employment, and 3) labor income. Each section shows the direct, indirect, induced and total economic impacts for the various economic impact categories.

The sales or output multiplier represents the amount of local sales or revenue generated in the Fayette, Jefferson, Franklin and Madison Counties due to the impact of the Rockcastle Hospital and Respiratory Care Center expenditures in those counties (see Table 2). The hospital expenditures represent the direct impact on these particular counties. For example in Table 2, Rockcastle Hospital spent $3,032,493 in Fayette County, Kentucky, which is the direct impact of the hospital on output or sales in Fayette County. Rockcastle Hospital vendors are supplied by other vendors, which creates more employment and income opportunities. Therefore, the indirect impact on Fayette County, Kentucky is $651,478 and represents the Rockcastle Hospital vendors' spending within Fayette County, Kentucky. This $651,478 is associated with industry-to-industry transactions within Fayette County.

Employees who are associated with hospital vendor firms and the firms whom supply those vendors in the region purchase goods and services in the local economy and represent the induced impact on the community. The induced impact on Fayette County economy is $1,077,762 and is associated with the employees' purchases of goods and services within Fayette Count, Kentucky. Based on the direct impact of $3,032,493, Rockcastle Hospital has a significant total economic impact of $4,761,734 on Fayette County, Kentucky. This total impact represents generated revenue based on direct suppliers to the hospital, indirect suppliers to the hospital and employees purchases in the local economy. Overall, Rockcastle Hospital had a direct impact of $6,096,197, indirect impact of $1,122,710, induced impact of $1,122,710, and a total impact of $9,162,185 on these four Kentucky counties.

Table 2: Rockcastle Hospital and Respiratory Care Center

Impact on County Output (Sales)

County	Direct Impact	Indirect Impact	Induced Impact	Multiplier	Total Impact
Fayette	$3,032,493	$651,478	$1,077,762	1.57	$4,761,734
Jefferson	$1,221,370	$256,187	$459,178	1.59	$1,936,735
Franklin	$729,945	$ 57,374	$ 94,922	1.21	$882,241
Madison	$1,112,389	$157,671	$311,415	1.42	$1,581,475
Total	$6,096,197	$1,122,710	$1,943,277	—	$9,162,185

Source: 2000 IMPLAN Data Base and 2002 hospital data

The employment multiplier demonstrates the relationship between the Rockcastle Hospital and Respiratory Care Center expenditures and employment creation in the Fayette, Jefferson, Franklin and Madison Counties. Rockcastle Hospital and Respiratory Care Center actually employs 36 people who live in Fayette and Madison Counties (See Table 3 below). However, the direct impact represents the hospital jobs plus jobs associated with the hospital vendors' within these counties. Therefore, the direct impact due to Rockcastle Hospital on Fayette County employment is about 48 jobs. The indirect impact represents industry to industry transactions; thus the indirect effect creates another 8.4 jobs in Fayette County, Kentucky. Moreover, employee spending within Fayette County creates and induced impact of 14.7 jobs (see Table 3). Overall, Rockcastle Hospital has a total impact of 71.3 jobs on Fayette County employment. Fayette County is the biggest employment impact recipient from the expenditures of Rockcastle County Hospital.

The Rockcastle Hospital and Respiratory Care Center employment multiplier for Fayette County is 1.48 as shown in Table 3. This employment multiplier indicates that for every Rockcastle Hospital job, an additional 0.48 jobs are created in Fayette County local economy.

In total, 138.6 jobs in Fayette, Jefferson, Franklin and Madison Counties are directly or indirectly tied to the existence of the Rockcastle Hospital and Respiratory Care Center.

Table 3: Rockcastle Hospital and Respiratory Care Center
Impact on County Employment

County	Actual Hospital Jobs	Direct Impact	Indirect Impact	Induced Impact	Multiplier	Total Impact
Fayette	3 jobs	48.1 Jobs	8.4 Jobs	14.7 Jobs	1.48	71.3 Jobs
Jefferson	0 jobs	17.3 Jobs	3.2 Jobs	6.0 Jobs	1.53	26.4 Jobs
Franklin	0 jobs	12.0 Jobs	0.9 Jobs	1.5 Jobs	1.20	14.4 Jobs
Madison	33 jobs	18.5 Jobs	2.7 Jobs	5.4 Jobs	1.44	26.5 Jobs
Total	36 jobs	95.9 jobs	15.2 jobs	27.6 jobs	—	138.6 jobs

Source: 2000 IMPLAN Data Base and 2002 hospital data

Table 4 depicts the direct, indirect and induced impact on Fayette, Jefferson, Franklin and Madison Counties' labor income due to Rockcastle Hospital and Respiratory Care Center. The impact from labor income indicates the level of personal income dependent on the existence of the hospital. In Fayette, Jefferson, Franklin and Madison Counties, employees are paid an estimated $ 3,512,965 in direct payroll. In Fayette County, the direct impact of Rockcastle Hospital on the local economy is about $1,739,943. The direct economic impact of this payroll is due to hospital employees and vendors who serve the Rockcastle Hospital in these counties.

This direct payroll impact translates into local spending and more jobs, which creates more income and economic opportunity in these counties. The indirect impact from labor income for the Rockcastle Hospital is estimated to be $446,806 on all four counties. This indirect impact represents the expenditures of the hospital vendors on the payroll of other

business in these counties. In other words, the vendors serving the hospital spend their money on needed supplies and materials which has the effect of increasing employment and payroll for other firms in the four counties.

The induced labor income impact on Fayette, Jefferson, Franklin and Madison Counties due to Rockcastle Hospital is $716,213 and the total labor income impact is $4,675,985. In Fayette County, the indirect impact is $261,095, the induced impact is $399,405 and the total impact is $2,400,444. The induced impact represents the spending of hospital vendor employees and the employees of other firms on the labor income and payroll of service, retail and other consumer-oriented establishments in the four county economies. The Rockcastle Hospital income multiplier on Fayette County is 1.38. This means that for every dollar of income generated due to Rockcastle Hospital and Respiratory Care Center, an additional 0.38 cents of income is generated in the Fayette County local economy.

Table 4: Rockcastle Hospital and Respiratory Care Center
Impact on County Labor Income

County	Direct Impact	Indirect Impact	Induced Impact	Multiplier	Total Impact
Fayette	$1,739,943	$261,095	$399,405	1.38	$2,400,444
Jefferson	$737,496	$101,237	$172,768	1.37	$1,011,501
Franklin	$411,492	$24,420	$32,462	1.14	$468,374
Madison	$624,034	$60,054	$111,578	1.28	$795,666
Total	$3,512,965	$446,806	$716,213	—	$4,675,985

Source: 2000 IMPLAN Data Base and 2002 hospital data

SUMMARY

The results indicate that Rockcastle Hospital and Respiratory Care Center is an important economic contributor to the Fayette, Jefferson, Franklin and Madison County local economies. The economic impact is primary felt through hospital expenditures on local services and employee spending in the local retail and service sector. Like many rural and urban hospitals, complex medical equipment and other supplies must be purchased outside the local community, which reduces the size of the economic impact.

To reiterate, the sales or output multiplier represents the amount of revenue that is generated in Fayette, Jefferson, Franklin and Madison Counties due to the impact of the Rockcastle Hospital and Respiratory Care Center expenditures in those counties. Based on the output multiplier, the Rockcastle Hospital has a total economic impact of nearly $9,162,185 on Fayette, Jefferson, Franklin and Madison Counties. The employment multiplier demonstrates the relationship between the Rockcastle Hospital and Respiratory Care Center expenditures and employment creation in these four counties. Overall, approximately 138 jobs in Fayette, Jefferson, Franklin and Madison Counties are directly or indirectly associated with Rockcastle Hospital expenditures within those respective counties. The labor income multiplier indicates the level of personal income in Fayette, Jefferson, Franklin and Madison Counties that is dependent on Rockcastle Hospital expenditures in those counties. The total impact on county labor income on all four counties due to Rockcastle Hospital is estimated to be $4,675,985.

Kentucky Rural Health Works

www.cauky.edu/krhw

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Letter 95

Devyani Jain /CTYPLN/SFGOV
10/20/2010 10:16 AM

To Chelsea Fordham/CTYPLN/SFGOV@SFGOV
cc
bcc
Subject Fw: CNA Comments on CPMC DEIR: Email 6

DEVYANI JAIN, *Senior Planner*
Major Environmental Analysis

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----- Forwarded by Devyani Jain/CTYPLN/SFGOV on 10/20/2010 10:16 AM -----

Gloria D Smith <gloria@gsmithlaw.com>
10/19/2010 10:02 PM
Please respond to
gloria@gsmithlaw.com

To bill wycko <bill.wycko@sfgov.org>, Devyani Jain <Devyani.Jain@sfgov.org>
cc ngreen@calnurses.org
Subject CNA Comments on CPMC DEIR: Email 6

Please find attached the resumes of experts who prepared comments for the California Nurses Association for the CPMC DEIR.

The Law Offices of Gloria D. Smith

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Brohard 2009 08 Short.pdf


mhagemann cv.pdf


Petra Pless CV[1].pdf

Attachment to Letter 92

Tom Brohard, PE

Licenses:	1975 / Professional Engineer / California – Civil, No. 24577 1977 / Professional Engineer / California – Traffic, No. 724 2006 / Professional Engineer / Hawaii – Civil, No. 12321
Education:	1969 / BSE / Civil Engineering / Duke University
Experience:	40 Years
Memberships:	1977 / Institute of Transportation Engineers – Fellow, Life 1978 / Orange County Traffic Engineers Council - Chair 1982-1983 1981 / American Public Works Association - Member

Tom is a recognized expert in the field of traffic engineering and transportation planning. His background also includes responsibility for leading and managing the delivery of various contract services to numerous cities in Southern California.

Tom has extensive experience in providing transportation planning and traffic engineering services to public agencies. Since May 2005, he has served as Consulting City Traffic Engineer three days a week to the City of Indio. He also currently provides "on call" Traffic and Transportation Engineer services to the Cities of Big Bear Lake and San Fernando. In addition to conducting traffic engineering investigations for Los Angeles County from 1972 to 1978, he has previously served as City Traffic Engineer in the following communities:

- Bellflower ..... 1997 - 1998
- Bell Gardens ..... 1982 - 1995
- Huntington Beach ..... 1998 - 2004
- Lawndale ..... 1973 - 1978
- Los Alamitos ..... 1981 - 1982
- Oceanside ..... 1981 - 1982
- Paramount ..... 1982 - 1988
- Rancho Palos Verdes ..... 1973 - 1978
- Rolling Hills ..... 1973 - 1978, 1985 - 1993
- Rolling Hills Estates ..... 1973 - 1978, 1984 - 1991
- San Marcos 1981
- Santa Ana ..... 1978 - 1981
- Westlake Village ..... 1983 - 1994

During these assignments, Tom has supervised City staff and directed other consultants including traffic engineers and transportation planners, traffic signal and street lighting personnel, and signing, striping, and marking crews. He has secured over $5 million in grant funding for various improvements. He has managed and directed many traffic and transportation studies and projects. While serving these communities, he has personally conducted investigations of hundreds of citizen requests for various traffic control devices. Tom has also successfully presented numerous engineering reports at City Council, Planning Commission, and Traffic Commission meetings in these and other municipalities.

In his service to the City of Indio since May 2005, Tom has accomplished the following:

- Oversaw preparation and adoption of the Circulation Element Update of the General Plan including development of Year 2035 buildout traffic volumes, revised and simplified arterial roadway cross sections, and reduction in acceptable Level of Service criteria under certain constraints

- Oversaw preparation of fact sheets/design exceptions to reduce shoulder widths on Jackson Street over I-10 as well as justifications for protected-permissive left turn phasing at I-10 on-ramps, the first such installation in Caltrans District 8 in Riverside County; oversaw preparation of plans and provided assistance during construction of a $1.5 million project to install traffic signals and widen three of four ramps at the I-10/Jackson Street Interchange under a Caltrans encroachment permit issued under the Streamlined Permit Process

- Oversaw preparation of fact sheets/design exceptions to reduce shoulder widths on Monroe Street over I-10 as well as striping plans to install left turn lanes on Monroe Street at the I-10 Interchange under a Caltrans encroachment permit

- Oversaw preparation of traffic impact analyses for Project Study Reports evaluating different alternatives for buildout improvement of the I-10/Monroe Street and the I-10/Golf Center Parkway Interchanges

- Oversaw preparation of plans, specifications, and contract documents and provided assistance during construction of 22 new traffic signal installations

- Oversaw preparation of plans and provided assistance during construction for the conversion of two traffic signals from fully protected left turn phasing to protected-permissive left turn phasing with flashing yellow arrows

- Reviewed and approved over 450 work area traffic control plans as well as signing and striping plans for all City and developer funded roadway improvement projects

- Oversaw preparation of a City wide traffic safety study of conditions at all schools

- Prepared over 350 work orders directing City forces to install, modify, and/or remove traffic signs, pavement and curb markings, and roadway striping

- Oversaw preparation of engineering and traffic surveys to establish enforceable speed limits on over 125 street segments

- Reviewed and approved traffic impact studies prepared for more than 16 major development projects

Since forming Tom Brohard and Associates in 2000, Tom has reviewed many traffic impact reports and environmental documents for various development projects. He has provided expert witness services and also prepared traffic studies for public agencies and private sector clients.

Attachment to Letter 92

SWAPE Technical Consultation, Data Analysis and Litigation Support for the Environment

2503 Eastbluff Dr.
Suite 206
Newport Beach, California92660
Tel: (949) 887-9013
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Matthew F. Hagemann, P.G.

Geologic and Hydrogeologic Characterization
Investigation and Remediation Strategies
Regulatory Compliance
CEQA Review
Expert Witness

Education:

M.S. Degree, Geology, California State University Los Angeles, Los Angeles, CA, 1984.
B.A. Degree, Geology, Humboldt State University, Arcata, CA, 1982.

Professional Certification:

California Professional Geologist, License Number 8571.

Professional Experience:

Matt has 25 years of experience in environmental policy, assessment and remediation. He spent nine years with the U.S. EPA in the RCRA and Superfund programs and served as EPA's Senior Science Policy Advisor in the Western Regional Office where he identified emerging threats to groundwater from perchlorate and MTBE. While with EPA, Matt also served as a Senior Hydrogeologist in the oversight of the assessment of seven major military facilities undergoing base closure. He led numerous enforcement actions under provisions of the Resource Conservation and Recovery Act (RCRA) while also working with permit holders to improve hydrogeologic characterization and water quality monitoring.

Matt has worked closely with U.S. EPA legal counsel and the technical staff of several states in the application and enforcement of RCRA, Safe Drinking Water Act and Clean Water Act regulations. Matt has trained the technical staff in the States of California, Hawaii, Nevada, Arizona and the Territory of Guam in the conduct of investigations, groundwater fundamentals, and sampling techniques.

Positions Matt has held include:

- Founding Partner, Soil/Water/Air Protection Enterprise (SWAPE) (2003 – present);
- Geology Instructor, Golden West College, 2010 – present;
- Senior Environmental Analyst, Komex H2O Science, Inc (2000 -- 2003);
- Executive Director, Orange Coast Watch (2001 – 2004);
- Senior Science Policy Advisor and Hydrogeologist, U.S. Environmental Protection Agency (1989–1998);

- Hydrogeologist, National Park Service, Water Resources Division (1998 – 2000);
- Adjunct Faculty Member, San Francisco State University, Department of Geosciences (1993 – 1998);
- Instructor, College of Marin, Department of Science (1990 – 1995);
- Geologist, U.S. Forest Service (1986 – 1998); and
- Geologist, Dames & Moore (1984 – 1986).

Senior Regulatory and Litigation Support Analyst:

With SWAPE, Matt's responsibilities have included:

- Manager of a project to evaluate numerous formerly used military sites in the western U.S.
- Manager of a project to provide technical assistance to a comunity adjacent to a former Naval shipyard under a grant from the U.S. EPA.
- Lead analyst and testifying expert in the review of numerous environmental impact reports under CEQA that identify significant issues with regard to hazardous waste, water resources, water quality, air quality, greenhouse gas emissions and geologic hazards.
- Lead analyst and testifying expert in the review of environmental issues in license applications for large solar power plants before the California Energy Commission.
- Stormwater analysis, sampling and best management practice evaluation at industrial facilities.
- Technical assistance and litigation support for vapor intrusion concerns.
- Manager of a comprehensive evaluation of potential sources of perchlorate contamination in Southern California drinking water wells.
- Manager and designated expert for litigation support under provisions of Proposition 65 in the review of releases of gasoline to sources drinking water at major refineries and hundreds of gas stations throughout California.
- Expert witness on two cases involving MTBE litigation.
- Expert witness and litigation support on the impact of air toxins and hazards at a school.
- Expert witness in litigation at a former plywood plant.

With Komex H2O Science Inc., Matt's duties included the following:

- Senior author of a report on the extent of perchlorate contamination that was used in testimony by the former U.S. EPA Administrator and General Counsel.
- Senior researcher in the development of a comprehensive, electronically interactive chronology of MTBE use, research, and regulation.
- Senior researcher in the development of a comprehensive, electronically interactive chronology of perchlorate use, research, and regulation.
- Senior researcher in a study that estimates nationwide costs for MTBE remediation and drinking water treatment, results of which were published in newspapers nationwide and in testimony against provisions of an energy bill that would limit liability for oil companies.
- Research to support litigation to restore drinking water supplies that have been contaminated by MTBE in California and New York.
- Expert witness testimony in a case of oil production-related contamination in Mississippi.
- Lead author for a multi-volume remedial investigation report for an operating school in Los Angeles that met strict regulatory requirements and rigorous deadlines.
- Development of strategic approaches for cleanup of contaminated sites in consultation with clients and regulators.

Executive Director:

As Executive Director with Orange Coast Watch, Matt led efforts to restore water quality at Orange County beaches from multiple sources of contamination including urban runoff and the discharge of wastewater. In reporting to a Board of Directors that included representatives from leading Orange County universities and businesses, Matt prepared issue papers in the areas of treatment and disinfection of wastewater and control of the dischrge of grease to sewer systems. Matt actively participated in the development of countywide water quality permits for the control of urban runoff and permits for the discharge of wastewater. Matt worked with other nonprofits to protect and restore water quality, including Surfrider, Natural Resources Defense Council and Orange County CoastKeeper as well as with business institutions including the Orange County Business Council.

Hydrogeology:

As a Senior Hydrogeologist with the U.S. Environmental Protection Agency, Matt led investigations to characterize and cleanup closing military bases, including Mare Island Naval Shipyard, Hunters Point Naval Shipyard, Treasure Island Naval Station, Alameda Naval Station, Moffett Field, Mather Army Airfield, and Sacramento Army Depot. Specific activities were as follows:

- Led efforts to model groundwater flow and contaminant transport, ensured adequacy of monitoring networks, and assessed cleanup alternatives for contaminated sediment, soil, and groundwater.
- Initiated a regional program for evaluation of groundwater sampling practices and laboratory analysis at military bases.
- Identified emerging issues, wrote technical guidance, and assisted in policy and regulation development through work on four national U.S. EPA workgroups, including the Superfund Groundwater Technical Forum and the Federal Facilities Forum.

At the request of the State of Hawaii, Matt developed a methodology to determine the vulnerability of groundwater to contamination on the islands of Maui and Oahu. He used analytical models and a GIS to show zones of vulnerability, and the results were adopted and published by the State of Hawaii and County of Maui.

As a hydrogeologist with the EPA Groundwater Protection Section, Matt worked with provisions of the Safe Drinking Water Act and NEPA to prevent drinking water contamination. Specific activities included the following:

- Received an EPA Bronze Medal for his contribution to the development of national guidance for the protection of drinking water.
- Managed the Sole Source Aquifer Program and protected the drinking water of two communities through designation under the Safe Drinking Water Act. He prepared geologic reports, conducted public hearings, and responded to public comments from residents who were very concerned about the impact of designation.
- Reviewed a number of Environmental Impact Statements for planned major developments, including large hazardous and solid waste disposal facilities, mine reclamation, and water transfer.

Matt served as a hydrogeologist with the RCRA Hazardous Waste program. Duties were as follows:

- Supervised the hydrogeologic investigation of hazardous waste sites to determine compliance with Subtitle C requirements.
- Reviewed and wrote "part B" permits for the disposal of hazardous waste.
- Conducted RCRA Corrective Action investigations of waste sites and led inspections that formed the basis for significant enforcement actions that were developed in close coordination with U.S. EPA legal counsel.
- Wrote contract specifications and supervised contractor's investigations of waste sites.

With the National Park Service, Matt directed service-wide investigations of contaminant sources to prevent degradation of water quality, including the following tasks:

- Applied pertinent laws and regulations including CERCLA, RCRA, NEPA, NRDA, and the Clean Water Act to control military, mining, and landfill contaminants.
- Conducted watershed-scale investigations of contaminants at parks, including Yellowstone and Olympic National Park.
- Identified high-levels of perchlorate in soil adjacent to a national park in New Mexico and advised park superintendent on appropriate response actions under CERCLA.
- Served as a Park Service representative on the Interagency Perchlorate Steering Committee, a national workgroup.
- Developed a program to conduct environmental compliance audits of all National Parks while serving on a national workgroup.
- Co-authored two papers on the potential for water contamination from the operation of personal watercraft and snowmobiles, these papers serving as the basis for the development of nation-wide policy on the use of these vehicles in National Parks.
- Contributed to the Federal Multi-Agency Source Water Agreement under the Clean Water Action Plan.

Policy:

Served senior management as the Senior Science Policy Advisor with the U.S. Environmental Protection Agency, Region 9. Activities included the following:

- Advised the Regional Administrator and senior management on emerging issues such as the potential for the gasoline additive MTBE and ammonium perchlorate to contaminate drinking water supplies.
- Shaped EPA's national response to these threats by serving on workgroups and by contributing to guidance, including the Office of Research and Development publication, Oxygenates in Water: Critical Information and Research Needs.
- Improved the technical training of EPA's scientific and engineering staff.
- Earned an EPA Bronze Medal for representing the region's 300 scientists and engineers in negotiations with the Administrator and senior management to better integrate scientific principles into the policy-making process.
- Established national protocol for the peer review of scientific documents.

Geology:

With the U.S. Forest Service, Matt led investigations to determine hillslope stability of areas proposed for timber harvest in the central Oregon Coast Range. Specific activities were as follows:

- Mapped geology in the field, and used aerial photographic interpretation and mathematical models to determine slope stability.
- Coordinated his research with community members who were concerned with natural resource protection.
- Characterized the geology of an aquifer that serves as the sole source of drinking water for the city of Medford, Oregon.

As a consultant with Dames and Moore, Matt led geologic investigations of two contaminated sites (later listed on the Superfund NPL) in the Portland, Oregon, area and a large hazardous waste site in eastern Oregon. Duties included the following:

- Supervised year-long effort for soil and groundwater sampling.
- Conducted aquifer tests.
- Investigated active faults beneath sites proposed for hazardous waste disposal.

Teaching:

From 1990 to 1998, Matt taught at least one course per semester at the community college and university levels:

- At San Francisco State University, held an adjunct faculty position and taught courses in environmental geology, oceanography (lab and lecture), hydrogeology, and groundwater contamination.
- Served as a committee member for graduate and undergraduate students.
- Taught courses in environmental geology and oceanography at the College of Marin.

In Fall 2010, Matt taught Physical Geology (lecture and lab) to students at Golden West College in Huntington Beach, California.

Invited Testimony, Reports, Papers and Presentations:

Hagemann, M.F., 2008. Disclosure of Hazardous Waste Issues under CEQA. Presentation to the Public Environmental Law Conference, Eugene, Oregon.

Hagemann, M.F., 2008. Disclosure of Hazardous Waste Issues under CEQA. Invited presentation to U.S. EPA Region 9, San Francisco, California.

Hagemann, M.F., 2005. Use of Electronic Databases in Environmental Regulation, Policy Making and Public Participation. Brownfields 2005, Denver, Coloradao.

Hagemann, M.F., 2004. Perchlorate Contamination of the Colorado River and Impacts to Drinking Water in Nevada and the Southwestern U.S. Presentation to a meeting of the American Groundwater Trust, Las Vegas, NV (served on conference organizing committee).

Hagemann, M.F., 2004. Invited testimony to a California Senate committee hearing on air toxins at schools in Southern California, Los Angeles.

Brown, A., Farrow, J., Gray, A. and **Hagemann, M.**, 2004. An Estimate of Costs to Address MTBE Releases from Underground Storage Tanks and the Resulting Impact to Drinking Water Wells.

Presentation to the Ground Water and Environmental Law Conference, National Groundwater Association.

Hagemann, M.F., 2004. Perchlorate Contamination of the Colorado River and Impacts to Drinking Water in Arizona and the Southwestern U.S. Presentation to a meeting of the American Groundwater Trust, Phoenix, AZ (served on conference organizing committee).

Hagemann, M.F., 2003. Perchlorate Contamination of the Colorado River and Impacts to Drinking Water in the Southwestern U.S. Invited presentation to a special committee meeting of the National Academy of Sciences, Irvine, CA.

Hagemann, M.F., 2003. Perchlorate Contamination of the Colorado River. Invited presentation to a tribal EPA meeting, Pechanga, CA.

Hagemann, M.F., 2003. Perchlorate Contamination of the Colorado River. Invited presentation to a meeting of tribal repesentatives, Parker, AZ.

Hagemann, M.F., 2003. Impact of Perchlorate on the Colorado River and Associated Drinking Water Supplies. Invited presentation to the Inter-Tribal Meeting, Torres Martinez Tribe.

Hagemann, M.F., 2003. The Emergence of Perchlorate as a Widespread Drinking Water Contaminant. Invited presentation to the U.S. EPA Region 9.

Hagemann, M.F., 2003. A Deductive Approach to the Assessment of Perchlorate Contamination. Invited presentation to the California Assembly Natural Resources Committee.

Hagemann, M.F., 2003. Perchlorate: A Cold War Legacy in Drinking Water. Presentation to a meeting of the National Groundwater Association.

Hagemann, M.F., 2002. From Tank to Tap: A Chronology of MTBE in Groundwater. Presentation to a meeting of the National Groundwater Association.

Hagemann, M.F., 2002. A Chronology of MTBE in Groundwater and an Estimate of Costs to Address Impacts to Groundwater. Presentation to the annual meeting of the Society of Environmental Journalists.

Hagemann, M.F., 2002. An Estimate of the Cost to Address MTBE Contamination in Groundwater (and Who Will Pay). Presentation to a meeting of the National Groundwater Association.

Hagemann, M.F., 2002. An Estimate of Costs to Address MTBE Releases from Underground Storage Tanks and the Resulting Impact to Drinking Water Wells. Presentation to a meeting of the U.S. EPA and State Underground Storage Tank Program managers.

Hagemann, M.F., 2001. From Tank to Tap: A Chronology of MTBE in Groundwater. Unpublished report.

Hagemann, M.F., 2001. Estimated Cleanup Cost for MTBE in Groundwater Used as Drinking Water. Unpublished report.

Hagemann, M.F., 2001. Estimated Costs to Address MTBE Releases from Leaking Underground Storage Tanks. Unpublished report.

Hagemann, M.F., and VanMouwerik, M., 1999. Potential Water Quality Concerns Related to Snowmobile Usage. Water Resources Division, National Park Service, Technical Report.

VanMouwerik, M. and **Hagemann, M.F.** 1999, Water Quality Concerns Related to Personal Watercraft Usage. Water Resources Division, National Park Service, Technical Report.

Hagemann, M.F., 1999, Is Dilution the Solution to Pollution in National Parks? The George Wright Society Biannual Meeting, Asheville, North Carolina.

Hagemann, M.F., 1997, The Potential for MTBE to Contaminate Groundwater. U.S. EPA Superfund Groundwater Technical Forum Annual Meeting, Las Vegas, Nevada.

Hagemann, M.F., and Gill, M., 1996, Impediments to Intrinsic Remediation, Moffett Field Naval Air Station, Conference on Intrinsic Remediation of Chlorinated Hydrocarbons, Salt Lake City.

Hagemann, M.F., Fukunaga, G.L., 1996, The Vulnerability of Groundwater to Anthropogenic Contaminants on the Island of Maui, Hawaii. Hawaii Water Works Association Annual Meeting, Maui, October 1996.

Hagemann, M. F., Fukanaga, G. L., 1996, Ranking Groundwater Vulnerability in Central Oahu, Hawaii. Proceedings, Geographic Information Systems in Environmental Resources Management, Air and Waste Management Association Publication VIP-61.

Hagemann, M.F., 1994. Groundwater Characterization and Cleanup at Closing Military Bases in California. Proceedings, California Groundwater Resources Association Meeting.

Hagemann, M.F. and Sabol, M.A., 1993. Role of the U.S. EPA in the High Plains States Groundwater Recharge Demonstration Program. Proceedings, Sixth Biennial Symposium on the Artificial Recharge of Groundwater.

Hagemann, M.F., 1993. U.S. EPA Policy on the Technical Impracticability of the Cleanup of DNAPL-contaminated Groundwater. California Groundwater Resources Association Meeting.

Hagemann, M.F., 1992. Dense Nonaqueous Phase Liquid Contamination of Groundwater: An Ounce of Prevention... Proceedings, Association of Engineering Geologists Annual Meeting, v. 35.

Other Experience:

Selected as subject matter expert for the California Geologist licensing examination, 2009-2010.

Attachment to Letter 91

Petra Pless, D.Env.

440 Nova Albion Way, Suite 2
San Rafael, CA 94903
(415) 492-2131 phone
(815) 572-8600 fax
petra@ppless.com

Dr. Pless is a court-recognized expert with over 10 years of experience in environmental consulting conducting and managing interdisciplinary environmental research projects and preparing and reviewing environmental permits and other documents for U.S. and European stakeholder groups. Her broad-based experience includes air quality and air pollution control; water quality, water supply, and water pollution control; biology; public health and safety; and noise studies; California Environmental Quality Act ("CEQA"), Clean Air Act ("CAA"), and National Environmental Policy Act ("NEPA") review; industrial ecology and risk assessment; and use of a wide range of environmental software.

EDUCATION

Doctorate in Environmental Science and Engineering (D.Env.), University of California Los Angeles, 2001

Master of Science (equivalent) in Biology, Technical University of Munich, Germany, 1991

PROFESSIONAL HISTORY

Pless Environmental, Inc., Principal, 2008–present

Environmental Consultant, Sole Proprietor, 2006–2008

Leson & Associates (previously Leson Environmental Consulting), Kensington, CA, Environmental Scientist/Project Manager, 1997–2005

University of California Los Angeles, Graduate Research Assistant/Teaching Assistant, 1994–1996

ECON Research and Development, Environmental Scientist/Project Manager, Ingelheim, Germany, 1992–1993

Biocontrol, Environmental Project Manager, Ingelheim, Germany, 1991–1992

REPRESENTATIVE EXPERIENCE

Air Quality and Pollution Control

Projects include CEQA/NEPA review; attainment and non-attainment new source review ("NSR"), prevention of significant deterioration ("PSD") and Title V permitting; control technology analyses (BACT, LAER, RACT, BARCT, BART, MACT); technology evaluations and cost-effectiveness analyses; criteria and toxic pollutant emission inventories; emission offsets; ambient and source monitoring; analysis of emissions estimates and ambient air pollutant concentration modeling. Some typical projects include:

- Critically reviewed and prepared technical comments on the air quality, biology, noise, water quality, and public health and safety sections of CEQA/NEPA documents for numerous commercial, residential, and industrial projects (*e.g.*, power plants, airports, residential developments, retail developments, hospitals, refineries, slaughterhouses, asphalt plants, material transfer/recycling facilities, food processing facilities, printing facilities, quarries, and mines) and provided litigation support in a number of cases filed under CEQA.
- Critically reviewed and prepared technical comments on the air quality and public health sections of the Los Angeles Airport Master Plan (Draft, Supplement, and Final Environmental Impact Statement/Environmental Impact Report) for the City of El Segundo. Provided technical comments on the Draft and Final General Conformity Determination for the preferred alternative submitted to the Federal Aviation Administration.
- For several California refineries, evaluated compliance of fired sources with Bay Area Air Quality Management District Rule 9-10. This required evaluation and review of hundreds of source tests to determine if refinery-wide emission caps and compliance monitoring provisions were being met.
- Critically reviewed and prepared technical comments on Draft Title V permits for several refineries and other industrial facilities in California.
- Evaluated the public health impacts of locating big-box retail developments in densely populated areas in California and Hawaii. Monitored and evaluated impacts of diesel exhaust emissions and noise on surrounding residential communities.
- In conjunction with the permitting of several residential and commercial developments, conducted studies to determine baseline concentrations of diesel exhaust particulate matter using an aethalometer.
- For an Indiana steel mill, evaluated technology to control NOx and CO emissions from fired sources, including electric arc furnaces and reheat furnaces, to establish BACT. This required a comprehensive review of U.S. and European operating experience. The lowest emission levels were being achieved by steel mills using selective catalytic reduction ("SCR") and selective non-catalytic reduction ("SNCR") in Sweden and The Netherlands.
- For a California petroleum coke calciner, evaluated technology to control NOx, CO, VOCs, and PM10 emissions from the kiln and pyroscrubbers to establish BACT and LAER. This required a review of state and federal clearinghouses, working with regulatory agencies and pollution control vendors, and obtaining and reviewing permits and emissions data from other similar facilities. The best-controlled facilities were located in the South Coast Air Quality Management District.
- For a Kentucky coal-fired power plant, identified the lowest NOx levels that had been permitted and demonstrated in practice to establish BACT. Reviewed operating experience of European, Japanese, and U.S. facilities and evaluated continuous emission monitoring data. The lowest NOx levels had been permitted and achieved in Denmark and in the U.S. in Texas and New York.
- In support of efforts to lower the CO BACT level for power plant emissions, evaluated the contribution of CO emissions to tropospheric ozone formation and co-authored report on same.
- Critically reviewed and prepared technical comments on applications for certification ("AFCs") for numerous natural-gas fired, solar, biomass, and geothermal power plants in

California permitted by the California Energy Commission. The comments addressed construction and operational emissions inventories and dispersion modeling, BACT determinations for combustion turbine generators, fluidized bed combustors, diesel emergency generators, etc.

- Critically reviewed and prepared technical comments on draft PSD permits for several natural gas-fired power plants in California, Indiana, and Oregon. The comments addressed emission inventories, greenhouse gas emissions, BACT, case-by-case MACT, compliance monitoring, cost-effectiveness analyses, and enforceability of permit limits.
- For a California refinery, evaluated technology to control NOx and CO emissions from CO Boilers to establish RACT/BARCT to comply with BAAQMD Rule 9-10. This required a review of BACT/RACT/LAER clearinghouses, working with regulatory agencies across the U.S., and reviewing federal and state regulations and State Implementation Plans ("SIPs"). The lowest levels were required in a South Coast Air Quality Management District rule and in the Texas SIP.
- In support of several federal lawsuits filed under the federal Clean Air Act, prepared cost-effectiveness analyses for SCR and oxidation catalysts for simple cycle gas turbines and evaluated opacity data.
- Provided litigation support for a CEQA lawsuit addressing the pollution control equipment at a proposed biomass cogeneration plant.
- Prepared comments and provided litigation support on several proposed regulations including the Mojave Desert Air Quality Management District Rule 1406 (fugitive dust emission reduction credits for road paving); South Coast Air Quality Management District Rule 1316, San Joaquin Valley Air Pollution Control District Rule 2201, Antelope Valley Air Quality Management District Regulation XIII, and Mojave Desert Air Quality Management District Regulation XIII (implementation of December 2002 amendments to the federal Clean Air Act).
- Critically reviewed draft permits for several ethanol plants in California, Indiana, Ohio, and Illinois and prepared technical comments.
- Reviewed state-wide average emissions, state-of-the-art control devices, and emissions standards for construction equipment and developed recommendations for mitigation measures for numerous large construction projects.
- Researched sustainable building concepts and alternative energy and determined their feasibility for residential and commercial developments, *e.g.*, regional shopping malls and hospitals.
- Provided comprehensive environmental and regulatory services for an industrial laundry chain. Facilitated permit process with the South Coast Air Quality Management District. Developed test protocol for VOC emissions, conducted field tests, and used mass balance methods to estimate emissions. Reduced disposal costs for solvent-containing waste streams by identifying alternative disposal options. Performed health risk screening for air toxics emissions. Provided permitting support. Renegotiated sewer surcharges with wastewater treatment plant. Identified new customers for shop-towel recycling services.
- Designed computer model to predict performance of biological air pollution control (biofilters) as part of a collaborative technology assessment project, co-funded by several major chemical manufacturers. Experience using a wide range of environmental software, including air

dispersion models, air emission modeling software, database programs, and geographic information systems ("GIS").

Water Quality and Pollution Control

Experience in water quality and pollution control, including surface water and ground water quality and supply studies, evaluating water and wastewater treatment technologies, and identifying, evaluating and implementing pollution controls. Some typical projects include:

- Evaluated impacts of on-shore oil drilling activities on large-scale coastal erosion in Nigeria.
- For a 500-MW combined-cycle power plant, prepared a study to evaluate the impact of proposed groundwater pumping on local water quality and supply, including a nearby stream, springs, and a spring-fed waterfall. The study was docketed with the California Energy Commission.
- For a 500-MW combined-cycle power plant, identified and evaluated methods to reduce water use and water quality impacts. These included the use of zero-liquid-discharge systems and alternative cooling technologies, including dry and parallel wet-dry cooling. Prepared cost analyses and evaluated impact of options on water resources. This work led to a settlement in which parallel wet dry cooling and a crystallizer were selected, replacing 100 percent groundwater pumping and wastewater disposal to evaporation ponds.
- For a homeowner's association, reviewed a California Coastal Commission staff report on the replacement of 12,000 linear feet of wooden bulkhead with PVC sheet pile armor. Researched and evaluated impact of proposed project on lagoon water quality, including sediment resuspension, potential leaching of additives and sealants, and long-term stability. Summarized results in technical report.

Applied Ecology, Industrial Ecology and Risk Assessment

Experience in applied ecology, industrial ecology and risk assessment, including human and ecological risk assessments, life cycle assessment, evaluation and licensing of new chemicals, and fate and transport studies of contaminants. Experienced in botanical, phytoplankton, and intertidal species identification and water chemistry analyses. Some typical projects include:

- Conducted technical, ecological, and economic assessments of product lines from agricultural fiber crops for European equipment manufacturer; co-authored proprietary client reports.
- Developed life cycle assessment methodology for industrial products, including agricultural fiber crops and mineral fibers; analyzed technical feasibility and markets for thermal insulation materials from natural plant fibers and conducted comparative life cycle assessments.
- For the California Coastal Conservancy, San Francisco Estuary Institute, Invasive Spartina Project, evaluated the potential use of a new aquatic pesticide for eradication of non-native, invasive cordgrass (*Spartina spp.*) species in the San Francisco Estuary with respect to water quality, biological resources, and human health and safety. Assisted staff in preparing an amendment to the Final EIR.
- Evaluated likelihood that organochlorine pesticide concentrations detected at a U.S. naval air station are residuals from past applications of these pesticides consistent with manufacturers' recommendations. Retained as expert witness in federal court case.

- Prepared human health risk assessments of air pollutant emissions from several industrial and commercial establishments, including power plants, refineries, and commercial laundries.
- Managed and conducted laboratory studies to license pesticides. This work included the evaluation of the adequacy and identification of deficiencies in existing physical/chemical and health effects data sets, initiating and supervising studies to fill data gaps, conducting environmental fate and transport studies, and QA/QC compliance at subcontractor laboratories. Prepared licensing applications and coordinated the registration process with German environmental protection agencies. This work led to regulatory approval of several pesticide applications in less than six months.
- Designed and implemented database on physical/chemical properties, environmental fate, and health impacts of pesticides for a major multi-national pesticide manufacturer.
- Designed and managed experimental toxicological study on potential interference of delta-9-tetrahydrocannabinol in food products with U.S. employee drug testing; co-authored peer-reviewed publication.
- Critically reviewed and prepared technical comments on applications for certification for several natural-gas fired, solar, and geothermal power plants and transmission lines in California permitted by the California Energy Commission. The comments addressed avian collisions and electrocution, construction and operational noise impacts on wildlife, risks from brine ponds, and impacts on endangered species.
- For a 180-MW geothermal power plant, evaluated the impacts of plant construction and operation on the fragile desert ecosystem in the Salton Sea area. This work included baseline noise monitoring and assessing the impact of noise, brine handling and disposal, and air emissions on local biota, public health, and welfare.
- Designed research protocols for a coastal ecological inventory; developed sampling methodologies, coordinated field sampling, determined species abundance and distribution in intertidal zone, and conducted statistical data analyses.
- Designed and conducted limnological study on effects of physical/chemical parameters on phytoplankton succession; performed water chemistry analyses and identified phytoplankton species; co-authored two journal articles on results.
- Organized and conducted surveying and mapping of aquatic plant species in several lakes and rivers in Sweden and Germany as ecological indicators for the health of limnological ecosystems.

PRO BONO ACTIVITIES

Founding member of "SecondAid," a non-profit organization providing tsunami relief for the recovery of small family businesses in Sri Lanka. (www.secondaid.org.)

PROFESSIONAL AFFILIATIONS

Association of Environmental Professionals

PUBLICATIONS

Available upon request

Letter 96

Devyani Jain/CTYPLN/SFGOV
10/20/2010 10:16 AM

To Chelsea Fordham/CTYPLN/SFGOV@SFGOV
cc
bcc
Subject Fw: CNA Comments on CPMC DEIR: Email 7

DEVYANI JAIN, *Senior Planner*
Major Environmental Analysis

San Francisco Planning Department
1650 Mission Street, Suite 400
San Francisco, CA 94103

P: 415.575.9051 | F: 415.558.6409

----- Forwarded by Devyani Jain/CTYPLN/SFGOV on 10/20/2010 10:16 AM -----

Nato Green
<NGreen@CalNurses.Org>
10/20/2010 12:00 AM

To bill wycko <bill.wycko@sfgov.org>, Devyani Jain <Devyani.Jain@sfgov.org>
cc "'gloria@gsmithlaw.com'" <gloria@gsmithlaw.com>
Subject CNA Comments on CPMC DEIR: Email 7

Please find attached comments from the California Nurses Association on the CPMC DEIR. Will be resent on letterhead tomorrow. Thanks.

Nato Green, Labor Representative
California Nurses Association/National Nurses Organizing Committee, AFL-CIO
Caregivers & Healthcare Employees Union
2000 Franklin St., Oakland, CA 94612
Tel: (510) 273-2269 I Fax: (510) 663-5712
www.calnurses.org

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2010_10_19 CNA Comments - Draft Final.doc

October 19, 2010

Environmental Review Officer
San Francisco Planning Department
1650 Mission Street, Suite 400
San Francisco, CA 94103

Re: Preliminary Comments on the Draft Environmental Impact Report for the California Pacific Medical Center Long Range Development Plan

Dear Review Officer:

I have reviewed the Draft Environmental Impact Report ("Draft EIR") for the California Pacific Medical Center ("CMPC") Long Range Development Plan ("LRDP"). The Draft EIR was published by the City of San Francisco ("City") as the lead agency under the California Environmental Quality Act ("CEQA") for public review on July 21, 2010.[1] My comments below pertain to health care issues and environmental impacts that would result from implementation of the LRDP.

It is my opinion that the Draft Environmental Impact Report to implement California Pacific Medical Center's Long-Range Development Plan is critically flawed in deciding to ignore healthcare in its impact analyses, particularly in its cumulative impact analyses. All of the land use arguments are in their essence cost-benefit arguments about health care. Therefore, an analysis of the CEQA impacts of the LRDP, possible mitigation measures, and alternatives is incomplete and meaningless without an analysis of its health care implications. 96-1 HC

My qualifications as a health expert include Director of Public Policy for the California Nurses Association/National Nurses United, former Oakland Planning Commissioner, and member of the San Francisco Blue Ribbon Panel for the St. Luke's Campus. My résumé is attached to this letter.

Background

CPMC consists of four hospitals in San Francisco, CA, and is affiliated with Sutter Health ("Sutter"). The LRDP is CPMC's multi-phased strategy to meet state seismic safety requirements for its hospitals and create a 20-year framework and institutional master plan for CPMC's four existing medical campuses and one proposed new medical campus, the Cathedral Hill Campus. The four existing CPMC medical campuses are the Pacific Campus in the Pacific Heights area, the California Campus in the Presidio Heights area, the Davies Campus in the Duboce Triangle area, and the St. Luke's Campus in the Mission District. 96-2 PD

[1] City of San Francisco, California Pacific Medical Center (CPMC) Long Range Development Plan, Draft Environmental Impact Report, SCH No. 2006062157, July 21, 2010.

I. Elimination of Services and Patient Transfers in the Bay Area Resulting from Sutter's Regionalization

Sutter is going through a process of "regionalization," in which its twenty-six affiliate hospitals are collapsed into five regional structures. As a result, the corporate entity of CPMC has ceased to exist, while all CPMC operations, finance, and governance have dissolved into Sutter West Bay. Sutter West Bay is the region covering Sutter operations from San Francisco north to Clear Lake.[2]

Historically, Sutter has tied together its affiliate networks with shared purchasing, compliance, contracting, treasurer, government relations, legal, pensions, employee benefits, etc. However, each affiliate also had relative autonomy in the pursuit of its own business plans. Sutter's major leverage over its affiliates was their participation in the Sutter Health Obligated Group. By affiliating with Sutter, previously independent hospitals agreed to keep only two weeks of operating cash on hand, while transferring all excess cash to Sutter Corporate. In practice, cash transfers through the Obligated Group have been inconsistent, and apparently political among the Sutter affiliates. (It is this inconsistency that is in part the basis of the current lawsuit by Marin General Hospital to recover the over $120 million Sutter transferred out of the Marin Healthcare District in the years leading up to the restoration of local governance.)[3]

96-3 HC

As Sutter regionalizes its hospitals, it is engaged in a parallel regionalization of all its affiliated physician foundations. It appears that in the next five years, assuming the regionalization process is successful, Sutter intends to roll out a commercial insurance product to make it competitive with Kaiser Permanente ("Kaiser"). It can be assumed that Sutter has been imposing this insurance, named "Sutter Select," on its employees as a captive patient population to seed the launch of the product.

More important for CEQA review, Sutter's regionalization entails large-scale closures of services and increased transfer of patients between cities in the Bay Area. CNA has now been involved in CEQA review regarding Sutter's construction plans in Castro Valley, Oakland, Santa Rosa, San Mateo County, and San Francisco. In each instance, Sutter presents the respective plan in a vacuum, isolated from the simultaneous rebuilds the next town over.

Over the years, Sutter has drastically reduced the number of licensed hospital beds both at CMPC campuses and regionally. Specifically, if all of Sutter's plans in the Bay Area were approved, would entail eliminating 881 licensed hospital beds in the Bay Area between the CPMC campuses, Alta Bates Summit Medical Center in Berkeley and Oakland (Herrick Campus and Summit Campus), San Leandro Medical Campus (complete closure proposed), Eden Medical Center in Castro Valley, Sutter Medical Center of Santa Rosa, and Mills-Peninsula Health Services ("Mills Peninsula") in Burlingame and San Mateo.

96-4 HC

The planned consolidation of by Sutter across the Bay Area assumes increased transfer of patients between cities. For example, earlier this spring a stroke patient in Novato was transferred to CPMC in San Francisco rather than to the nearest stroke center in Greenbrae in Marin County.[4] Traffic burdens (and associated air quality and greenhouse gas emissions) caused by additional

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[2] San Francisco Business Times, Cal Pacific Chief Takes on Regional Role, March 6, 2009; North Bay Business Journal, Sutter hospital CAO has history of managing quality, change, October 26, 2009.
[3] Sacramento Bee, Marin Hospital District Sues Sutter, August 27, 2010
[4] Marin Independent Journal, Doctors Criticize Sutter Handling of Stroke Patient, May 18, 2010

patient transports to and from San Francisco as a result of regionalization are not addressed in the Draft EIR.

Table 1 below summarizes the past and planned future loss of licensed beds in the Bay Area.

Table 1: Reduction in number of licensed beds at Sutter-affiliated campuses in the Bay Area

Sutter Facility	2010 licensed beds	Rebuild plans	Recent past cuts	Future cuts outside rebuild plans	Total loss of licensed beds
Alta Bates Summit (Summit Campus, Oakland[a]	(345)	(309)	0	0	(36)
Alta Bates Summit (Herrick Campus, Berkeley)[b]	(180)	unknown	(18)	(77)	(95)
California Pacific Medical Center (San Francisco)[c]	(1,042)	(854)	(231)	0	(419)
Eden Medical Center (Castro Valley)[d]	(178)	(130)	(31)	0	(79)
San Leandro Hospital (San Leandro)[e]	(122)	0	0	(122)	(122)
Santa Rosa Medical Center (Santa Rosa)[f]	(135)	(70)	0	0	(65)
Mills Peninsula (San Mateo/Burlingame)[g]	(288)	(243)	(20)	0	(65)
				TOTAL	**(881)**

a Phase I of the rebuild at Summit Campus only

b 18 beds eliminated from adolescent psychiatric care in 2007; further cuts planned when Herrick Campus moves to Summit Campus include: closure of 40-unit pulmonary sub-acute care and reduction of adult/adolescent psychiatric care from 105 to 68 beds

c Based on Draft EIR, Table 2-2, *see* Table below

d 31-bed acute rehabilitation unit closed in 2010

e Sutter intends to close the San Leandro Hospital; currently lawsuits are pending with hospital district, community, doctors, nurses, and other health care workers fighting to maintain San Leandro Hospital as a full-service acute care hospital

f Sutter recently obtained approval to rebuild Sutter Medical Center of Santa Rosa at a much smaller size; a lawsuit has been filed challenging the EIR

g 20-bed acute rehabilitation unit closed in 2010; cuts in addition to those listed in the table would result from closures of pediatrics and skilled nursing facility beds as announced by Mills-Peninsula in the past week

As Table 1 shows, almost half of the licensed beds eliminated by Sutter region-wide (881 beds) are removed at the CPMC campuses (419 beds) in San Francisco. Table 2 below shows a summary of licensed beds at the CPMC campuses for the time period from 2006 through 2010 and the future reductions proposed under the LRDP.

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Table 2: CPMC historic and proposed licensed hospital beds under LRDP by bed type[a,b]

Bed Type	2006	2007	2008	2009	2010	LRPD	A Δ (2010 - 2006)	B Δ (LRDP - 2010)
Cathedral Hill Campus								
Acute care	-	-	-	-	-	555	-	555
Rehabilitation	-	-	-	-	-	-	-	-
Psychiatric care	-	-	-	-	-	-	-	-
Skilled nursing	-	-	-	-	-	-	-	-
TOTAL	**-**	**-**	**-**	**-**	**-**	**555**	**-**	**555**
Pacific Campus								
Acute care	295	295	295	295	295	-	-	(295)
Rehabilitation	-	-	-	-	-	-	-	-
Psychiatric care	18	18	18	18	18	18	-	-
Skilled nursing	-	-	-	-	-	-	-	-
TOTAL	**313**	**313**	**313**	**313**	**313**	**18**	**-**	**(295)**
California Campus								
Acute care	319	299	299	299	299	-	(20)	(299)
Rehabilitation	-	-	-	-	-	-	-	-
Psychiatric care	-	-	-	-	-	-	-	-
Skilled nursing	101	101	101	101	-	-	(101)	-
TOTAL	**420**	**400**	**400**	**400**	**299**	**-**	**(121)**	**(299)**
Davies Campus								
Acute care	219	219	219	115	115	115	(104)	-
Rehabilitation	32	32	32	48	48	48	16	-
Psychiatric care	22	22	22	-	-	-	(22)	-
Skilled nursing	38	38	38	38	38	38	-	-
TOTAL	**311**	**311**	**311**	**201**	**201**	**201**	**(110)**	**-**
St. Luke's Campus								
Acute care	150	150	150	150	150	80	-	(70)
Rehabilitation	-	-	-	-	-	-	-	-
Psychiatric care	-	-	-	-	-	-	-	-
Skilled nursing	79	79	79	79	79	-	-	(79)
TOTAL	**229**	**229**	**229**	**229**	**229**	**80**	**-**	**(149)**
All Campuses								
Acute care	983	963	963	859[c]	859[c]	750	(124)	(109)
Rehabilitation	32	32	32	48	48	48	16	-
Psychiatric care	40	40	40	18	18	18	(22)	-
Skilled nursing	218	218	218	218	117	38	(101)	(79)
TOTAL	**1,273**	**1,253**	**1,253**	**1,143[c]**	**1,042[c]**	**854**	**(231)**	**(188)**

a Data from Draft EIR, Table 2-2, page 2-10

b Shaded cells indicate years in which the number of licensed beds were reduced compared to the prior year(s)

c The Draft EIR, Table 2-2, incorrectly adds up the number of existing acute care beds for all campuses and, consequently, the total number of beds for 2009 and 2010

This summary table shows that from 2006 to 2010, Sutter eliminated a total of 231 licensed beds at the CPMC campuses: 124 acute care beds, 22 psychiatric care beds, and 101 skilled nursing beds; only the number of rehabilitation beds increased by 16 (*see* Column A). Now, even though the LRDP would include construction of a brand-new 555-bed hospital at the Cathedral Hill Campus, Sutter proposes to further eliminate another 188 licensed beds: 109 acute care beds and 79 skilled nursing beds (*see* Column B). Thus, between the year 2006 and the proposed LRDP at total of 419 licensed beds are removed from service including 233 acute care beds, 22 psychiatric care beds, and

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180 skilled nursing beds. And, on November 1, 2010, CPMC will sell its dialysis program at the Pacific and Davies Campuses.[5]

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II. Impacts on Health Care Access and Quality Resulting from Citywide and Regional Reduction of Licensed Beds

In addition to the drastic reduction of acute care, psychiatric care and skilled nursing facility ("SNF") beds under the LRDP as shown in Table 2, several other hospitals in the region are or have been reducing their services. The Sutter-affiliate Mills Peninsula recently closed their acute rehabilitation unit in Burlingame, San Mateo County,[6] advising patients to come to acute rehabilitation units at CMPC campuses in the City, specifically the Davies Campus. Sutter also plans on closing the SNF and dialysis unit at the Mills-Peninsula campus[7] and the SNF at the Santa Rosa Hospital. Now, CPMC plans to close the only sub-acute unit in San Francisco, forcing patients and their families to leave San Francisco for care. Combined with the recent closure of the SNF and sub-acute care at the Seton Medical Center in Daly City[8] and reductions at the Laguna Honda Hospital and Rehabilitation Center, the elimination of SNF beds and acute care beds under the LRDP further compounds the existing regional shortage.

In San Francisco, the proposed closure of the SNF at the St. Luke's Hospital in addition to the recent reductions in SNF beds at the California Campus in 2009/2010 represents an 83% reduction in CPMC's SNF bed capacity. SNF is the state licensing category for nursing homes, but historically a number of hospitals have opened licensed SNFs for patients who were too sick to be transferred to free-standing nursing homes. The only additional SNF services planned in San Francisco are 22 extra SNF beds part of the proposed rebuild of the Chinese Hospital. Patients will be put at risk if the patient population currently treated by the 178 historically offered by CPMC is simply placed in lower-level care SNFs. Worse still, if the need for SNFs is not met, these patients will need to be shipped out of San Francisco. SNF patients tend to have stays from three days to several weeks, which will result in multiple additional trips by their family members out of the City to visit them.

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The CPMC LRDP is part of Sutter's business plan for the Bay Area and must be analyzed in the context of the cumulative effects of those plans. This includes: transfer of stroke patients from the Novato Community Hospital in Marin County to CPMC; transfer of sub-acute patients and psychiatric patients out of San Francisco; transfer of SNF patients out of San Francisco; transfer of pediatric and acute rehabilitation patients into San Francisco from San Mateo County; and potential closure of the San Leandro Hospital. The Draft EIR fails entirely to analyze those cumulative impacts.

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[5] San Francisco Business Times, CPMC Will Sell Dialysis Unit to DaVita, September 3, 2010; http://www.bizjournals.com/sanfrancisco/stories/2010/09/06/story12.html.

[6] San Mateo Daily Journal, Nurses Oppose Acute Rehab Move, September 24, 2009; http://www.smdailyjournal.com/article_preview.php?type=lnews&id=117024; and San Jose Mercury News, Nurses, Mills-Peninsula Square Off Over Rehab Care in San Mateo County, September 23, 2009.

[7] San Francisco Business Times, Mills-Peninsula Taking Scalpel to Money-Losers, October 15, 2010; http://www.bizjournals.com/sanfrancisco/stories/2010/10/18/story3.html?b=1287374400%255E4103181 *or* http://snipurl.com/1bdg6v [www_bizjournals_com].

[8] Silicon Valley Mercury News, Seton Medical Center to Close Skilled-Nursing Unit, October 7, 2010; http://www.mercurynews.com/ci_16283420?source=most_emailed.

A report by the Lewin Group that analyzed changes to inpatient services proposed by the CPMC 2008 Institutional Master Plan ("2008 IMP") within the context of citywide health needs, including emergency department capacity, transitional care, urgent care services, and behavioral health services,[9] anticipates a citywide shortage of 30% above available skilled nursing bed capacity in the next ten years based on the City's aging baby boomer population.[10] The Lewin Group Report did not distinguish among different types of SNF beds. The complexity of care for patients in SNFs connected to an acute care is much higher. Patients in units licensed as SNFs that are connected to acute care hospitals need a higher level of care than patients in freestanding SNFs. Hospital-based SNFs, often called Post-Acute units, can provide peripherally inserted central catheters (PICC or PIC lines), multiple IV medications, complex wound care, daily labs, daily diagnostic services, easy transfer to more critical units, and on-site hospitalists. CPMC claims not to track re-admissions from SNFs back to acute care or from freestanding facilities back to acute care. However, there have been pilot programs in which patients died or were readmitted because they were prematurely discharged to lower acute care facilities. 96-5b HC

CPMC has stated publicly that it will restore 62 SNF beds to the LRDP, however, these additional beds are not reflected anywhere in the Draft EIR. Making this change requires either new construction or modification to the proposed uses of the existing sites. The Draft EIR will be incomplete if it does not make clear where and when SNF beds will be provided. Patients will be at risk if those SNF beds are not on an acute care campus. CPMC has argued that it is cost-prohibitive to build SNFs into an acute care building, because SNFs are not required to meet the same standards of seismic compliance (although the Chinese Hospital is doing just that). CPMC could easily locate 62 SNF beds on two to three floors of a non-acute care building or medical office building adjoining an acute care hospital.

The Lewin Group Report found that the CPMC IMP "does not address a potential city-wide shortage of transitional and skilled nursing service capacity, nor does it aim to improve access to mental health services…"[11] Many of the licensed beds proposed to be reduced by the 2008 IMP have already been eliminated, as shown in Table 2. For example, the Davies Campus has eliminated 104 acute care beds and 22 psychiatric care beds in 2008/2009. (*See* Table 2.)

The Lewin Group Report also found that "full execution of the IMP will further stress the system's capacity to treat and care for patients requiring transitional care, chronic condition support and inpatient mental health services."[12] The report concluded that "[w]ithout an alteration in how care is delivered throughout the city, a significant shortage or change in migration patterns is projected to occur."[13] The Draft EIR fails to address these shortages and the physical and associated social and economic impacts attributable to the migration of patient populations in and out of San Francisco including the resulting longer travel distances and reduced access to health care. 96-6 HC

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[9] The Lewin Group, California Pacific Medical Center Institutional Master Plan Review, June 26, 2009 (hereafter "Lewin Group Report"); www.rebuildcpmc.org/assets/FinalLewinReport.pdf *or* http://snipurl.com/1b9pxd [www_google_com].

[10] Lewin Group Report at page 22.

[11] Lewin Group Report at page 1.

[12] Lewin Group Report at page 33.

[13] Lewin Group Report at page 22.

III. Reduced Access to Health Care for St. Luke's Hospital Patients

In addition to the 231 licensed beds that were removed in the past years (2006-2010) at the CPMC campuses, under the LRDP, CMPC would remove from service another 743 licensed beds at the existing St. Luke's Hospital (149 beds), California Campus (299 beds), and Pacific Campus (295 beds). The newly constructed Cathedral Hill Hospital would only provide 555 beds, exclusively in private single-occupancy rooms,[14] *i.e.*, 188 fewer beds than currently provided by the existing CPMC campuses many of which are in double-occupancy rooms.[15] This removal of beds would result in reduced access to health care and a major shift of the current hospital patient population to other hospitals in the region, particularly for patients at the St. Luke's Campus. The Draft EIR fails entirely to address any of the associated impacts on traffic, transportation, parking, air quality, and public services. 96-7 HC

At present, St. Luke's Hospital provides accessible acute care and inpatient services to the local community consisting of ethnically diverse, predominantly low-income patients from neighborhoods regardless of the patients' economical class or hospital reimbursement status. The most recent available data for the St. Luke's Hospital indicate that in 74.5% of the inpatient population was covered by Medicare, Medi-Cal, Workers' Compensation, or other government health programs (38.1% were covered by Medi-Cal, California's public health insurance program which provides needed health care services for low-income individuals including families with children, seniors, persons with disabilities, foster care, pregnant women, and low income people with specific diseases such as tuberculosis, breast cancer or HIV/AIDS[16]), and only 21.3% were covered by private insurance.[17] In contrast, the most recent available data for the Pacific Campus indicate that only 34.3% of the inpatient population was covered by government programs (7.5% by Medi-Cal) and that 63.5% of patients were covered by private insurance.[18] 96-8 HC

The Cathedral Hill Hospital (555 beds) would barely accommodate the 594 acute-care services and Women's and Children's Center that would be relocated from the California Campus (299 beds) and the Pacific Campus (295 beds) to the proposed Cathedral Hill. It can be anticipated that few patients currently relying on the 229 beds at the existing St. Luke's Hospital would be accommodated at the new Cathedral Hill Hospital for a number of reasons: 96-9 HC

- Not all services that are currently available at St. Luke's Hospital would be available at the Cathedral Hill Hospital, including SNF beds.

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[14] Draft EIR at page 1-21.

[15] Draft EIR at page 2-8.

[16] Medi-Cal is financed equally by the State and federal government.

[17] California Office of Statewide Health Planning and Development, Hospital Discharge Summary Reports, St. Luke's Hospital, Report Period: January 1, 2009 – June 30, 2009 and Report Period: July 1, 2009 – December 31, 2009; http://www.oshpd.ca.gov/MIRCal/Default.aspx.

[18] California Office of Statewide Health Planning and Development, Hospital Discharge Summary Reports, California Pacific Medical Center - Pacific Campus, Report Period: July 1, 2009 – December 31, 2010 and Report Period: January 1, 2010 – June 30, 2010; http://www.oshpd.ca.gov/MIRCal/Default.aspx.

- Physicians are free to decide whether they will accept Medi-Cal patients, which constitute a large portion of St. Luke's Hospital patient population. Given the choice between higher-paying private or government insurance, they often deny Medi-Cal patients.
- Beneficiaries of government programs are often not eligible for private single-occupancy room services[19] if multiple-occupancy rooms are available.

As a result, most patients with insurance coverage limitations and relying on the acute care and SNF beds at the existing St. Luke's Hospital would not have access to the services offered by the new Cathedral Hill Hospital and would have to resort to accessing other hospitals in the City, or when those hospitals are overwhelmed as is often the case, in the greater region. Many of the patients currently frequenting St. Luke's Hospital do not have access to personal transportation and would be limited to time-consuming public transportation from the City to elsewhere. This may severely affect their health care. 96-9 HC

The shift of the current patient population with insurance coverage limitations from the community-accessible St. Luke's Hospital to other hospitals in the City and region would have a number of adverse effects and consequences. For one, it would increase the regional vehicle miles traveled as patients and visitors would be forced to travel to hospitals that are located further from their homes and out of the City. Emergency service vehicles, forced to transport patients to hospitals located further away, would be tied up longer for transports to emergency departments at other hospitals which, in turn, would put additional pressure on the dispatch capacity at the City and County's Police Department and the Fire Department and increase the average response time and associated adverse consequences on the timely delivery of emergency cases to acute care units.

The increased vehicle miles traveled associated with the longer trips of patient, visitor, and emergency vehicles to and from other hospitals would also increase the regional air pollutant and greenhouse gas emissions and associated adverse impacts on public health. Most importantly, however, the shift of patient populations from the existing St. Luke's Hospital to other hospitals, including government and county-funded community hospitals (*e.g.*, San Francisco General Hospital and Laguna Honda Hospital and Rehabilitation Center) and the loss of an additional 109 acute care beds would put a severe strain on the already severely overtaxed acute care capacity in the City and County. For example, because the San Francisco General Hospital is the only Level I Trauma Center in a service area of over one million people, the hospital maintains a very high patient volume and is usually on a constant "Total Divert" status, which means that incoming emergency patients (with the exception of trauma, psychiatric, pediatrics, and obstetrics and gynecology) are diverted to other nearby hospitals. In addition, the loss of local access to acute care would result in disproportionate adverse socio-economic impacts on low-income residents who are already faced with a lack of and access to other medical care, child care, transportation, etc. Adding this extra burden of not having local access to community-based acute care would constitute environmental injustice. 96-10 HC 96-11 HC

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[19] *See*, for example, the following provisions of the Medicare Claims Processing Manual: Chapter 2: Admission and Registration Requirements, Section 10.6 – Hospitals May Require Payment for Noncovered Services, Revision 1472 dated March 6, 2008, and Chapter 3: Inpatient Hospital Billing, Section 40.2.2 – Charges to Beneficiaries for Part A Services, (I) Private Room Care, Revisions 1609 and 1612 dated October 3, 2008. These rules provide that private room (1-bed patient care room) care is not a Medicare covered service. Thus, private rooms may be denied by a Medicare provider to a beneficiary "who requests it but is unable to prepay or offer the assurance of payment..." (*see* Chapter 2, Section 10.6.)

The Draft EIR is inadequate because it does not analyze the burden on City services for the services CPMC has already eliminated or would not provide in the future. CPMC has already closed 55% of its psychiatric services (at the Davies Campus) over the course of the past five years (*see* Table 2) and 70% over the past decade, despite a growing need for those same services. From 2000 through 2007, inpatient psychiatric census went up 20% at CPMC, before the closure at Davies Campus. Instead, their psychiatric patients are shifted to other providers. Citywide there is a crisis of inpatient adult psychiatric services. Citywide inpatient psychiatric bed capacity has dropped by 23% since 2000, according to licensing data published by the Office of Statewide Health Planning and Development ("OSHPD"). CPMC is responsible for 63 of the 79 psychiatric beds that have been closed in the City since 2000. This primarily places additional burden on San Francisco General Hospital ("SF General"), but also on St. Francis Memorial Hospital ("St. Francis") which is operated by Catholic Health Care West ("CHW"). The City has no data about the need for psychiatric services, let alone psychiatric emergencies, 5150s[20], substance abuse, drug detoxification, etc. and the Draft EIR fails to provide any information how the LRDP would impact the need and supply for these services. 96-12 HC

In addition, there are unknown and unexamined additional losses of services at Davies Medical Center. Davies has historically served as a community hospital for the Castro District, and has been home to AIDS and HIV services. The LDRP reduces licensed bed capacity at the Davies Campus substantially and proposes to shift its clinical focus away from community-serving functions to neuroscience services. The Draft EIR, IMP, and LDRP lack any explanation of what services would be lost at the Davies Campus in order to make way for the new expanded neurosciences program, and specifically any commitments to maintain AIDS/HIV programs. It would be a significant loss of services if AIDS/HIV patients had to travel to new providers because of an erosion of CPMC's commitment as a result of its clinical realignment. 96-13 HC

In sum, the Draft EIR fails entirely to discuss the direct physical changes and reasonably foreseeable indirect physical changes and to analyze the potentially significant adverse individual and cumulative impacts associated with the physical change of closing the existing hospital facilities and the resulting transfer of a large portion of the existing patient population to other hospitals. 96-14 HC

IV. Potential Future Failure of St. Francis Memorial Hospital and St. Luke's Hospital

The Draft EIR is inadequate because it fails to analyze the potential future failure of St. Francis and St. Luke's Hospital and the associated impacts on health care services, which have cumulative environmental impacts on traffic and transit, parking, blight, and public services. 96-15 HC

St. Francis

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[20] Section 5150 is a section of the California Welfare and Institutions Code (specifically, the Lanterman-Petris-Short Act) which allows a qualified officer or clinician to involuntarily confine a person deemed to have a mental disorder that makes them a danger to him or her self, and/or others and/or gravely disabled. A qualified officer, which includes any California peace officer, as well as any specifically designated county clinician, can request the confinement after signing a written declaration. When used as a term, 5150 (pronounced "fifty-one-fifty") can informally refer to the person being confined or to the declaration itself.

The Draft EIR fails to analyze the risk of blight and reduced access to health care in case CHW's Saint Francis should fail as a result of CPMC taking over their few lucrative patients. CHW has currently budgeted St. Francis at a loss of $2 million per year. This loss is sustainable because St. Francis' charity care, psychiatric care, and emergency room care are offset by a few services to insured patients. St. Francis has the City's premier burn unit, sports medicine, infusion, spine and joint surgeries. It does not make sense for Cathedral Hill to duplicate services provided five blocks away at St. Francis rather than ensuring that St. Francis will continue to be efficiently utilized and successful. 96-16 HC

The DEIR is inadequate because it fails to analyze the potential risk of failure of St. Francis as a result of the duplication of services at the Cathedral Hill Campus and the related blight on the surrounding neighborhood and burden on city services which are left to pick up additional low-income patient loads from displaced patients.

St. Luke's Hospital

CPMC identifies eight of San Francisco's 24 zip codes as "primary St. Luke's service area."[21] Those eight zip codes combined generate 42% of the City's emergency room visits; 49% if patients with no zip codes are included, many of whom are homeless. Using CPMC's benchmarking year of 2007, those eight zip codes generate about 4,200 inpatient discharges from St. Luke's Hospital, but almost 8,000 inpatient discharges from other CPMC campuses.[22] This demonstrates that there is a need for services in the southeastern part of the City that is not currently met, a fact that would be further exacerbated by reducing St. Luke's Hospital to an unsustainable 80 beds. Clearly, this argues for shifting more services into the southeastern part of the City to respond to the proportionally higher emergency room volume which would also reduce traffic impacts caused by reducing the distance patients must currently (and under the LRDP) travel to get to the emergency room. Shifting services to St. Luke's Hospital would also reduce the burden on San Francisco General Hospital's already overwhelmed emergency department. 96-17 HC

The plan for the St. Luke's Campus is not a plan for a viable hospital but a plan for maintaining segregation under which underinsured patients would go to St. Luke's Hospital while insured patients would go to Cathedral Hill Campus for better services. The emergency room at the St Luke's Hospital is the busiest CPMC emergency room and would be expanded under the plan. However, the plan for St. Luke's Hospital is basically a plan for as many beds as are needed to minimally support the emergency room and no more. None of the underlying problems due to which Sutter wanted to close the hospital in the past are solved. At present, the St. Luke's Hospital is planned with only 80 beds, which is likely too small to succeed. 96-18 HC

If the hospital turns out to be unprofitable in the future, Sutter would likely close it, further exacerbating health care access to underinsured patients as well as the shortage of beds in San Francisco. As an 80-bed hospital, St. Luke's Hospital is also too small to be viable for sale or transfer to another hospital operator should Sutter decide to stop maintaining acute care services.

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[21] Lewin Group Report.

[22] Based on data from California Office of Statewide Health Planning and Development, Hospital Discharge Summary Reports; http://www.oshpd.ca.gov/MIRCal/Default.aspx.

V. Traffic and Transportation Problems Due to Increased Traffic at Cathedral Hill Campus

The Draft EIR's traffic and transportation analyses all suffer from the same fundamental mistake, *i.e.,* failing to recognize that the projected future *levels of service* at intersections in the vicinity of the CPMC campuses is *not the only relevant criterion* that needs to be analyzed and would *not be the only consequence* of implementing the LRDP. 96-19 TR

The Draft EIR does not adequately analyze how the increased traffic around the Cathedral Hill Campus will affect access for ambulances, patients being transferred to and from other Sutter hospitals, patients attempting to reach the emergency room, and labor and delivery vehicles. The traffic engineer Tom Brohard concludes in his comments on the Draft EIR:

> Many of the intersections studied in the Draft EIR already operate at LOS F[23] in peak hours under existing conditions, and the number of these failing intersections will significantly increase [in future years] … Adding [LRDP] … trips to these failing intersections will increase vehicle delay beyond what is already being experienced, with no relief in sight. This issue is particularly critical for a hospital project. For example, the Draft EIR does not analyze how the increased traffic around the Cathedral Hill Campus will affect access for ambulances and labor and delivery vehicles. During gridlock traffic conditions which are much of the time on Van Ness Avenue, emergency patients could face life threatening delays while waiting in traffic.[24]

In other words, due to the location of the Cathedral Hill Campus as it sits in a high-density neighborhood at the intersection of two major traffic corridors experiencing heavy use and congestion and the fact that most patients and employees would be concentrated at one campus rather than being spread out across several campuses, chances are that in a bad traffic jam on Van Ness Avenue babies will be born in traffic and patients will die trying to get to the emergency room. Such patient safety hazards will be a daily event during rush hour, and potentially worse in the event of an accident, construction, or other disruption as occurred last year one block away.[25] This cannot be the intention of a health care provider for providing optimal care for its patients. 96-20 TR

To mitigate access problems at the Cathedral Hill Campus, Mr. Brohard recommends:

> To reduce these impacts and better serve the community, CPMC should spread the proposed development to several other campuses including to the St. Luke's Campus rather than concentrating services at the Cathedral Hill Campus. Access to and from St. Luke's Campus is closer to Highway 101 for vehicles and to major transit facilities such as the 24th Street BART Station for transit patrons. Moreover, the St. Luke's Campus is the most accessible

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[23] Level of Service ("LOS") F is the lowest measurement of efficiency for a road's performance. Flow is forced; every vehicle moves in lockstep with the vehicle in front of it, with frequent slowing required. Facilities operating at LOS F generally have more demand than capacity.

[24] Letter from Tom Brohard and Associates to Law Offices of Gloria Smith, Re: Review of Draft Environmental Impact Report for the California Pacific Medical Center Long Range Development Plan – Transportation and Circulation Comments, October 18, 2010.

[25] San Francisco Chronicle, PG&E Says 1920s Power Line Sparked SF Fire, July 16, 2009; http://articles.sfgate.com/2009-07-16/bay-area/17217311_1_power-line-pg-e-underground-fire.

> CPMC facility for those Sutter patients traveling from San Mateo and Santa Clara counties. From a transportation perspective, a Project alternative that distributes patients and services equally across the City should be evaluated in a revised EIR.

96-20 TR

Since more patients come to CPMC from San Mateo County than from Marin County, shifting services to St. Luke's Hospital would reduce this traffic impact. A bigger St. Luke's Hospital also makes more sense for CPMC's patient population and would reduce the above discussed health care access issues for patients currently frequenting St. Luke's Hospital.

VI. The Draft EIR Fails to Evaluate Potentially Significant Adverse Impacts on Public Services Associated with the CPMC LRDP

The California Environmental Quality Act ("CEQA") Guidelines, Appendix G, require that the environmental review of a project include the assessment of impacts to public services. Specifically, Appendix G requires the lead agency to identify:

> "Would the project result in substantial adverse impacts associated with the provision of new or physically altered governmental facilities, need for new or physically altered facilities..., *in order to maintain acceptable service ratios, response times, or other performance objectives for any of the public services:*
>
> Fire Protection?
> Police Protection?
> Schools?
> Parks?
> Other public facilities?"

96-21 PS

While the Draft EIR contains a discussion of response times of the City's Fire Department, Police Department and finds these adequate to handle the demand by the LRDP[26], it does not analyze the impacts on these services associated with the qualitative changes in the patient population described above and the associated impacts on response times due to transfer of patients to other hospitals in the region. The Draft EIR entirely fails to address the impacts on service ratios, response times, and other performance objectives to other public hospitals, including government and county-funded community hospitals, that would result from patient populations having to migrate within or out of the City.

The CEQA Guidelines, Section 15126.2, provide that:

> "An EIR shall identify and focus on the significant environmental effects of the proposed project. ... Direct and indirect significant effects of the project on the environment shall be clearly identified and described, giving due consideration to both the short-term and long-term effects. The discussion should include relevant specifics of the area, the resources involved, *physical changes,* alterations to ecological systems, and changes induced in population distribution, population concentration, the human use of the land (including commercial and

96-22 HC

[26] Draft EIR at Section 4.11 Public Services.

> residential development), *health and safety problems caused by the physical changes,* and other aspects of the resource base such as water, historical resources, scenic quality, *and public services.* ..."

96-22 HC

Here, the Draft EIR fails to identify and describe the short-term and long-term effects with respect to *physical changes, health and safety problems caused by the physical changes, and public services* associated with implementation of the LRDP. As a result, the Draft EIR fails to assess the any associated significant impacts.

VII. The Draft EIR Fails to Evaluate Potentially Significant Adverse Social and Economic Impacts Associated with the CPMC LRDP

Elsewhere the CEQA Guidelines, Section 15382, define a significant effect on the environment to mean:

> "... a substantial, or potentially substantial, adverse change in any of the physical conditions within the area affected by the project, including land, air, water, minerals, flora, fauna, ambient noise, and objects of historic or aesthetic significance. An economic or social change by itself shall not be considered a significant effect on the environment. *A social or economic change related to a physical change may be considered in determining whether the physical change is significant.*

96-23 INTRO

The above discussed reduction of licensed beds at three of the CPMC hospitals and the change in service resulting from the restricted access to service provided by the new Cathedral Hill Hospital would result in direct environmental impacts (*e.g.*, increased vehicle miles traveled and associated increased air pollutant and greenhouse gas emissions) and would result in adverse economic and social effects. These effects must be analyzed under CEQA.

Title 14, Section 15064, Subsection (e) of the California Administrative Code provides the following guidance for evaluating the changes:

> "Economic and social changes resulting from a project shall not be treated as significant effects on the environment. Economic or social changes may be used, however, to determine that a physical change shall be regarded as a significant effect on the environment. Where a physical change is caused by economic or social effects of a project, the physical change may be regarded as a significant effect in the same manner as any other physical change resulting from the project. Alternatively, economic and social effects of a physical change may be used to determine that the physical change is a significant effect on the environment. *If the physical change causes adverse economic or social effects on people, those adverse effects may be used as a factor in determining whether the physical change is significant. For example, if a project would cause overcrowding of a public facility and the overcrowding causes an adverse effect on people, the overcrowding would be regarded as a significant effect."*

96-24 INTRO

The Court in Bakersfield for Local Control v. City of Bakersfield (5th Dist. 2004), Cal. App. 4th 1184 [22 Cal Rptr. 3d 203], affirmed:

> "Subdivision (e) of Guidelines section 15064 provides that when the economic or social effects of a project cause a physical change, this change is to be regarded as a significant effect in the same manner as any other physical change resulting from the project. (...) *Conversely, where economic and social effects result from a physical change that was itself caused by a proposed*

96-24 INTRO

> *project, then these economic and social effects may be used to determine that the physical change constitutes a significant effect on the environment.*"

All patients depend on their local community hospitals for critical health care services, regardless of their ability to pay. Clearly, the elimination of service to a large portion of the patient population that currently frequents St. Luke's Hospital constitutes a significant effect on public health caused *directly* by the elimination of services at existing CPMC hospital and the replacement with far fewer beds at the Cathedral Hill Hospital that would only be accessible to patients without insurance coverage limitations. What's more, these changes in service would not only affect the patient population with insurance coverage limitations but also all other Californians due to the increased pressure on emergency department services when beds are not available.

96-25 HC

What's more, impending Medi-Cal cuts will affect all hospitals and will even more severely impact "safety net" hospitals. The severity of the cuts could force some hospitals to close or reduce access to essential health care services. As a result, hospitals with already overcrowded emergency rooms will be further inundated with more patients, longer wait times, and financial stresses.

96-26 HC

As Sutter aptly summarizes on one of its websites:

> "The loss of critical hospital services will not only be devastating for low income Californians but will also present an increasingly harmful public health scenario for all Californians.
> ...
> Most important, where will patients go when hospitals are forced to close their doors? More than 70 California hospitals have closed in the past 10 years. Statewide, nearly half of California's hospitals operate in the red and many are either near or already in bankruptcy proceedings. When hospital ERs are backlogged with Medi-Cal and other patients who can't find doctors to care for them, *it doesn't matter how good the insurance coverage is when patients have to drive several hours to receive emergency care.*"[27]

These impacts should have been analyzed by the Draft EIR but were not.

VIII. The Large Size of the Cathedral Hill Hospital Does Not Guarantee Better-Quality Patient Care

96-27 HC

The LRDP proposes to build a 555-bed hospital at the Cathedral Hill Campus, at the same time reducing the St. Luke's Hospital from 229 acute care and skilled nursing beds to 80 licensed acute care beds, terminating services at the California Campus, and all but eliminating services at the Pacific Campus (295 acute care beds eliminated, 18 psychiatric care beds remaining). (*See* Table 2.)

96-28 LU

The 555-bed Cathedral Hill Hospital would require a myriad of variances, major entitlements, amendments and exceptions from existing plans, policies and regulations. The Draft EIR's consistency determination for the LRDP is based on the presumption that CPMC would successfully obtain changes to the following:

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[27] Eden Medical Center, A Sutter-Affiliate, What's New At Eden, California's Fiscal Emergency Puts Hospitals and Patients in Jeopardy, May 22, 2008; http://www.edenmedcenter.org/whatsnew/whatsnew_new.html.

- San Francisco General Plan and all applicable elements, including the Housing Element
- Regional plans and policies (*e.g.*, Bay Area Air Quality Management District plans and regulations)
- Van Ness Avenue Area Plan ("VNAP")
- Market & Octavia Neighborhood Plan
- Mission Area Plan
- Japan town Better Neighborhood Plan
- Mission District Streetscape Plan
- Measure M

96-28 LU

It is no secret why Sutter is intent on building such a large hospital despite all the variances, major entitlements, amendments and exceptions from existing plans, policies and regulations it needs: profit. Research on hospital size and profitability indicates that large hospitals are more profitable. According to a 2002 article in the Journal of Health Care Finance: "The relationship between hospital profitability and hospital bed size revealed that when bed size increases, hospital profitability increases, decreases, and then increases again."[28] The study found that the turning points for patient profit proportion are 238 and 560 beds, respectively for the total profit proportion; the turning points in bed size are 223 and 504, respectively. These results on the relationship between bed size and hospital profitability indicate that medium-size hospitals are in general the least profitable. The findings regarding the profitability of large hospitals in this study are supported by the Medicare Cost Reports for 2006 which show that the more beds a hospital has, the more likely it will be profitable. For hospitals with more than 550 beds, 90% had a positive net income; for smaller hospitals, the percentage with positive net income drops to 72%.

96-29 HC

The Cathedral Hill Campus is too big for the site. The benchmarking report provided by the City's and County's Office of the Legislative Analyst ("OLA") showed that most hospitals of the size of Cathedral Hill in major urban areas occupy far larger sites.[29] In fact, for its Santa Rosa facility, Sutter tried to justify that 25 acres of land would be necessary to accommodate a 174-bed, 360,000-square foot hospital.[30] Here, Sutter would squeeze 555-bed, 655,100-square foot hospital and 307,400 square feet of MOB buildings onto 3.85 acres.[31] As discussed before, this would result in numerous impacts including impacts on health care, traffic and transportation, parking, air quality, greenhouse gas emissions, to name a few.

96-30 HC

96-31 HC

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[28] Kim YK, Glover SH, Stoskopf CH, Boyd SD, The Relationship between Bed Size and Profitability in South Carolina Hospitals, J Health Care Finance, Vol. 29(2):53-63, Winter 2002; abstract available at http://www.ncbi.nlm.nih.gov/pubmed/12462659.

[29] Alexa Delwiche and Frances Zlotnick, City and County of San Francisco, Office of the Legislative Analyst, Legislative Analyst Memorandum, April 3, 2009, Re: OLA No. 003-009).

[30] Sutter Health statement at May 27, 2010 County of Sonoma Board of Supervisors hearing.

[31] San Francisco Planning Department, Notice of Preparation of an Environmental Impact Report and Notice of Public Scoping Meeting, California Pacific Medical Center Long Range Development Plan, May 27, 2009 at pages 13 and 18.

So far, CPMC has not provided any evidence that health care benefits from a large hospital would outweigh the significant land use and environmental impacts that would result from locating this hospital on a very small site on one of the City's major thoroughfares with already compromised traffic flow and reducing its services in other parts of the City. Neither has CPMC presented any evidence that the environmentally superior project alternative of a bigger St Luke's and smaller Cathedral Hill would diminish health care benefits from the entire project. 96-32 HC

The only evidence CPMC has produced so far in support of concentrating services at the Cathedral Hill Campus is a selection from the U.S. News & World Report hospital rankings that show that some of the top-rated hospitals are also big.[32] The comparison is irrelevant because those bigger hospitals are not on a single city block. It might be a relevant comparison if CPMC had 20+ acres, but they do not. Moreover, the methodology of the U.S. News & World Report rankings does not conclude that bigger hospitals are better are better than smaller hospitals. In fact, it uses 200 beds as a threshold criterion for being on the list and only looks at admittedly "cherry-picked" specialties. The rankings are not designed to show overall hospital quality and outcomes, and rely on indicators of dubious healthcare value (like magnet status and physician opinion polling). The rankings are designed to guide consumers with rare conditions who can travel for low-volume, high-cost, high-risk specialists; they are useless for health care planning purposes.

In fact, scientific studies on the issue of hospital size versus health care benefits are inconclusive and most conclusions are dependent on specialization of services. There is evidence supporting specialization and arguing for consolidation of services to achieve higher case volume, up to a point and only for certain services. There is evidence that certain services achieve better outcomes from higher volume, but not that higher volume of specific services indicates overall larger hospital size. There is no evidence that patients benefit from co-location of clinically unrelated services, like birthing and cardiology. There is no evidence that hospital size is proportional to any indicator of patient care above certain thresholds. There is only limited evidence that what relationship exists between size and patient outcomes is a causal relationship rather than related to factors other than size. Moreover, some studies conclude that large hospitals have higher costs, longer patient stays, lower patient satisfaction in emergency room care, and higher rates of infection or sepsis. 96-33 HC

What evidence exists on the relationship between size and quality argues less in favor of an oversized 555-bed Cathedral Hill Hospital but clearly against an undersized 86-bed hospital at St. Luke's Campus. Some of the health problems associated with very small hospitals would be solved if St. Luke's Hospital were increased to 200 beds. The fact is that the trend in California is not to build hospitals as large as 555 beds, except those connected to universities. Most hospitals are between 200-300 beds, and California is almost never building urban hospitals as small as 80 beds, as is proposed for the St. Luke's Campus.

IX. Conclusion

As explained above, the Draft EIR is inadequate because it fails to analyze the health care implications of the LRDP and associated impacts on air quality, greenhouse gas emissions, public health, and public services. Specifically, the Draft EIR fails to include an evaluation of the potentially significant impacts due to the change in patient population resulting from loss of access to acute care 96-34 HC

[32] Presented at Planning Commission hearing, November 19, 2009.

to patients with insurance coverage limitations associated with the elimination of acute care and SNF at the St. Luke's Hospital.

96-34 HC

CPMC has asked the City for numerous variances and massive entitlements and concessions from a land use perspective. The LRDP as proposed has several significant and unavoidable environmental impacts. The Draft EIR concludes that the environmentally superior alternative is a bigger St. Luke's Hospital and smaller Cathedral Hill Hospital. CPMC's justification for not choosing this environmentally superior alternative is that healthcare benefits would vastly offset the environmental problems. Unfortunately for CPMC, the balance of evidence on healthcare is that healthcare would also be better served by the environmentally superior alternatives.

96-35 HC

It is not acceptable that a health care provider with a dominant market share in San Francisco (33% in 2007) deliberately changes its services to reap greater profits while denying access to health care to a large part of its patient population that is not profitable. To put the non-profit status of Sutter into perspective: as of December 31, 2009, Sutter had a $2.63 billion investment portfolio and paid its CEO $2.8 million in 2008; the CEO's top 14 lieutenants each made between $830,000 and $1.8 million annually.[33] Sutter's operations at the CPMC campuses in San Francisco contributed $150-180 million in profit annually, representing the largest single source of Sutter's total profits of $700 million per year. Sutter must rebuild CPMC to comply with state seismic deadlines and will not risk loss of its most profitable affiliate. This means that there is no credible alternative of "no project." Sutter will rebuild, and can easily afford any additional costs of redesign, project alternatives, community benefits, development agreements, and any mitigation measures.

96-36 HC

As the San Francisco Chronicle and Business Week reported in August, the Sacramento Bee reported in April, and Kaiser Health News and San Jose Mercury News reported in October of this year, Sutter's business model is designed as a monopoly model, in which it makes itself indispensable to insurers and then charges higher rates.[34] The LRDP as proposed will increase Sutter's regional monopoly, and increase costs of health care for everyone, including taxpayer-funded health plans for public employees. The Draft EIR is incomplete if it does not address the ways in which the LRDP will increase cost of care for everyone and consider appropriate mitigation measures in this area.

96-37 HC

The Draft EIR concludes that the environmentally superior alternative is alternative 3A, which is a bigger St Luke's Hospital and smaller Cathedral Hill Hospital. However, the Draft EIR designs a bigger St Luke's Hospital around a relocated women's and children's program. This creates an alternative that is not supportable because it would shift most women's and children's services to the southern half of the City (CPMC, University of California at Mission Bay, SF General). CNA supports the environmentally superior alternative of a bigger St Luke's, but with a different complement of services. Instead of all of women's and children's services being moved, CPMC can easily centralize other services already planned at St Luke's Hospital. CPMC currently plans to offer some level of cardiology, oncology, orthopedics, gastroenterology, respiratory, and urology at

96-38 ALT3A

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[33] Health Care Renewal, How Oligopolists Rationalize Their Market Domination: the Examples of Sutter and the Carilion Clinic, August 20, 2010; http://hcrenewal.blogspot.com/2010/08/how-oligopolists-rationalize-their.html.

[34] Bloomberg News/BusinessWeek, Hospital Monopolies Ruin MRI Bill as Sutter Gets Price it Wants, August 20, 2010; Kaiser Health News, California Hospitals: Prices Rising Rapidly, but Quality Varies, October 17, 2010; Sacramento Bee, California's Higher Hospital Costs Add to Health Insurance Hikes, April 18, 2010.

St. Luke's Hospital and to duplicate every single one of these services at Cathedral Hill Hospital with a higher standard of care for insured patients. Instead, CPMC could centralize some combination of these services for all CPMC patients at St. Luke's Hospital.[35]

96-38 ALT

In contrast to the proposed project, a smaller Cathedral Hill Hospital and a larger St. Luke's Hospital would be by far preferable in terms of health care and would also considerably reduce environmental impacts. We support the environmentally superior alternative of a larger St. Luke's Hospital with a clinical anchor and a smaller Cathedral Hill Hospital.

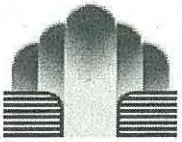
I recommend that the City require a revision of the Draft EIR that adequately discusses and mitigates these issues.

Sincerely,

Michael Lighty,
CNA/NNU Director of Public Policy

[35] Camden Group Utilization Project Report at page 22.

LETTER 97



Devyani Jain/CTYPLN/SFGOV
10/20/2010 10:17 AM

To Chelsea Fordham/CTYPLN/SFGOV@SFGOV
cc
bcc
Subject Fw: Comments on CPMC DEIR



DEVYANI JAIN, *Senior Planner*
Major Environmental Analysis

San Francisco Planning Department
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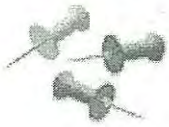
----- Forwarded by Devyani Jain/CTYPLN/SFGOV on 10/20/2010 10:17 AM -----



Bill Wycko/CTYPLN/SFGOV
10/20/2010 09:41 AM

To Devyani Jain/CTYPLN/SFGOV@SFGOV
cc
Subject Fw: Comments on CPMC DEIR

----- Forwarded by Bill Wycko/CTYPLN/SFGOV on 10/20/2010 09:41 AM -----



Kett Kettunen Zegart <kettz@aol.com>
10/20/2010 12:06 AM

To Bill.Wycko@sfgov.org
cc
Subject Re: Comments on CPMC DEIR

I came home late this evening as was distressed that my original letter not sent. I hope these comments will be included. Thank you.

Margaret Kettunen Zegart

118 Highland Lane

Mill Valley, CA 94941 415-383-2771

October 18, 2010

Bill Wycko, Environmental Review Officer, San Francisco Planning Department

1650 Mission Street, Suite 400

San Francisco, CA 94103

Bill.Wycko@sfgov.org

RE: DEIR- Sutter Hospital's Expansion, **Case 2005.0555E California Pacific Medical Center (CPMC) Long Range Development Plan (LRDP), States Clearing House #2006062157**

Dear Mr. Wycko:

I support the Cathedral Hill Neighbors' observations regarding the CPMC and LFPD and the DEIR assessment and choice of a new an enlarged St.Lukes, serving the neighborhood with additional beds, and its focus for women's and childrens'care.

97-1 HC

Sutter Health Corporation shall use this proposed long range development for increased regional medical services (as they do now for existing specialty diagnostic, treatment/ surgery and inpatient care.) Rather than providing improving all sites' medical facilities and services in all areas of medical need in a balanced traffic accessible and distribution of care, the Cathedral Hill 331-385 foot high (15 story plus rooftop mechanics) and 3 underground levels mega-structure with a Van Ness tunnel serving a medical office complex is planned with the many more adverse impacts than analyzed in this DEIR. **The existing 4.9 acre California Campus should retain its range of services and renovate all its structures**. For the family and medically underserved in the Tenderloin, South of Market, BayView-Hunters Point (increasing its residents), Potrero Hill, Visitation Valley, the Mission etc. demographic areas of San Francisco, would be best served by **the revised larger 3A St. Lukes Hospital.**

97-2 PD

97-3 ALT3A

° **"A growing Concern** Improving overall health and reducing health inequities between people of different races, geographies and socio-economic statuses has been a growing interesting pujblic health circles. The reasons for these differences are varied but include lack of access to health care and unhealthy conditions in neighborhoods, such as high raes of violence and a dearth of affordable, nutritious food options." *Report Card* , Community Benefit Partnership and Community Health Matters groups, 09/2010

97-4 HC

° Future television and communications services allow integration of all services in present complexes and in a reduced Cathedral Hill size and mass facility size and mass and height to comply with all City Codes. Smaller scale / mass and height of structures with increased setbacks from property lines and Class 1 bicycle lanes should be added in planning as well as transit pull outs. The Geary street location for the main entrance is questionable along the one way arterial, Geary and the plan needs some landscaped open areas (down town density requirement).

97-5 ALT

97-6 TR

97-7 LU

° **This is an area of four urban scenic drives** along Gough Street, particularly the Cathedral of St. Mary and some of the older homes and those in the area of Pacific Heights; Franklin Street has magnificent San Francisco Bay views down to the entrance to the National Park Service, and the two of the City's "scenic Boulevards" are Van Ness, begins from City Hall, Davies Symphony, and Veterans Building to the Maritime Museum, Geary Boulevard outbound starting

97-8 AE

a block from the hospital site. The existing plans for the Geary Boulevard upgrade extends to ocean and Cliff House and National Park lands and Lincoln Museum. 97-8 AE

° Partial observations result in false conclusions regarding the scale, height and mass and construction materials to the neighborhood. "The scale and height of the buildings would be generally large but compatible elements, architectural designs and similar façade materials. The reslt would be an integrated, visually harmonious composition foir the campus as a whole. The proposed new Cathedral Hill campus would appear consistent in scale with the development in the surrounding area..." Therefore the impact is less than significant DEIR p.4....2-139. 97-9 AE

° Skyline views from 6 distant parks but no views from corners of St. Marks Square or the historic brick church, no views from the Unitarian Universalist stone sanctuary, the stucco appearing façade of the Hamilton Baptist Church or the elegant sculptured free form contemporary designed Cathedral of St. Mary. 97-10 AE

° Photographs should be provided for accurate viewing of the adverse design impacts as well as that of remaining 1930's low scale buildings protected now by City codes. (MOB and hospital. 97-11 AE

° **No project waivers** because present restrictions at St. Lukes and Cathedral Hill shall have many advantages – including shorter distances in seismic events and more circulation opportunities. The codes offer protection of ambiance of neighborhoods housing, opportunities and scale for a viable tourist / commuter VanNess to and along Lombard to Presideo / Marin's GGNRA, and Japan Town and the four worship centers. 97-12 OTH

° The location and number of additional relevant earthquake faults and their liklihood should be included in the DEIR. 97-13 GE

° **DEIR'S environmental choice of alternative 3A, focus to serve women and children. should have a complete EIR assessment.** (Financial gains for Sutter Health (should not be basis for retaining massive Cathedral Hill development with related offices) 97-14 ALT3A

° DEIR program-level should analyze current (and projected, too) congestion of Franklin, Gough, Van Ness and, Geary. Post and Sutter streets are primary traffic and transit corridors for downtown and weekday commute access and need to be studied for impacts of daily traffic and adverse impacts of "cultural congestion" at afternoon, evening, and weekends (serving the local and regional cultural / entertainment events (Symphony, SF Ballet, Opera, City Hall centered gatherings, Herbst Theater, Conservatory of Music, local theatres and the destinations of National Park Service and Presidio.) Further study of traffic and already over burdened transit is needed, not only for peak hours' users. 97-15 TR

° Adverse impact of "cut through" and alternative streets used for drivers through residential neighborhoods, such as Little Saigon, Tenderloin, the 20 residential high rise senior care facilities on Post and Sutter including the Towers (noise – sirens and increased traffic) and pedestrian safety. 97-16 TR

° Ill persons/ parents and sick or small children cannot be assumed to use public transit from the distance and transfers necessary from the range of the medically under served and tourists. Study of shuttle-on-demand or the taxi script service currently is insufficient, and cannot be a successful mitigation of the children's and women's at Cathedral Hill. 97-17 HC

° Emergency vehicles cannot meander – or speed – through present traffic jams. 97-18 TR

° Sirens penetrating the neighborhood and the churches, noises of loading docks and oxygen can be reduced by9 lower size of Cathedral Hill Hospital complex and the health of neighborhoods. A mitigation to reduce during Sunday worship Sunday services is meaningless since church facilities are used week round by different groups. For example, 5 congregations use space in the Unitarian Universalist sanctuary and center. 97-19 NO

° Culture is week in CEQA required analysis. Concerts and programs and meetings in St.Marks, UUSF and Cathedral of St. Mary and Hamilton Baptist activities are frequent. The Catholic school complex, Up on Top, and Montessori Schools require minimal noise. New Sutter Health structures are able to provide sound resistant glazing. 97-20 OTH 97-21 NO

° The DEIR should request a bond to finance / refurbish stained glass of the churches in the event of continues drilling and vibration caused damage although recent seismic restoration has been made. 97-22 NO

Sincerely,

Margaret Kettunen Zegart

On Oct 19, 2010, at 10:35 AM, Bill.Wycko@sfgov.org wrote:

> your email did not include any comments; please resend, as the DEIR comment period closes today

Kett Kettunen Zegart <kettz@aol.com>
10/19/2010 02:07 AM

To Bill.Wycko@sfgov.org

cc

Subject

Comments on CPMC DEIR

RECEIVED AT CPC HEARING 10-14-10
(WYCKO)

October 14, 2010

Letter 98

Bill Wycko, ERO
San Francisco Planning Department
1650 Mission St., Suite 400
San Francisco, CA 94103

Subject: **Comments and Questions on California Pacific Medical Center (CPMC) Long Range Development Plan -- Case No. 2005.0555E (Clearinghouse No. 2006062157) Draft Environmental Impact Report (DEIR) – Cultural and Paleontological Resources**

Dear Mr. Wycko,

This document supplements my earlier CPMC DEIR comments document I submitted on September 23, 2010 at the Planning Commission. Thank you and Mr. Randall Dean for providing the paleontological documents which I understand had to be in redacted form based on Public Records Act, Section 6254.10 which states as follows:

> 6254.10. Nothing in this chapter requires disclosure of records that relate to archaeological site information and reports maintained by, or in the possession of, the Department of Parks and Recreation, the State Historical Resources Commission, the State Lands Commission, the Native American Heritage Commission, another state agency, or a local agency, including the records that the agency obtains through a consultation process between a California Native American tribe and a state or local agency.

98-1 CP

As a note, some of the redacted information I read did not have to do with Section 6254.10 nor did it appear that the information was about specific addresses of persons nor any specific building that required privacy. Some of the information redacted seems to be about the general geographic direction of significant resources around and on the project sites.

This kind of information becomes important in instances when core samples are taken in places around all these areas and at depths not sufficient to reach the potentially significant resources to then arrive at a conclusion that nothing of any potential archeological/paleontological significant historic resource exists. I think, in light of the redacted information and the general idea I get from reading these documents, a more thorough up-to-date continuous core sampling at depths indicated may be warranted at all sites as recommended by the expert opinions of the 2006 Sonoma State University document which alludes to "incomplete" samples.

In regards to the DEIR itself, under Section 4.4, Cultural and Paleontological Resources, Pages S-38 through S-42:

> (Page S-38) Impact CP-2 states that "construction under the proposed LRDP could potentially adversely affect the significance of subsurface archaeological resources pursuant to Section 15064.5 of the State CEQA Guidelines."

98-2 CP

Again, based on the fact that potentially significant findings related to Native American tribes could exist at Davies and St. Luke's, it is suggested that CPMC would hire an archaeological monitor throughout the excavation tasks of the projects per the recommendations in the documents. Please refer to the Sonoma State University 2006 documents written for Archeo-Tec that state that some of the core samples were inadequate due to how they were collected.

The mitigation measure, M-CP-N2, states that an archaeological consultant will be retained should any findings surface with possible monitoring. If any artifacts are found, the maximum amount of time for project work suspension is stated as 4 weeks or beyond this timeframe if the suspension is the "only feasible means to reduce to a less-than-significant level potential effects on a significant archaeological resource, as defined in the State CEQA Guidelines, Section 15064.5(a)(c). The mitigation measure further states:

> At the completion of the archaeological testing program, the archaeological consultant shall submit a written report of the findings to the ERO. If, based on the archaeological testing program, the consultant finds that significant archaeological resources may be present, the ERO in consultation with the consultant shall determine whether additional measures are warranted.

98-2 CP

Since no drawings for alternative construction to the campus sites are included in the CPMC DEIR in case substantial paleontological findings are encountered to the point of interfering with construction schedules for 4 weeks or beyond perhaps this DEIR is not complete. Would it be safe to assume that should resources be found and a delay of over 4 weeks occur, that CPMC will nonetheless go forward with the projects as shown in the DEIR after proper local, state and federal laws for such artifacts are followed? I am aware of incidents in which resources were reburied or filled in on other construction jobs in the City.

After reading all these archeological research documents, a few key themes developed from prior scientific findings and historical uses of the sites. These include children/orphans history at the Cathedral Hill site, as well as Mexican-American, Chinese, Japanese, and German settlement in San Francisco. The project sites seem to have good potential for archeological resources eligible under Criterion 4 (i.e. the finding "has yielded, or has the potential to yield, information important to the prehistory or history of the local area, California or the nation") per the California Register of Historic Resources. These resources would then be designated historical resources under the California Environmental Quality Act. It is suggested to take a serious look at these sites.

CATHEDRAL HILL CAMPUS PROJECT SITE:

98-3 CP

For this project site, per the AECOM document, an example of unique archaeological findings would be related to children/orphans and their artifact history at the Cathedral Hill Campus site where there used to be the Ladies' Protection Home Relief Society Children's Home. This document speaks of the history of orphanages in San Francisco and the lack of archaeological materials in relation to such things as children's toys from historic periods. Garbage pits, well pits, etc. which were filled in are likely to exist at the Cathedral Hill site, especially where the rear yard of the orphanage stood. This would be about 80 feet east of the Franklin Street property line towards the center of the block but slightly north bounded by Franklin, Geary, Van Ness and Post. Please see map included in the AECOM report. Per the AECOM document, Page 44, this is the land that Horace Hawes, an influential lawyer, legislator and philanthropist donated to the Ladies' Protection Home Relief Society. Will CPMC follow the AECOM findings and carefully excavate the area of artifacts that could be from this Children's Home? There could be evidence in the filled in pits as well. An archaeological monitor should be on site during the excavations of this area.

98-4 CP

In addition, "priority" buildings are noted in the AECOM report for the Cathedral Hill Project. One building is 117 Cedar which concerns a Mexican-American family; 1014 Geary which concerns a Chinese servant; and 1106 Van Ness which concerns a Japanese servant. Objects of unique archaeological significance could be encountered at these locations which could add to the cultural history and settlement of these peoples. The current Cathedral Hill Hotel may be sitting on some culturally

significant findings related to these "priority" buildings and again, a monitor should be on stand-by for the excavation and grading activities. 98-4 CP

PACIFIC CAMPUS PROJECT SITE:

The AECOM document, Page 30, states that there is a Chinese laundry that used to be immediately south of the Clay/Webster Street Garage. Apparently, many Chinese servants were also employed by the households in the immediate vicinity of the proposed project or moved to the project site area after the 1906 fire burned them out of the Chinatown area. In the AECOM report, via the 1910 U.S. Census data, several Chinese lived at 2117 Webster and their occupations are all listed as "laundryman." Based on the listing, their surname was Yee. Would the Chinese Historical Society be contacted? 98-5 CP

Also, for the Pacific Campus project site, 2415 Clay is mentioned as having employed Japanese laborers. Also the building location of 2310 Sacramento Street was considered a priority site due to a Japanese servant living there. So these are picked out as highly potential areas of significant archaeological finds. Will the local Japanese National Historical Society be contacted should there be findings? 98-6 CP

The Sonoma State University April 12, 2006 report states that for the Pacific Campus, "incomplete sampling techniques" were used "for the geotechnical borings." And that "there is no doubt that a large volume of the slope deposits will be impacted and/or completely removed, along with any unidentified paleosols that may be present in the dunes that overlie the slope deposits." The report states that "any attempt to identify potential buried sites will at least either require, (1) the use of a backhoe or subsurface coring device prior to construction, or (2) the use of archaeological monitors during construction."

Since requesting the paleontological and archaeological documents for the CPMC DEIR via the Sunshine Ordinance in September 2010 (and because twice I was denied access to all of these documents), I have not seen any additional documents that show that later additional geoarchaeological testing was performed as recommended in the 2006 Sonoma State University documents nor since the ARDT was written by AECOM in January of 2010. And although the mitigation measure states that monitoring may be used it is not clear to this day if it will be. Will monitoring be done on all sites at the areas that are most likely to yield significant historic artifacts? Will additional core samplings of scientific certainty be conducted? 98-7 CP

The Sonoma State University document recommendations included excavation of 3 or 4 backhoe trenches at depths of 14 feet or less to get 2 to 4 complete cores from each building site and supplementing with several targeted interval samples from any buried paleosols that are identified within the complete cores. This document suggested this would be cheaper than "the costs of stopping or slowing the construction work or redesigning the project if important deposits of buried archaeological materials were found during active construction."

DAVIES CAMPUS PROJECT SITE:

Because the Davies Campus site is close to the Mission Dolores historic landmark, and the AECOM report states that there could have been "camps" of Native Americans as early as the beginning of the Mission Period in the area even a half mile away, it would behoove CPMC to have an archeological monitor on site for this particular project especially since the Davies project is only 3 blocks away from Mission Dolores. I have read of shell middens being found in other publications where Native Americans could 98-8 CP

have had extensive activity. Also, please have increased security on this campus during and after breaking ground to protect the potential historic resources.

98-8 CP

The location of the proposed CPMC Davies Campus project appears to be on sensitive land and serious archeological excavation and handling techniques may be warranted.

Due to skip samples used at this Davies campus to determine if there are any prehistoric deposits, they could have been missed. The recommendations stated to take additional boring samples especially around the concrete piers that will be constructed. The Sonoma University document states that there were "limited number (of) geotechnical borings and the incomplete sampling techniques which could have easily skipped over prehistoric deposits, if present." Will more current testing be done?

98-9 CP

ST. LUKE'S CAMPUS PROJECT SITE:

From the archeological documents on the Davies Campus site, it appears that the LRDP project will run into some archeological resources very near. There is mention of the adobe ranch house that Jose Cornelio Bernal (for which Bernal Heights was named) lived in and later occupied by his wife Carmen on a map from 1861.

The report from AECOM states "without new or comparative data, many important questions regarding chronology, settlement, and subsistence cannot be properly addressed or answered, and the current research questions cannot be confirmed, denied, or refined beyond our present understanding. Thus a reasonable amount of subsurface exploration is often needed to determine whether earth-disturbing projects will impact buried archaeological resources." The report states a recommendation to perform subsurface coring or the use of an archaeological monitor.

98-10 CP

Overall, the mitigation measures in the DEIR give some broad guidelines as implementation measures to address how archaeologically significant areas will be handled once artifacts are found, but based on the scientific document by Sonoma State and the Holocene period soils level and the Colma formation levels, the samples should have gone deeper to really be able to come to any solid conclusions and the samples should have been more contiguous rather than shallow and random as were the samples taken. No substantial proof in the paleosols would occur if one already knows that the artifacts, e.g. are at 14 feet or deeper and the samples are taken up to 8 feet below the surface. To conclude that since these shallow and arbitrary paleosols contain no important Holocene era deposits or Colma formation artifacts or any other significant artifacts from 200 years or more ago and hence nothing of any paleontological or archaeological significance exists would be inaccurate science. That is why the Sonoma University documents suggest strongly to carry out archaeological monitoring or the subsurface coring in more contiguous spots and at the depths likely to yield the significant resources near the sensitive areas. Will additional testing be done?

I am not so sure that the archeological areas were or will be mitigated to "less-than-significant" based on pre-project samplings taken in 2005 and 2006, the uncertainty of whether additional monitoring and substantial core samples will be taken, and on whether, if a large paleontological resource is encountered that will require a construction delay of more than 4 weeks, alternate buildings plans will commence as no plans for such a circumstances are included in the DEIR. Perhaps as part of the alternatives, there could be a mitigation measure added that will address this.

98-11 CP

Also, since many of the pages of the documents were redacted per 6254.10 of the Public Records Act, as suggested by the Native American Heritage Commission, it is hoped that all possible indigenous people

98-12 CP

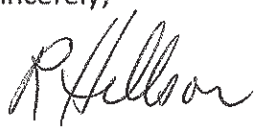
are made aware of the plans rather than expose the City to potential problems of having failed to notify the Indian tribal community, especially in relation to St. Luke's and Davies campus project sites. 98-12 CP

CALIFORNIA CAMPUS PROJECT SITE:

No additional paleontological or archeological reports were provided for this site. In this regard, I conclude that no excavation will be occurring at this campus site nor would there be any plans to until such reports are provided. Historical resource information as it related to the existing buildings was provided on CD of Administrative Documents for this CPMC DEIR which did not cover the archeological/paleontological aspects of this site. 98-13 CP

Thank you for this opportunity to comment on the paleontological and archaeological portion of this CPMC DEIR.

Sincerely,



Rose Hillson
Member, Jordan Park Improvement Association

cc: Ron Miguel, President, Planning Commission
Christina Olague, Vice President, Planning Commission
Michael Antonini, Planning Commissioner
Gwyneth Borden, Planning Commissioner
Kathrin Moore, Planning Commissioner
Hisashi Sugaya, Planning Commissioner
Linda Avery, Commission Secretary
Devyani Jain, Planner
Randall Dean, Planning Department, Archaeologist

Letter 99

October 19, 2010

Mr. Bill Wycko
Environmental Review Officer
San Francisco Planning Department
1650 Mission Street, Suite 400
San Francisco, CA 94103

SUBJECT: Draft Environmental Impact Report for California Pacific Medical Center Long Range Development Plan, Planning Department Case No. 2005.0555E – Pacific Campus

Dear Mr. Wycko,

We are responding to the invitation for public comment on the draft Environmental Impact Report (EIR) for the California Pacific Medical Center (CPMC) Long Range Development Plan.

For over 20 years, my family and I have owned our home on Washington Street which shares the northern property line of CPMC's Pacific campus. In reviewing the draft EIR, there appear to be glaring inconsistencies between the facts presented and the intentions of the project. In particular, there is a disconnect between the size of the proposed North of Clay aboveground parking facility and its stated usage. Given the primary (construction-related) and secondary (long term project induced) impacts of this parking structure, we request that further alternatives be considered. It is not apparent whether the purpose of the parking facility is to support the hospital's staff and patients or introduce a commercial development in violation of existing land use policies for our neighborhood. Further, the project as currently defined fails to achieve the CEQA requirement of reducing impacts to the point of insignificance.

99-1 TR

Specific comments on the draft EIR are attached. We request that the project sponsors address these comments and provide adequate answers before the City makes its determination on the EIR.

It is unfortunate that the project sponsors have chosen to introduce a negative amenity into our neighborhood. While we support the overall mission of CPMC, we wish they would take the opportunity to provide more open space and improve the quality of life in our area.

99-2 OTH

Please contact us if you need any clarification and keep us informed as this project develops. Thank you for the opportunity to comment.

Sincerely,

Arthur Cimento Jacqueline G Cimento

Arthur and Jacqueline Cimento
2317 Washington St.
San Francisco, CA 94115

COMMENTS ON THE DRAFT EIR FOR THE CPMC LONG RANGE DEVELOPMENT PLAN

The following are comments on the draft EIR. These comments are focused on the proposed changes to the Pacific campus, which is adjacent to our home. We request that the final EIR adequately address the issues outlined below and provide further mitigation of impacts than currently proposed. Since the EIR is vague in its assessment of many aspects of the Pacific campus project, we also request that a project level, focused EIR be conducted for the Pacific campus modifications before they are approved.

1) Project Violates Existing Conditional Use Permits

The draft EIR contains several references to the current conditional use permit under which the medical center is permitted to operate in a residential zone. This conditional use permit has been in place in the 1960's (page 3-16). The applicable planning code section permits this conditional use if inpatient care is the primary use (page 4.1-53). It is the stated intent of the long-range plan to convert this campus to outpatient care, which violates the terms of the existing conditional use permit. There is no analysis or discussion of why the inpatient use restrictions were originally put in place. Perhaps they were to preserve the unique character of our neighborhood. Furthermore, there is no discussion of whether a change in the permitted use would apply to similar facilities in other residential zones in the City or just to our neighborhood.

99-3 LU

Later in the EIR, the Pacific Heights neighborhood is described as an "Outstanding and Unique Area" (page 4.2-34). The proposed project would result in a campus with "denser more intense development than exists at present" (page 4.2-149). Why isn't this change considered a potentially significant impact? We believe there is inadequate discussion of this change to the conditional use restrictions which have been in place for 50 years. The project sponsors are well aware of the neighborhood opposition to the intensification of development associated with this project. Presumably the restrictions in the existing conditional use permit were intended to protect against just such development.

Further on, on page 5-8, the draft EIR states "all construction and renovation at the Pacific, Davies, and St. Luke's campus would occur entirely within the existing campus footprint; medical uses would continue on these campuses, and therefore **no change in land use would occur**." Since the proposed changes to the Pacific campus will violate its existing conditional use permit, this statement is inaccurate and misleading. We request that the conditional use permit for the Pacific campus not be modified until the full impact of this development on our neighborhood's essential character is understood and our community's position is considered.

2) **Long-term Secondary Impacts of the Project Are Not Adequately Addressed**

The draft EIR does not adequately address any induced development from the project. Such development could arise from a shift from inpatient to outpatient care (discussed above) and the addition of 688 new parking spots **in the middle of a residential neighborhood** (Table 2-7b).

The project is located two blocks off of the commercial district of Fillmore Street, which sees many visitors on most weekends and evenings. The availability of a large parking facility close to this district will undoubtedly attract more traffic into the neighboring streets, well above what is required for the medical facility. Also, it is of concern that the character of this traffic may differ from the traffic associated with an in-patient facility, since many users of the facility will be patronizing bars and restaurants at night. In addition, the facility is located on transit lines that are convenient to downtown, making the parking facility a magnet for commuter automobiles. The EIR is inadequate in that it does not consider such changed usage patterns.

99-4 TR

According to the EIR, the San Francisco Planning Code incorporates the Accountable Planning Initiative which includes "protection of neighborhood character" and "discouragement of commuter automobiles" (page 3-19). Residents of our neighborhood are entitled to quiet enjoyment of our homes. This facility has significant potential to become an attractive nuisance. The EIR needs to reconcile the apparent conflicts of the project with existing land use, zoning, and City Codes and identify specific mitigation measures to reduce its negative impacts to insignificance.

99-5 LU

As a minimum, we expect the facility will comply with existing noise regulations at the property boundary. We would also request additional mitigation measures such as limiting the parking facility's hours of operation to exclude evenings and weekends or restricting its use to bona fide users of the medical facility.

99-6 NO

99-7 TR

3) **Oversized Parking Requirement; No Alternatives Considered**

The draft EIR's analysis of the parking requirements and visitation patterns is inconsistent with the addition of 688 parking spots on the Pacific campus. On page 4.5-49, the draft EIR states that 1,095 parking spaces for CPMC employees and 410 parking spaces for visitors already exist. This parking supply is adequate for the existing use (pages 4.5-47 to 4.5-49).

99-8 TR

In the traffic analysis, there is an estimated **reduction** in net new parking demand at the Pacific campus of 229 parking spaces (Table 4.5-13) and an expected **reduction** of trips by 4,700 as a result of the proposed change in usage (Table 4.5-10). Even at peak hours, there are only 71 new vehicle trips at the Pacific campus (Table 4.5-11). This analysis is used to support the premise that there will be little impact on surface street traffic from the project.

The EIR cannot have it both ways. It is inconsistent to state that current parking provisions are adequate, there is a reduction in parking demand, and the proposed project reduces the number of trips, but then propose 688 additional parking spaces at the campus. Yet the project calls for excavation of two city blocks and construction of a seven story parking facility across an entire city block. We request that a revised EIR be issued that addresses a reduction, not an increase, in parking capacity to reflect the draft EIR's stated reduction in auto trips. 99-8 TR

We question whether the motive of the project sponsor is to support the medical mission of the campus or run a commercial parking business. There are no alternatives to this scheme considered in the EIR. Alternatives could include no parking facility at all or addition of additional underground parking which could eliminate the need for an above ground structure.

In particular, we would like consideration of using this footprint for more open space in our neighborhood as opposed to the current plan which reduces open space (page 4.2 -149). This project represents a rare opportunity to create open space. One viable alternative that should be considered is the elimination of the above ground portion of the garage entirely and the creation of an open space and park. Given the primary and secondary impacts of the parking facility, we believe that these are reasonable alternatives that should be considered. 99-9 RE

4) **Primary Impacts Cannot Be Mitigated**

There are numerous project impacts at the Pacific campus where no mitigation is provided. Construction noise could reach 90 Vdb in our home, which the draft EIR notes "could be significant" (page 4.6-95). The EIR notes additional primary impacts associated with construction (e.g., air quality) which are "significant and unavoidable" (section 4.7).

In addition, several primary impacts from the facility are noted without any mitigation provided. These include light from vehicle head lamps which will shine into homes (page 4.2-89) and noise from ventilation units. There are other impacts which are not discussed such as the noise from traffic entering and leaving the above ground parking facility and the increase in CO2 from vehicles idling in the garage. 99-10 OTH

Again, our understanding of CEQA is that project impacts must be mitigated to the point of insignificance. The draft EIR does not attain this standard.

5) **Inadequate Detail on Project Definition**

In numerous places, the draft EIR does not go into detail on the Pacific campus, using the rationale that the design on this campus is not finalized (e.g., pages 4.2-149, 4.6-80, and 4.9-31). Therefore, we would like clarification as to what entitlements CPMC would receive for the Pacific campus should this EIR be certified. 99-11 PD

Since many of the mitigation measures associated with the Pacific campus are vague and depend on the final design (e.g., page 4.6-82), we believe that CPMC should not have any entitlements to proceed with the Pacific campus portion of the long range plan until a Project EIR is completed. This EIR should address all of the primary and secondary impacts of the project and provide adequate mitigation.

99-11
PD-PA

Letter 100

PO Box 283044
San Francisco, CA 94128
October 19, 2010

San Francisco Planning Department
Attention: Mr. Bill Wycko
1650 Mission Street, Suite 400
San Francisco, CA 94103

Re: EIR–CPMC Long Range Development Plan - Alternative 3A

Dear Mr. Wycko,

The EIR for the CPMC project contains too many convenient assumptions that will come back to haunt the City if implemented. The gargantuan Cathedral Hill Hospital as Sutter prefers is too problematic and it's environmental impacts too great.

The EIR acknowledges that a significant number of traffic problems are significant, unavoidable (SU) and impossible to mitigate. Further, these issues impact a concentration of critical east/west and north/south arterials –Geary, Van Ness (Hwy 101), Franklin, and Gough. The streets surrounding this area that are expected to drain off this impacted flow are not efficient distributors and will simply exacerbate the problem. 100-1 TR

Parking challenges are given short shrift and yet what will be their real traffic friction flow impact? 100-2 TR

Construction impacts are particularly challenging, such as the proposed 185 truck trips per day which averages over 20 trucks per hour or 3 minutes per load time – an efficiency I have never seen in my over 30 years of engineering and construction management – is fiction. Particularly true for such a congested and compact construction site. 100-3 TR

While well detailed in some respects, the EIR contains recurring statements about the CEQA process not needing to address certain environmental aspects which are all too real to the surrounding Cathedral Hill community. The EIR analysis appears to conveniently support the desired outcome in too many instances, while making assumptions that may not come true. 100-4 OTH

The EIR discusses Alternate 3A which reduces the Cathedral Hill building by a third and increase the size at St. Luke's. This will reduce the number of cars and trucks by 1/3. The EIR indicates that this is the environmentally preferred option but then goes on to say that it is rejected by CPMC.

I believe that Alternative 3A is an effective solution. I would urge the City to require CPMC to redesign the project to stay within the existing zoning restrictions and to effectively mitigate those most challenging outcomes. 100-5 ALT3A

Sincerely,

Charles B. Freas BSCE

Letter 101

LAW OFFICES OF
MOSCONE EMBLIDGE & SATER LLP
220 MONTGOMERY STREET, SUITE 2100
SAN FRANCISCO, CALIFORNIA 94104
TELEPHONE: (415) 362-3599 FAX: (415) 362-2006

October 19, 2010

Via Hand Delivery
Bill Wycko
Environmental Review Officer
San Francisco Planning Department
1650 Mission Street, Suite 400
San Francisco, CA 94103

Re: Draft Environmental Impact Report for California Pacific Medical Center Long Range Development Plan

Dear Mr. Wycko:

We represent property owners and residents of a neighborhood located on the western end of the block currently occupied by St. Luke's Hospital, and west of the proposed St. Luke's Replacement Hospital. This neighborhood group, known as the Lost Block, along with the San Jose/Guerrero Coalition to Save Our Streets, submit the following comments on California Pacific Medical Center's ("CPMC") Long Range Development Plan ("LRDP") Draft Environmental Impact Report ("DEIR").

The Lost Block and the San Jose/Guerrero Neighborhood Coalition will be heavily impacted by the St. Luke's Campus proposal, both in the construction phase and after build-out. Unfortunately, the DEIR fails to adequately analyze potentially significant land use compatibility, plans and policies consistency, visual character, traffic, noise, light, wind, and shadow impacts, associated mitigation measures, and alternatives related to residential uses in the area of the Lost Block and surrounding neighborhood. As explained in the following comments, the additional evaluations and information necessary to correct these deficiencies and produce an adequate EIR would likely present new significant impacts and new mitigation measures requiring recirculation under CEQA in order to allow meaningful public disclosure and comment. The following analysis is organized by DEIR section.

101-1 OTH

1. Introduction

Page 1-13: The DEIR indicates that it is a project-level EIR for the four projects at the St. Luke's campus. However, as explained in the following comments, the setting, impacts, mitigations and alternatives are not sufficiently detailed with respect to the St. Luke's campus, and are inadequate for a project-level EIR. In particular, the DEIR lacks a sufficiently detailed analysis of the impacts of the St. Luke's Replacement Hospital and

101-2 LU

associated General Plan Amendment, Planning Code Amendment and Conditional Use Authorizations for use, height and bulk. 101-2 OTH

2. Project Description

2.6 St. Luke's Campus

Page 2-181: The DEIR notes that the St. Luke's Replacement Hospital would be exempt from Chapter 13C of the City's Building Code (San Francisco Green Building Requirements), but that CPMC is "considering implementing measures that would enable the St. Luke's Replacement Hospital to achieve LEED certification." Elsewhere, the DEIR indicates that "CPMC intends to attain LEED certification." Despite this uncertainty and lack of detail, various impact analyses rely on the implementation of measures for LEED certification as substantial evidence upon which to base a conclusion of a less-than-significant impact. The project description and the pertinent impact analyses should provide the detail necessary to reach this conclusion, including the specific measures that would be implemented regardless of whether LEED certification is sought or attained, the specific LEED credit categories intended, and how these measures would avoid or reduce each potentially significant impact. In addition, the LEED certification strategy for the project should target credit categories related to potentially significant impacts on the adjacent homes to the west, including light pollution, noise, on-site open space and vegetation. 101-3 PD

Figure 2-59 St. Luke's Campus-Proposed Site Plan, Figure 2-60 St. Luke's Campus Variant 1–Alternate Emergency Department Location, Figures 2-63 and 2-64 (elevations), 2-68 and 2-69 (sections), 2-71 and 2-72 (floor plans), and 2-77 (streetscape plan): These figures show the St. Luke's Replacement Hospital emergency department and associated ambulance bay, and the loading docks, trash and medical waste receptacles immediately adjacent to the residential uses at 26-28 27th Street and on Cesar Chavez Street. This location differs from the location shown in Figure 4.5-26 in Section 4.6, Transportation and Circulation, and used in the traffic, noise and air quality analyses, as well as potentially throughout the DEIR. Therefore, the impact assessment, and in particular, the analysis of noise impacts and the conclusion of less-than-significant noise impacts related to the emergency department and loading area, are based on incorrect plans and must be revised accordingly. The figures are also inconsistent with respect to the setback to and configuration of the west side of the replacement hospital. 101-4 PD 101-5 NO 101-6 PD

Figure 2-77, St. Luke's Streetscape Plan: Figure 2-77 shows an approximately 10-foot setback but does not indicate, and the project-level DEIR does not discuss, the type, number, density, and height at maturity of landscape plantings along the west side of the St. Luke's Replacement Hospital, or whether there would be any plantings at all. There is insufficient information upon which to conclude that the project would not cause a substantial change in character or substantially degrade visual character for the adjacent homes to the west. The DEIR should provide the necessary information. 101-7 AE

Figures 2-63 through 2-65 (elevations): The St. Luke's Replacement Hospital elevations must be revised to show the adjacent residential buildings to the west to allow for an understanding of the relationships to these sensitive adjacent residential uses, and an adequate project-level analysis of the potentially significant impacts related to land use character, visual character, light and glare, noise, and wind and shadow. 101-8 PD

3. Plans and Policies

Pages 3-10, 3-18 and 3-19: The analysis of consistency with the General Plan and Planning Code lacks sufficient evidence upon which to conclude that the project would not conflict with applicable plans and policies related to physical environmental issues or human health. The analysis merely refers to the various impact assessments in Chapter 4, which, as explained in the following comments, are also merely conclusory and lack sufficient evidence. The project, and the St. Luke's Replacement Hospital in particular, would have a significant impact on neighborhood character for the adjacent homes along 27th Street, Guerrero Street and Cesar Chavez Street to the west, with respect to land use character, visual character, light pollution, noise, traffic, wind and shadow, and residential open space. This would conflict with the priority policies of Section 101(b) of the Planning Code and the policies of the General Plan Urban Design Element, as well as other General Plan policies and Planning Code regulations. 101-9 LU

The analysis of consistency with the Planning Code merely indicates that, with approval of the required General Plan Amendment, Planning Code Amendment and Conditional Use Authorizations for use, height and bulk, the project would be consistent with the Planning Code. The analysis must be revised to evaluate the project with respect to the required findings for General Plan Amendment and Conditional Use Authorization, as they pertain to physical environmental issues or human health, including findings related to neighborhood character and livability, in light of the potentially significant impacts of the project on land use character, visual character, light pollution, noise, traffic, wind and shadow, and residential open space. 101-10 LU

4.1 Land Use

Page 4.1-61, Impact LU-2: The DEIR discussion of the change in land use character focuses on relationships to Cesar Chavez and Valencia Streets, and on the public realm along those streets, and inadequately characterizes the impact regarding change in character for more sensitive residential uses along 27th Street, Guerrero Street, Cesar Chavez Street, San Jose Avenue and Duncan Street. The discussion of the change in character for residential uses immediately adjacent to the west and south of the proposed St. Luke's Replacement Hospital does not support the conclusion that the change in character would be insubstantial and therefore less than significant. The discussion begins by saying there may be a change in character with the new hospital in place of the existing surface parking lot for employees. The only evidence given as to why this change would not be substantial is that, although the new hospital would stand out, its visual contrast would be less than the existing hospital, and normal practice is to turn 101-11 LU

ambulance sirens off within a few blocks of the hospital. However, whereas the existing hospital is on the east side of the campus 240 feet away from the nearest adjacent homes, the replacement hospital, and its emergency department entrance in particular, would be immediately adjacent to these homes. In addition, the analysis on page 4.1-61 incorrectly states that the western portion of the replacement hospital would be 51 feet tall and set back from the adjacent homes, whereas the Project Description shows only an approximately 10-foot setback along only a portion of the west side of the building, and the building would be 99 feet tall, with a stepback above 51 feet. The replacement hospital, by itself as well as together with the new medical office building, would also be more bulky than the existing comparatively slender tower, but this is not addressed in the analysis.

101-11 LU

101-12 LU

But the substantial land use change in character and associated significant impact is the result of not only the substantial visual change but also many other changes in character caused by the 99-foot tall hospital with emergency department ambulance bays, loading docks, more acute-care beds, a 1,200 person increase in the daily on-site population, new pick-up/drop-off location adjacent to the residential uses, 113 new parking spaces and associated traffic increases, as well as the new 100-foot tall medical office building. The DEIR needs to be revised to adequately characterize the existing land use character in terms of the location, number, height, orientation and dimensions of adjacent homes, rear yards and mid-block open space, useable open space, existing setback depths, and the views, light, air and privacy of the surface parking lot and perimeter mature screening trees. The project-level DEIR must be revised to describe adequately the existing land use character and potential project land use compatibility impacts in terms of height, bulk, setback, and the imposing length and height of the west-facing wall; screening landscaping and fencing; 24-hour emergency department activity and noise (not just siren noise but also noise from interior activities, idling emergency vehicles and emergency vehicle unloading/loading); building equipment noise; pedestrian entry; pick-up and drop-off zone; loss of sunlight, shadows and microclimate; loss of existing trees, view blockage and loss of privacy; and the increase in traffic on 27th Street, Guerrero Street and Cesar Chavez Street. All of these project-related changes contribute to a substantial change in character and thus significant land use compatibility impacts.

101-13 LU

101-14 LU

Page 4.1-62: The analysis of the Alternate Emergency Department Variant is deficient for the same reasons outlined above. Additionally, the analysis of the variant indicates that relocating the emergency department to Cesar Chavez Street would reduce ambulance siren noise impacts on residences. However, this conclusion ignores the immediately adjacent homes to the west on Cesar Chavez Street. In addition, this conclusion contradicts the discussion on page 4.1-61 which relies on the claim that normal practice is to turn ambulance sirens off within a few blocks of the hospital, in order to reach a conclusion of a less-than-significant impact. Further, the analysis does not indicate if turning sirens off is required by law or hospital policy. If not, it is not a reliable basis for a conclusion of less-than-significant impact. Notably, this practice is not identified in Section 4.6, Noise.

101-15 NO

4.2 Aesthetics

General: The analysis focuses on overall changes in buildings on the site and changes in views from streets. The analysis completely and inappropriately omits analysis of perimeter conditions, relationships to adjacent residential properties, and the substantial degradation in visual character for adjacent residential uses. That analysis must be provided. 101-16 AE

Page 4.2-176: The description of the west side of the building is inadequate to allow for a meaningful analysis of impacts on visual character and contains confusing errors. It incorrectly indicates that west-facing windows would be located in the lower two stories facing Guerrero Street. In fact, the windows would be on the upper two stories facing the rear yards, decks and rear windows of homes on 27th Street, Guerrero Street and Cesar Chavez Street. 101-17 AE

The analysis of changes in visual character evaluates the same visual simulation viewpoints as the analysis of impacts on scenic vistas and omits any discussion of changes in, and substantial degradation of, visual character for adjacent homes. The DEIR must be revised to include visual simulations from sensitive residential viewpoints. 101-18 AE

The DEIR dismisses impacts on visual character because residential uses "would not face or front" onto the project. The DEIR ignores that the proposed replacement hospital would substantially degrade the visual character at the rear of adjacent homes to the west on 27th Street, Guerrero Street and Cesar Chavez Street. The rear can be considered more sensitive because it contains the private living area with rear yards (required useable open space). 101-19 AE

Impact AE-4: The DEIR evaluation of light and glare impacts from the 24-hour emergency room operation, the brightly lit open ambulance bays, upper story windows and loading area is inadequate. Light and glare is an important component of land use character and, in this case, a cause of substantial degradation in visual character, representing a significant impact. The analysis of these impacts must be revised. 101-20 AE

4.5 Transportation and Circulation

Page 4.5-204, Improvement Measure I-TR-87, Provide Pedestrian/Bicycle Improvements: CEQA requires adequate disclosure and evaluation of the environmental impacts of proposed mitigation measures--i.e., secondary environmental impacts. The flashing lights and audible signals at the garage exits recommended under this measure could cause significant noise and light pollution impacts on surrounding residential uses. The impacts of this proposed improvement measure must be disclosed and evaluated. 101-21 TR

Pages 4.5-82 and 4.5-83: The DEIR indicates that, on a daily basis, approximately 66 trucks up to 55 feet in length would use the loading area; the loading dock would operate 24 hours per day; and CPMC deliveries, laundry services and trash haulers would be 101-22 NO

scheduled between 9:30 p.m. and 5:00 a.m. to minimize conflicts with other deliveries. These levels and hours of loading area activity would occur immediately adjacent to adjoining sensitive residential uses on the west, and in the more noise-sensitive evening and early morning hours. However, they are not, and must be, described and analyzed in the noise (Section 4.1) and land use character (Section 4.1) analyses.

101-22 NO

Page 4.5-207: The location of the emergency department and associated ambulance bay, and the three loading docks, trash and medical waste receptacles shown in Figure 4.5-26 differs from the location shown in Figure 2-59, St. Luke's Campus-Proposed Site Plan, Figure 2-60, St. Luke's Campus Variant 1–Alternate Emergency Department Location, as well as Figures 2-63 and 2-64 (elevations), 2-68 and 2-69 (sections), and 2-71 and 2-72 (floor plans), and 2-77 (landscape plan), in Chapter 2, Project Description. Therefore, the analysis of traffic and noise impacts and the conclusion of less-than-significant impacts are based on incorrect plans. The analysis is therefore fundamentally flawed and must be revised and the DEIR must be recirculated for meaningful public disclosure and comment.

101-23 PD

Page 4.5-209, Impact TR-94: The conclusion of less-than-significant construction traffic impacts is not supported by sufficient evidence. This is another instance of the project-level DEIR relying on ambiguous and inadequately detailed description of important components of the proposed project to conclude an impact would be less than significant. The DEIR states that "[c]arpooling and transit use by construction workers would be encouraged throughout the construction to reduce parking demand," and "[e]xisting off-site public parking garages and lots would be utilized." The DEIR acknowledges that, "[s]pecific locations of these off-site facilities have not been identified by CPMC. A shuttle service would be provided between the St. Luke's construction site and the off-site public parking garages and lots." Are lots with sufficient unused capacity available within a reasonable distance? What parking supply impacts would the project cause in the vicinity of those lots? Under CEQA, the DEIR needs to provide sufficient evidence to support the feasibility and effectiveness of such an approach. Accordingly, the DEIR must be revised to include this information and analysis.

101-24 TR

The DEIR notes that construction deliveries may cause congestion on 27th Street. The existing emergency department and ambulance access is on 27th Street. The DEIR states that, "[c]onstruction deliveries would be scheduled and coordinated to not hinder emergency vehicle access." How is it possible to schedule emergencies? Again, insufficient evidence is provided to conclude a less than significant impact.

101-25 TR

Impact TR-94 concludes that, because potential construction traffic and parking impacts would be temporary, they would be less than significant. It is not correct under CEQA to conclude that any impact, no matter how severe, would not be significant only because it would be temporary. In other sections of Chapter 4, the DEIR correctly finds temporary construction noise, construction dust, construction criteria air pollutants, and construction toxic air contaminants impacts to be significant and to require mitigation, despite being temporary. In addition, the temporary construction period for the four St. Luke's campus

101-26 TR

projects is proposed to begin in 2011 and last for seven years and, like many major construction projects, could experience delays and last even longer. This impact conclusion must be changed and the DEIR must be recirculated.

101-26 TR

Page 4.5-210: The parking discussion identifies a shortfall in parking of 309 spaces (41 percent of demand), notes that on-street parking occupancy adjacent to the St. Luke's campus ranges between 80 and 100 percent during the day and 70 percent after 8:00 p.m., and states that "[e]mployees unable to park at the campus would take transit, bicycle or walk to the campus or park in one of CPMC's off-site parking facilities." The DEIR also assumes that any secondary environmental impacts that might result from the shortfall in parking, such as traffic, air quality, noise and pedestrian safety impacts of drivers circling for parking, would be minor and are accounted for in the transportation, air quality and noise analyses. However, elasticity of parking demand is relatively low for a hospital use. Whereas employees may more readily change their travel behavior, patients and visitors accompanying patients, as well as physicians, which together account for more than half the parking demand, may be less able to use alternate modes. The parking discussion and the secondary traffic, air quality and noise impacts of the shortfall in parking need to be reevaluated. In addition, given the existing nearly 100 percent utilization of on-street parking, the impact of the 309-space parking shortfall on neighborhood character and livability must be considered in the land use character/compatibility and plans and policies consistency evaluations.

101-27 TR

Page 4.5-210: CPMC has acknowledged that the new medical office building may not be built due to the strong possibility of a lack of sufficient hospital use or market demand for medical office space at the St. Luke's Campus. However, the DEIR does not contain any analysis of the potential impacts of the LRDP without the new medical office building. Without construction of the new medical office building and associated underground parking garage, there would be a total of only 230 parking spaces provided at the St. Luke's Campus, compared to a parking demand of 759 spaces. (The DEIR does not indicate the portion of the St. Luke's Campus parking demand that would be generated by the new medical office building.) Thus, there would be a parking shortfall of 529 spaces, potentially including a shortfall of spaces for physicians. The parking discussion and the secondary traffic, air quality and noise impacts of the 529-space shortfall in parking must be reevaluated. The DEIR should also evaluate the impacts of a 529-space parking shortfall on neighborhood character and livability, land use character/compatibility, and plans and policies consistency.

101-28 TR

4.6 Noise

Page 4.6-27: The Existing Noise- and Vibration-Sensitive Land Uses discussion omits mention of residences on 27th Street or Cesar Chavez Street. Additionally, it incorrectly states that "[t]he closest of these residences are along San Jose Avenue and Duncan Street across from the St. Luke's campus, approximately 75 feet from campus buildings." In fact, the nearest residential noise-sensitive receptors are located immediately adjacent to

101-29 NO

the campus on the west, on 27th Street, Guerrero Street and Cesar Chavez Street. The analysis must be revised accordingly. 101-29 NO

Page 4.6-29: The noise measurements used to characterize the baseline and calibrate the noise models are inadequate. Only two noise measurements were conducted. No 24-hour noise measurements were conducted, only far less accurate 15-minute noise measurements. Additionally, the two noise measurements were taken on Cesar Chavez and Valencia Street, which is not representative of the more noise-sensitive, quieter residential noise environment along 27th Street, San Jose Avenue and Duncan Street. The two 15-minute noise measurements therefore represent an inadequate baseline against which to evaluate impacts, particularly with the DEIR application of narrow significance thresholds of 3dB and 5dB to this substantial, complex use with multiple, discrete, noise-generating activities operating 24 hours per day within the midst of a noise-sensitive residential neighborhood and immediately adjacent to several homes. Additional noise measurements must be taken to increase the accuracy of the baseline and the analysis must be revised and recirculated. 101-30 NO

Page 4.6-52, Impact NO-1: The DEIR indicates that construction work would occur Monday through Friday, 7:00 a.m. to 5:00 p.m. except holidays, but may continue to 8:00 p.m. on weekdays and Saturdays. The DEIR then states that work may occur on Saturdays but would stop at 5:00 p.m., if needed. These confusing inconsistencies need to be corrected. Additionally, Mitigation Measure M-NO-N1 for construction noise allows for nighttime construction. Would there be a possibility of nighttime construction at the St. Luke's campus? This must be clarified. 101-31 NO

Page 4.6-52, Impact NO-1: The City's Noise Ordinance is not an adequate significance criterion given the level and duration of project-related noise exposure, the sensitivity of the affected uses, and inherent flaws in the applicability of the Ordinance to the St. Luke's campus and Lost Block neighborhood situation. 101-32 NO

It is not clear where the construction equipment were assumed to have been placed for the noise modeling. This must be clarified. No existing noise measurements were taken adjacent to residential uses on 27th Street, Guerrero Street, Cesar Chavez Street, San Jose Avenue or Duncan Street. What is the basis for determining the baseline existing conditions against which to compare the project effects? 101-33 NO

Construction at the St. Luke's campus would occur continuously for at least seven years, including approximately four years for the replacement hospital and an additional approximately three years for the medical office building. Many homes on 27th Street, Guerrero Street and Cesar Chavez Street are located immediately adjacent to the construction site for the replacement hospital and thus would be continuously exposed to excessive noise levels for at least four years. Given the utilities work within the rights-of-way of 27th Street, Guerrero Street and Cesar Chavez Street, they would be effectively surrounded by construction noise on all sides. Exposure to noise levels up to (and 101-34 NO

exceeding, as explained below) 80 dB for up to 13 hours per day for up to four years or more could not reasonably be considered a less-than-significant impact.

Moreover, the Noise Ordinance standard of 80 dB at 100 feet means numerous residences within 100 feet of the project site would continue to experience unacceptable noise levels above 80dB, up to 13 hours per day for approximately four years. Nearly the entire new replacement hospital building would be located within 100 feet of the western property line and the abutting residences on 27th Street, Guerrero Street and Cesar Chavez Street. Therefore, all replacement hospital construction activities would occur within 100 feet of these noise-sensitive residences. According to the analysis in the DEIR, all of these homes would likely still be subject to noise levels exceeding 80 dB even with the identified mitigation up to 13 hours per day for approximately four years or more. These construction noise effects clearly amount to a significant unavoidable impact requiring recirculation and evaluation of alternatives to the proposed project that would move the replacement hospital at least 100 feet away from sensitive residential uses immediately adjacent to the construction site.

101-34 NO

The DEIR evaluation of construction noise impacts at the Cathedral Hill campus says a City permit would be needed for nighttime construction and obtaining the permit would make the impact less than significant. However, the issuance of a permit would not avoid or reduce the physical impact and the adverse health effects experienced. The DEIR should correctly disclose this impact as significant and unavoidable. Would there be a possibility of nighttime construction at the St. Luke's campus? If so, that must be disclosed and evaluated.

Page 4.6-53: There is insufficient evidence to demonstrate the effectiveness of mitigation measure M-NO-N1 in reducing construction noise levels to within City Noise Ordinance levels. The mitigation measure contains vague and unenforceable language that renders it ineffective, such as "as far as feasible," "for extended periods," "best available," "where feasible." Mitigation measure M-NO-N1b, community liaison, calls for reoccurring complaints to be evaluated by a qualified acoustical consultant. However, reoccurring is not defined and would presumably be left to the construction contractor or CPMC to define. Measure Nc says that noise may "exceed standards and result in complaints," yet action would only be taken if there are complaints, presumably reoccurring complaints, at each individual construction phase. If these mitigation measures cannot be shown to be effective, they may not be relied upon to reduce impacts in the impacts analysis.

101-35 NO

Pages 4.6-74 through 4.6-79: Each noise source (increases in traffic, stationary equipment, air handling equipment, cooling towers, emergency generators and exhaust fans, parking garage activities, passenger and shuttle drop-offs, loading dock and delivery activity, bulk liquid oxygen delivery, waste disposal activity, and ambulance entrance/exit activity) was considered individually. The DEIR omits evaluation of the additive noise levels of all of these new and additional noise sources together. This piecemeal approach substantially underestimates the noise impacts of the project and

101-36 NO

represents an inadequate evaluation under CEQA. This evaluation must be revised to consider the aggregate impacts of these noise sources. 101-36 NO

Page 4.6-77 and 4.6-78: The DEIR assumes that, except for sirens, emergency department and ambulance entrance/exit noise would be the same as typical parking lot noise. This is an inappropriate assumption. Ambulance entrance/exit noise is different than typical parking lot activity in terms of the size and type of vehicle, number of people, equipment, involvement of loud diesel vehicles, possible use of sirens, and frequency of activity, and also involves noise transmitted from the interior of the emergency department out the building doors. 101-37 NO

The DEIR states that the ambulance entrance/exit would be located across the street from residential uses, but ignores the immediately adjacent residential uses to the west on the same side of the street. The analysis must be revised to reflect these immediately adjacent residential uses.

The location of the emergency department and associated ambulance bay considered in the noise analysis (Figure 4.5-26) differs from the location shown in Figure 2-59, St. Luke's Campus-Proposed Site Plan, Figure 2-60, St. Luke's Campus Variant 1--Alternate Emergency Department Location, as well as Figures 2-63 and 2-64 (elevations), 2-68 and 2-69 (sections), and 2-71 and 2-72 (floor plans), and 2-77 (landscape plan), in Chapter 2, Project Description. Therefore, the analysis of noise impacts and the conclusion of less-than-significant impacts are based on incorrect plans. 101-38 NO

The DEIR states that sirens associated with the ambulance entrance/exit could result in a substantial increase in ambient noise levels above the City significance threshold of 8dB. But it does not state that this would be a significant impact. The mitigation measure calls for "implementing physical (e.g., equipment design) impact reduction measures related to stationary equipment and ambulance entrance/exit that are considered practical and feasible," and would reduce the impact to a less-than-significant level. However, the mitigation measures referred to (Mitigation Measure M-NO-N3 for the Davis Campus and Mitigation Measure M-NO-N3a for the Cathedral Hill Campus) include no mention of measures for ambulance noise. Thus, the mitigation measure is missing. This omission must be addressed by either a new mitigation measure or the identification of a new significant and unavoidable impact, both requiring recirculation of the DEIR. 101-39 NO

4.8 Greenhouse Gas Emissions

Page 4.8-32: The DEIR found that projected LRDP operational greenhouse gas ("GHG") emissions would exceed the Bay Area Air Quality Management District ("BAAQMD") significance thresholds and would therefore represent a significant impact. The DEIR notes that it is not likely that the energy reduction and sustainability measures intended for the project, but not accounted for in the GHG emissions modeling, would reduce GHG emissions below the BAAQMD significance thresholds, and that the impact would be significant and unavoidable. The DEIR neglects the City's obligation to identify and 101-40 NO

evaluate the effects of feasible mitigation measures to reduce GHG emissions. CEQA requires that a Lead Agency implement all feasible mitigation measures to reduce a significant impact, even if it concludes that the impact would be significant and unavoidable even after mitigation. Accordingly, the DEIR must be revised to include additional mitigation measures for this impact and recirculated. 101-40 GH

4.9 Wind and Shadow

Page 4.9-18: The wind and shadow significance criteria are too narrowly applied to public areas. The wind and shadow significance criteria must be modified to consider wind and shadow effects on adjacent sensitive residential uses. 101-41 WS

Page 4.9-30: The DEIR fails to consider the effects of wind on the rear yard open space of adjacent residences as well as interior living areas when windows are open, as well as these effects as a contributing factor to the land use character/compatibility and plans and policies consistency impacts discussed in DEIR Section 4.1. 101-42 WS

Page 4.9-56: The DEIR fails to consider shadow impacts on the rear yard open space of adjacent residences as well as these effects as a contributing factor to the land use character/compatibility, plans and policies consistency, and aesthetics impacts discussed in DEIR sections 4.1 and 4.2. It must be revised to consider such impacts. 101-43 WS

6. Alternatives

General: The alternatives evaluated in the DEIR are city-wide LRDP alternatives. Pursuant to CEQA, the DEIR must also consider project-level alternatives specific to the St. Luke's campus that would address identified significant impacts and, especially, identified significant and unavoidable impacts at the St. Luke's campus, including the potentially significant impacts of the replacement hospital on adjacent residential uses to the west. Alternative site plans, development intensities and activities at the St. Luke's campus are too inflexibly tied to the broader LRDP and thereby too readily dismissed. Therefore, the DEIR does not present a reasonable range of alternatives as required by CEQA. 101-44 ALT

Blue Ribbon Panel Options: In 2008, San Francisco Supervisor Michela Alioto-Pier and Mitch Katz, M.D., director of San Francisco's Department of Public Health, convened a 'blue ribbon' panel of experts to look at the health care needs of San Francisco, and in particular the role that St. Luke's plays in meeting those needs. The Blue Ribbon Panel recommended that the CPMC Board consider Option 5 (building over San Jose Street) and Option 3 (the 1912 Building and preserving the chapel and tree), with a preference for Option 5, because it better met identified value criteria: continuity of service to patients, low neighborhood impact, an accessible and welcoming presence, and lowest life cycle costs. In public hearings, CPMC has repeatedly claimed that it is following all of the Blue Ribbon's recommendations, and its Board formally resolved to follow the BRP's recommendations. Nevertheless, and despite an associated long public process 101-45 HC

involving dozens of stakeholder groups and an implied overall environmental impact-reducing objective, neither of the "blue ribbon" options was evaluated in the DEIR. As was recommended by the Blue Ribbon Panel, these alternatives should be thoroughly evaluated in the DEIR as a means of understanding project impacts and reducing or avoiding potentially significant impacts on the adjacent residential neighborhood to the west and south.

101-45 HC

Code-Complying Alternative: A code-complying alternative for the St. Luke's campus would limit the height and bulk of the replacement hospital and thereby avoid or reduce the potentially significant impacts of the replacement hospital on adjacent residential uses to the west. The DEIR indicates that a code-complying alternative for the St. Luke's Replacement Hospital was not evaluated because it would limit the number of licensed operational acute-care beds to 34, down from the 60 existing beds, and thus would not meet the objective of providing a community hospital to the same extent as the proposed LRDP. However, the code-complying alternative did not consider providing additional replacement beds within code-complying structures elsewhere on the campus. Additionally, the DEIR should evaluate a code-complying alternative for the St. Luke's campus alone, so that its feasibility is not unnecessarily contingent upon the feasibility of code-complying development at the Cathedral Hill campus and the other campuses.

101-46 ALT

No Medical Office Building Alternative: The DEIR should evaluate an alternative with no new medical office building and the construction of the St. Luke's Replacement Hospital where the new medical office building is proposed. The existing 60 licensed operational acute-care beds could be temporarily provided at the Cathedral Hill campus and/or the other three campuses to maintain continuum of care. CPMC has acknowledged that the new medical office building may not be built due to a possible lack of sufficient hospital use or market demand for medical office space at the St. Luke's Campus. This strong possibility requires an evaluation of the potential impacts of the LRDP without the new medical office building. It also presents an opportunity to evaluate a feasible location for the replacement hospital that would avoid or reduce the potentially significant impacts and unavoidable significant impacts of the replacement hospital on adjacent residential uses to the west.

101-47 ALT

Modified Campus Alternative: The DEIR should evaluate an alternative that involves expansion of the St. Luke's campus west to Guerrero Street through CPMC acquisition of the existing residential development between 27th Street, Guerrero Street and Cesar Chavez Street. This alternative would be comparatively feasible and would avoid the significant impacts on these homes.

101-48 ALT

Alternative 3A: The DEIR evaluates an Alternative 3A, which would move the women's and children's center and an associated 160 beds from the Cathedral Hill campus to the St. Luke's campus. This alternative appears to have considerable support in the community around the Cathedral Hill campus, as well as more broadly in the city. The deficiencies of the DEIR described in the foregoing comments with respect to analysis, determination of significance, and mitigation of land use compatibility, plans and policies

101-49 ALT3A

consistency, visual character, traffic, noise and vibration, light, wind, and shadow impacts are carried over into the evaluation of Alternative 3A.

The DEIR should evaluate a modified Alternative 3A that includes expansion of the St. Luke's campus west to Guerrero Street through CPMC acquisition of the existing residential development between 27th Street, Guerrero Street and Cesar Chavez Street. This comparatively feasible modified alternative would avoid and reduce significant impacts at the Cathedral Hill campus, and would allow more room for a site plan and building configuration that minimizes impacts on remaining homes on the south side of 27th Street, San Jose Avenue and Duncan Street. 101-49 ALT3A

Replacement Hospital at Existing Location: The DEIR should evaluate an alternative that involves demolition of the existing hospital tower and construction of a replacement hospital in the same location. This alternative would be comparatively feasible and would avoid or reduce the potentially significant impacts of the replacement hospital on adjacent residential uses to the west. The existing 60 licensed operational acute-care beds could be temporarily provided at the Cathedral Hill campus and/or the other three campuses to maintain continuum of care. The existing surface parking lot west of San Jose Street could continue to be used for employee parking. Or the medical office building included in the proposed LRDP could be developed on the existing surface parking lot west of San Jose Street, and thereby avoid 24-hour emergency department and loading area operations, with associated noise, lighting, visual and traffic impacts at that location. Alternatively the portion of the campus west of San Jose Street could be developed with residential uses consistent with the RH-2 zoning and compatible with existing adjacent residential uses. 101-50 ALT

Lower Impact Emergency Department and Loading Area Location: The DEIR should evaluate alternative locations for the emergency department and loading area, two aspects of the replacement hospital that are particularly incompatible with the adjacent residential uses. This alternative would avoid or reduce some potentially significant impacts and potentially unavoidable significant impacts of the replacement hospital on adjacent residential uses to the west. The DEIR should evaluate leaving San Jose Street open so ambulance access and loading could occur away from neighboring sensitive residential uses, thereby avoiding safety conflicts between vehicles, pedestrians and bicyclists on Valencia Street and Cesar Chavez Street, and impacts of loading space on traffic flow, pedestrians and bicycles along Cesar Chavez Street. The DEIR should also evaluate location of both emergency and loading access on Cesar Chavez Street. 101-51 ALT

Sincerely,
MOSCONE EMBLIDGE & SATER LLP

Rachel J. Sater

cc: Mark Farrar
Lost Block
San Jose/Guerrero Coalition to Save Our Streets
Hon. David Campos, Board of Supervisors

Letter 102

October 19, 2010

Bill Wycko, Environmental Review Officer
San Francisco Planning Department
1650 Mission Street, Suite 400
San Francisco, CA 94103

Subject: Comments on Draft Environmental Impact Report,
California Pacific Medical Center (CPMC) Long Range Development Plan
Planning Department Case # 2005.0555E
State Clearinghouse # 2006062157

Dear Mr. Wycko:

Thank you for the opportunity to comment on the subject Draft Environmental Impact Report (DEIR) for the California Pacific Medical Center (CPMC) Long Range Development Plan. CEQA, a law which emphatically provides for involvement the general public in assessment and mitigation of the impacts of development projects, affords the general public a rightful "place at the table" in the City's consideration of this Project. I hope and expect that the City, in response to these comments, will continue to closely include the public in further evaluation of the Project's environmental impacts, and in structuring alternatives to and/or mitigation for those impacts.

Background

Our comments are directed at how [1] constructing and [2] operating the new Cathedral Hill Campus will affect our property located at 1033-37 Polk Street [adjacent to the proposed Medical Office Building, see enclosed map]. 1033 Polk Street is the street-level commercial floor of a two-story building owned by Ron Case and Carolynn Abst. Our firm, Case+Abst Architects, is located at 1033 Polk Street. 1037 Polk Street is the second floor above 1033 Polk, and is the only residence of Ron Case and Carolynn Abst. Thus we, Ron Case and Carolynn Abst, occupy the entire building of 1033-37 Polk Street on a 24-hour basis, 7 days a week.

102-1 OTH

Our comments are directed at the environmental [and economic] impacts as described in CPMC's draft Environmental Impact Report, published July 21, 2010. The comments listed below are related to the following draft E.I.R. impacts: [most with "significant impact" listing]

Comments

4.5 Transportation and Circulation
- Impact TR -1 thru 2
- Impact TR- 3 thru 7
- Impact TR-9 thru 17
- Impact TR-30 thru 31
- Impact TR-34 thru 35
- Impact TR-37 thru 39
- Impact TR-44 thru 45
- Impact TR-51
- Impact TR-55 thru 57
- Impact TR-101 thru 103
- Impact TR-108 thru 109
- Impact TR-113 thru 115
- Impact TR-116 thru 118

Impact TR-120 thru 124
Impact TR-133 thru 147
Impact TR-152

4.6 Noise
Impact NO-1 thru 5

4.7 Air Quality
Impact AQ-1 thru 14

4.9 Wind and Shadow
Impact WS-1 thru 2

4.12 Utilities and Service Systems
Impact UT-1 thru 4
Impact UT-6

4.15 Hydrology and Water Quality
Impact HY-3

4.16 Hazards and Hazardous Materials
Impact HZ-1

102-1 OTH

I. Comments directed at the <u>construction effects</u> to our health and property:

A. We have one operable window on our 1st [office] floor for fresh air/air circulation for the entire office. The operable window is adjacent to new MOB site.
In summary, we are seriously concerned about:
1. The loss of the use of this window due to construction dust. [health issue]
2. The loss of the use of this window due to construction noise. [health and work issue]
3. The loss of the use of this window in order to keep out exhaust fumes from construction truck traffic and trucks and vans idling while waiting to be sequenced into the construction site for pick-up or delivery of materials. [health and work issues]
4. The loss of ventilation to the conference room and office in general. [health and work issue]
5. Uncomfortable raised temperatures at interior spaces due to the need to close this window due to noise and dust and exhaust fumes. [health and work issue]
6. The loss of natural light to the conference room due to the amount of construction dust on the window. [health issue]
7. The loss of natural light due to new MOB height. [health issue]

102-2 AQ

102-3 WS

We are also concerned with the conclusions contained throughout the draft EIR's Air Quality section with respect to the Cathedral Hill project. Generally, it appears that the conclusion that a number of the impacts will be reduced to a less than significant level appears cursory and based on impacts over a larger region. Our property's location on Cedar Street will result in a number of these "less than significant" impacts still having potentially significant impacts on our health, our business and our property.

102-4 AQ

For example, mitigation measures for Impact AQ-1 and AQ-8 identify actions to reduce fugitive dust before trucks leave the Cathedral Hill MOB construction site. Although this dust reduction could potentially reduce overall impacts for the area, the actions do not appear to reduce those impacts for residences and businesses located in immediate

proximity to construction sites. It appears that the majority of the fugitive dust reduction measures would not lessen the impact to properties in close proximity to the construction sites, but rather only for those potential impacts realized from trucks transporting the fugitive dust.

102-4 AQ

Further, we are concerned with the prevalence of a conclusion that there are significant, yet unavoidable impacts without a thorough consideration of mitigation measures or alternatives. For example, Impacts AQ-2, AQ-3, and AQ-9 through AQ-11 state that there are significant, but unavoidable impacts, mostly due to the uncertainty of equipment availability. There does not seem to be evidence that CPMC fully explored all if its options to mitigate potentially significant impacts.

102-5 AQ

These conclusions are particularly concerning given the location of our property. Not only is our property directly across the street from the future Cathedral Hill MOB construction site, it is also downwind of the majority of the Cathedral Hill construction. As a result, all significant air impacts will directly affect our business and residence. Further, as mentioned above our business has one operable window on the Cedar street level that provides the entire office with ventilation. We do not have an internal air circulation system. We rely on the natural wind patterns to provide air circulation for the business. As a result, all potentially harmful air pollutants would be carried into our business. Given the potential harmful effects of the air quality impacts, the apparently small amount of mitigation measures for these significant but unavoidable impacts is troubling for our health and business.

102-6 AQ

B. Our office windows are not acoustical. The construction noise will penetrate our working areas, making it hard to concentrate, talk on the phone, and communicate within the office. In other words, difficult to perform daily office functions. [health issue; also see attached noise report and noise article]

102-7 NO

In additional, the DEIR at Table 4.6-20 identifies significance thresholds as an increase existing ambient noise by 5 db or greater when existing ambient noise is less than 60 db and an increase of 3 db when existing ambient noise exceeds 60 db. In addition, the significance criteria identifies that the project could have a significant effect on noise if it would result in substantial permanent increase in ambient noise levels in the project vicinity above levels existing without the project or result in substantial temporary or periodic increase in ambient noise levels in the project vicinity above levels existing without the project.

The proposed construction of the Cathedral Hill Hospital and MOB would begin in early 2011 and would continue for approximately 4-1/2 years; the demolition time period would be 6-9 months; the excavation time period would be 5-6 months; the foundation work would take another 3-6 months; and the structural work would take an additional 16-18 months. The DEIR notes that the excavation and hauling associated with the Medical Office Building would involve 92,000 cubic yards excavated from the Medical Office Building site. Thus, the EIR concludes the loudest construction noise at the Cathedral Hill campus would occur in the first 11-15 months of construction. Table 4.6-22 indicates that the ambient existing noise level near our property is 66 db and would increase to 83 db, an increase of 17 db during demolition, excavation, and construction noise. Similarly, property close to ours would increase from 65 db to 75 db, or an increase of 10 db during that same time period. The EIR also acknowledges the maximum noise level generated by project construction activities at the exterior of these land uses could be up to 87 db.

102-8 NO

In addition, the EIR identifies that CPMC is proposing a second construction shift during the demolition and excavation phase at the MOB and Hospital. This second shift would be from 4 p.m. to midnight, Monday through Friday. This second shift would be proposed for

demolition and excavation, foundation and structural stages, and welding activities – again, extending years into the construction time period. The DEIR further acknowledges that in summary, the proposed construction would create noise that would be out of compliance with noise levels for daytime construction established by the San Francisco Noise Ordinance and would also be out of compliance for the proposed second shift nighttime construction.

The DEIR does contain some mitigation measures in an attempt to modify noise to a level of less than significant. These mitigation measures, and, specifically, M-No-N1C, involve the subsequent preparation of a construction noise management plan. This Construction Noise Management Plan should have been part of the EIR that has been circulated and made available for public comment. The proposed Construction Management Plan anticipates that if noise levels do actually exceed City noise standards, that the Management Plan and the retained consultant would review and approve additional mitigation measure to minimize prolonged sleep disturbance. The efficacy of these mitigation measures is, however, not able to be reviewed since the actual mitigation measures and the actual implementation of those measures have not been analyzed in this document. CEQA requires that all appropriate mitigation measures be fully analyzed as part of the EIR and not improperly delayed especially for the "project" level component of this development, which includes the hospital and MOB. 102- 8 NO

C. The access to our parking is in Cedar Street [bordering the MOB site]. Our access to and from will be limited and interrupted due to construction material, deliveries, trucks, etc. [work and living issue] 102-9 TR

D. With the daily construction activities and equipment having to pass our office [and residence] constantly we will be subject to loud noises, traffic congestion, vehicle emissions, debris, and dirt. [health issue] 102-10 AQ

E. Construction will result in vibration levels near our building that reach 82 (VdB) which the DEIR identifies as exceeding human annoyance thresholds and characterizes as a significant and unavoidable impact. (See Table 4.6-35) [health issue] 102-11 NO

E. With construction trucks and equipment moving throughout our drive areas we will be subject to construction debris all along area building and drive. [health and work issue] 102-12 AQ

F. The entire building is a major economic investment for us; the building will be coated with construction dirt and dust, damaging the finishes [roof, walls and windows] and hastening the durable life of the building and its components. [economic issue] 102-13 AQ

G. Even with shuttles being available for construction workers, they will need to drop off their equipment and tools at the site. This additional traffic noise, vehicle exhaust, and dirt will be a burden placed on our office, the employees, and our residence. 102-14 TR

H. There are no catch basins [storm and sewer inlets] at the corner of Polk and Cedar Street. Cedar Street slopes down from Van Ness to Polk. Construction water used to clean equipment, etc. will pond at our corner, next to our building entry, and construction detritus will be walked into our office and residence. We have seen this occur when other buildings along Cedar Street have undertaken construction projects, and we have had to involve DPW and owners to mitigate the mess. [This is a major health and work issue] 102-15 HY 102-16 AQ

I. As construction progresses, Cedar Street will become blocked at times and the paving will become torn up. This is our only means to get to our garage. We will have to endure five years of delays and accelerated wear and possible damage to our car. 102-17 TR

J. We are concerned with day and night security, not only within the construction site but all along the block. We need 24 hour security to prevent graffiti, vandalism and homeless encampments. 102-18 OTH

II. Comments directed at the long term affects to our health and property:
[Once Hospital and MOB are occupied]

A. With entry and exit of the MOB parking less than 50 feet away from our parking entry we will experience long waits and traffic congestion to get in and out of our own garage. The garage is use throughout the day and evening. This problem will be greater if the queue areas for cars entering the MOB parking garage on Cedar are inadequate. The DEIR fails to contain an adequate analysis of the required queuing space for the Cedar entrance. 102-19 TR

If the MOB parking is open in the evenings we will experience this problem continually.

B. If the MOB parking is open in the early morning and evening we will be forced to endure noise throughout the entire day. If the evening use is allowed we will be forced to the noise of people coming and going to their cars, plus the car noises and emissions. 102-20 NO

In addition to the construction noise, the operation of the hospital and the MOB will also significantly increase traffic noise. Specifically, the EIR notes that the increased traffic volumes could result in a noticeable 3 db or greater increase in traffic noise along roadways on or near the campus. The EIR further notes that the LRDP-related traffic noise would result in a noticeable 3 db or greater increase in the ambient traffic noise levels along Cedar Street between Polk and Van Ness. This increase would likely be perceivable to existing nearby noise sensitive receptors, such as our residential and commercial building. 102-21 NO

The actual net increase in db is an amazing 10.3 from the baseline existing condition of 52 along Cedar to a proposed cumulated plus project of 62.3. The 10.3 increase violates existing City policy, which provides that increases in ambient noise of 5 db are considered significant impacts. There is a brief discussion in the EIR which suggests that the ambient noise level along Cedar Street is actually higher than the amount recorded during the noise analysis of 52 db as a result of noise flowing from Van Ness and Polk Streets down and along Cedar Street. Because of this noise that originates off different streets, the DEIR asserts that the actual increase along Cedar Street is approximately 2 db. Thus, the DEIR requires no mitigation for this 10.3 db increase in the ambient conditions. The DEIR should have identified mitigation measures that would have been applicable to minimize the impact of the 10.3 actual increase in db along Cedar Street. 102-22 NO 102-23 NO

In addition, the DEIR discusses noise from stationery equipment. Specifically, the DEIR indicates that on-site sensitive receptors, such as our home and our business, which do rely on windows for ventilation, would experience a significant impact in that the resulting stationery noise for our property would be in excess of 45 db as the sound attenuation that would occur would be 15 db from the 70 db that is anticipated and identified at the property lines for the proposed Cathedral Hill campus. The DEIR should include mitigation for this significant effect on our property. 102-24 NO

C. With the MOB deliveries shown to be next to the parking entry this will be an additional traffic, noise and exhaust issue. This renders our few operable windows unusable. This problem will be magnified because the DEIR identifies that the loading space demand for 102-25 NO 102-26 TR

the MOB is 4 spaces and the available supply is only two spaces. The DEIR asserts, with no data to support the assertion that this situation will be mitigated by scheduling deliveries and by parking on street when necessary. The on street parking will only further amplify the traffic and exhaust impacts near our property. 102-26 TR

D. The amount of car and truck traffic next to our building, stopping and starting, trying to pull out on to Polk Street, will, overtime damage our exterior finishes [roof, walls and windows. 102-27 TR

E. As with all hospital campuses, there will be cars circling the neighborhood waiting to pick up, drop off, and/or looking for parking. A major part of the neighborhood circling will be down Cedar Street, at our building. The situation will be exacerbated by the significant and unavoidable impact at intersection of Polk and Geary near our office. Again, a major health and noise issue. 102-28 TR

F. We currently have two parking spaces in front of our building. It is proposed that one of these spaces be eliminated, for visibility reasons. This will be a negative impact on our business due to reduced client parking availability. 102-29 TR

G. The ten story building height of the MOB will greatly reduce the natural light to our building, thus negatively affecting our work and living environment. 102-30 WS

The existing buildings near our property and proposed for demolition to construct the MOB contains two- and three-story buildings that are up to 40 feet in height. The proposed MOB will place a nine-story building of approximately 169 feet in that location. This proposed MOB will drastically alter the sun and shadow patterns for businesses and residences on Cedar Street and Post Street. The shadow fan analysis reveals that the MOB will cast shadows on significant portions of Cedar Street between Polk and Van Ness during all seasons except the summer equinox. Additionally, the analysis predicts that Cedar Street will be entirely covered in shadows during the afternoon in all seasons except the summer equinox. This loss of sun exposure would significantly impact our property. 102-31 WS

The shadow fan analysis is troubling as our property would lose a significant amount of sun exposure. Our property contains numerous windows along Cedar Street due to its south-facing orientation. Sun exposure is critical not only for economic function, as it encourages pedestrian activity, but it also affects physical and mental health. Scientific studies have demonstrated the importance that natural sun exposure serves. We are very concerned that the proposed MOB would result in placing our residence and business in shadows for the majority of the year. The intent of San Francisco Planning Code Section 295 (the Sunshine Ordinance) is to protect sunlight in open spaces. Even though Cedar Street does not encompass open space within SFPRD's jurisdiction, the proposed project would nonetheless drastically impact the sidewalks of our neighborhood, which are the public areas within San Francisco that we and our clients utilize the most. 102-32 WS

The loss of sunlight along Cedar Street is even more troubling, given the fact that the wind analysis in the DEIR anticipates an increase of wind at Cedar and Van Ness beyond the pedestrian comfort level from 16% to 21%. The combination of loss of sun and increase of wind along Cedar will drastically change the character and comfort of Cedar Street. Even though the DEIR asserts that the impacts are less than significant for the study area, these impacts are significant for those properties within the immediate area of the MOB. 102-33 WS

H. Because we will be in a hospital zone parking for our clients will be very difficult and deter clients from coming. 102-34 PH

I. We are concerned about the continuing health issues surrounding hospitals and medical facilities. We are concerned that the emissions and discharges from the 102-35 HAZ

building will be a health hazard. We occupy the building 24 hours a day, 7 days a week. Small amounts of hazardous materials over a long period can be a major health issue.

102-35 HAZ

Health studies of the neighborhood surrounding UCSF has shown that there is a larger percentage of health related issues than outlining neighborhoods. Then there is the issue of hospital patience contracting infections and diseases while in the hospital. Some of this must carry outside the medical facility.

102-36 HC

III. Comments related to proposed community recreational facility.

With regards to recreational impacts, the DEIR provides that the General Plan's Recreation and Open Space Element states that, "To the extent it reasonably can, the City should increase the per capita supply of public open space within the City." In addition, the Recreation and Open Space Element provides that the focus of the updated element includes "improving access to open space and prioritizing open space acquisitions and improvements in high need areas."

102-37 RE

As noted on page 4.10-28, the proposed Cathedral Hill campus location is identified in a high need area where the City seeks to provide new open space. While the DEIR indicates that the proposed Cathedral Hill campus would intensify the activity and uses on campus and could generate more trips to local nearby parks than under current conditions, the only additional park facilities provided as part of the Cathedral Hill campus are a privately owned, but publicly accessible, outdoor courtyard located on the fifth floor podium level of the hospital. There are also some additional public spaces that are referenced in the DEIR and that include different activity zones, but those spaces are not further defined in the DEIR.

While the DEIR concludes that the near-term project would result in an incremental increase in demand on nearby facilities associated with the proposed Cathedral Hill hospital and medical facility, the incremental increase in demand would not result in a need to expand the existing recreational facilities or construct new facilities or cause physical deterioration of nearby parks and open spaces. Notwithstanding these findings, we understand that CPMC is considering providing additional privately managed park space near the CPMC facility for the benefit of its employees and the adjoining area. The proposed location of the additional recreational facility may be constrained because of the unwillingness of the owner to sell the property. To that end, we recommend that CPMC look for other nearby adjacent property on which such a privately managed open space could be constructed.

102-38 RE

Proposed Additional Mitigation Measures:

Option #1

It is our belief that after review of the draft EIR and design documents the new hospital and MOB construction and operation will create an intolerable living and working condition. For our health and well being we would like to permanently move from our location. We would like help from CPMC for this endeavor.

102-39 OTH

Option #2

If option #1 is unachievable we would like the following mitigation measures provided based on our having to live and work with less than desirable conditions both during construction and after MOB and hospital occupancy:

1. **Health and Safety**
   A. For the duration of the construction pay for relocation of our office and residence with similar accommodations [size space arrangement and amenities]. Cost to include all rents and relocation expenses:
      [1] New office set-up [phones, stationery, packing & moving expenses, utilities, etc.]
      [2] Living arrangements similar to our current arrangement [packing & moving, utilities, etc.]
   B. At the completion of construction pay for all expenses associated with returning to our existing location.
   C. At the end of construction [and before moving back]
      [1] Provide for new acoustical windows [1" thick] and doors throughout. Provide for clear replaceable film on exterior of all first floor windows and doors.
      [2] Provide [design; equipment necessary and installation] of total air conditioning system for both 1st & 2nd floors. System[s] to have a superior filtration component.
      [3] Repair and paint the total exterior of the building [same paint and colors as existing].
      [4] Replace existing roof with like system
2. **Protection and Care of Property** [during construction]
   A. Secure existing building [1033-37 Polk] from vandalism and miscellaneous damage.
   B. Remove all graffiti within 24 hours
   C. Repair any damaged areas within a few days time.
   D. Protect and care for the 4 palm trees and ground cover on the exterior of the building.
3. **Use of Property [after construction]**
   A. Install metering lights at MOB parking exit on Cedar Street so that we can halt exiting traffic briefly while we inter or exit our garage.
   B. Provide four [4] free parking space in the MOB for our clients to use [with validation] at no cost to us.
   C. Establish a committee or group who will meet quarterly to work out conflicts and issues that arise. [Also, establish a person we can call at anytime to resolve matters that won't wait until our quarterly meetings.]

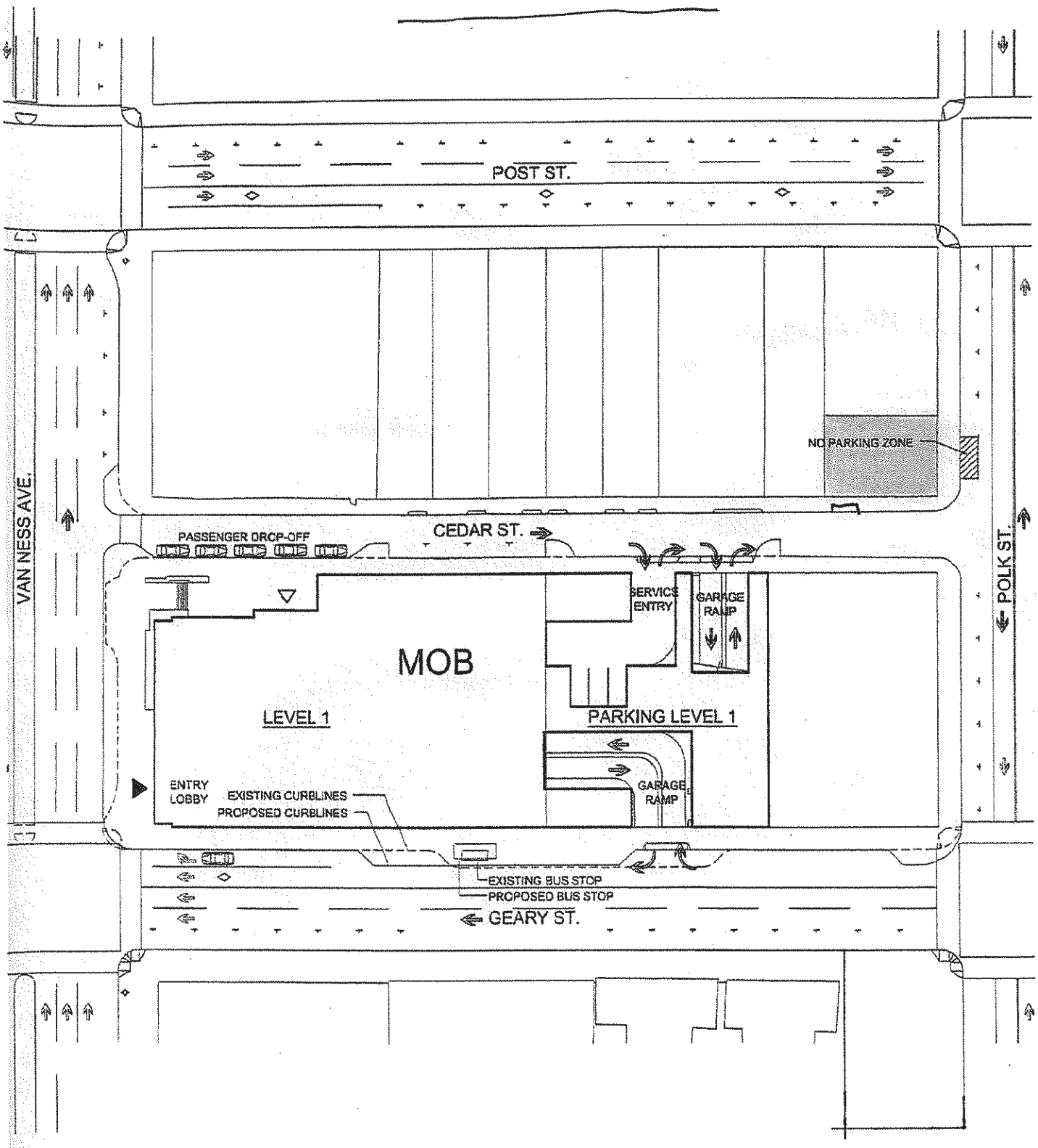
102-39 OTH

Sincerely,

Carolynn Abst

Ron Case

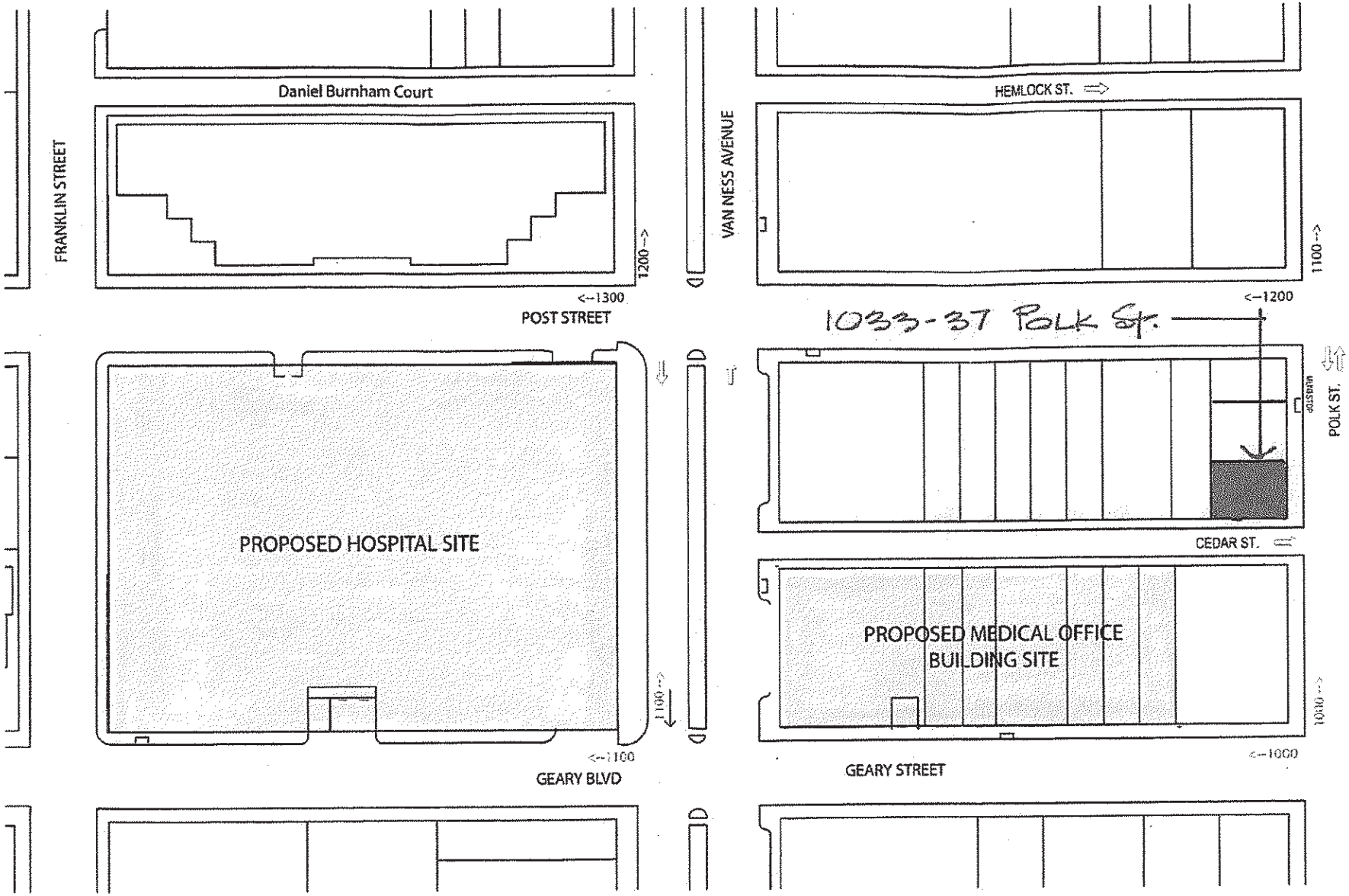
Attachment to Letter 102



NOTE : INFORMATION SHOWN ON THIS SITE PLAN REPRESENTS DESIGN INTENT ONLY. EXACT LAYOUT AND DIMENSIONAL INFORMATION WILL BE DETERMINED UPON DETAILED DESIGN & SURVEY VERIFICATION, APPROVALS AND FURTHER DEVELOPMENT OF SITE DETAILS.

Attachment to Letter 102

PROPOSED VAN NESS/GEARY CAMPUS SITE



Attachment to Letter 102

Lower Polk Neighborhood Traffic Noise Study
Study Report
July 6, 2010

Overview

During the 2009-2010 academic year, a UCSF School of Nursing student measured street noise levels in the Lower Polk neighborhood of San Francisco. The project was undertaken as part of an academic externship with Tom Rivard, Manager of the Health Hazard Assessment Group at the San Francisco Department of Public Health.

Methods

Sample: Twenty-four hour noise levels were measured at 5 locations (4 residential and 1 office) in the Lower Polk neighborhood. The sample was a convenience sample of residents who volunteered to host the recording equipment. Residents were recruited at the December 2009 meeting of the Lower Polk Neighbors, and through word of mouth.
Noise recording: Noise levels were measured using a calibrated noise dosimeter. The microphone of the dosimeter was suspended outside of a window opening of each residence, at the busiest availabe edge of the building. An audio recorder took a concurrent recording. The dosimeter measured the noise levels in 15-second average increments, while the audio recorder made a continuous recording that allowed the researchers to identify the sources of noise events.
Interviews: The five participants responded to structured interview questions regarding household demographics and experiences of traffic noise at their residences.
Research approval: Permission for the project was granted by the UCSF Committee on Human Research in February 2010. Consent was obtained from all participants.

Results

The dosimeter provided average 24-hour noise levels as well as average 15-second increment noise levels. The researcher used the audio tape to identify sources of noise for each 15-second increment that was 75 decibels or louder. (The researcher did not identify sources of noise 74.9 decibels or less.)

Location 1
Where: Outside of a 3rd story bedroom window on Polk Street between Bush & Pine.

When:	Saturday 3/6/10 to Sunday 3/7/10
Average 24-hr noise level (Leq):	**70.2 decibels**
Loudest 15-second increment:	97.2 dB at 1:51am, caused by an emergency vehicle (EV).
Total time > 75 decibels:	24 minutes
Source of noise > 75 decibels:	15 minutes by trucks, motorcycles, cars, other 9 minutes by EVs
Avg level of non-EV noise events:	77 decibels
Avg level of EV noise events:	86 decibels
Number of EV events:	18
Number of night EV events*:	7

Location 2

Where: Outside of a 2nd story living room window on Polk Street between Geary & Post.

When:	Saturday 4/16/10 to Sunday 4/17/10
Average 24-hr noise level (Leq):	**76.7 decibels**
Loudest 15-second increment:	106.0 dB at 4:09 am, caused by an EV.
Total time > 75 decibels:	128 minutes
Source of noise > 75 decibels:	103 minutes by trucks, motorcycles, cars, other. 25 minutes by EVs.
Avg level of non-EV noise events:	77.2 decibels
Avg level of EV noise events:	83.5 decibels
Number of EV events:	44 (included 5 EV events >100dB)
Number of night EV events*:	7

Location 3

Where: Outside of a 4th story window, recessed from Hyde Street, between California & Sacramento.

When:	Friday 4/30/10 to Saturday 5/1/10
Average 24-hr noise level (Leq):	**61.0 decibels**
Loudest 15-second increment:	84.0 dB at 8:01 pm, caused by an EV.
Total time > 75 decibels:	3 minutes
Source of noise > 75 decibels:	2.5 minutes by trucks, motorcycles, cars, other. 0.5 minutes by EVs.
Avg level of non-EV noise events:	78 decibels
Avg level of EV noise events:	79 decibels
Number of EV events:	4
Number of night EV events*:	0

Location 4

Where: Outside of a 3rd story bedroom window on Sutter Street between Polk & Larkin.

When:	Saturday 5/8/10 to Sunday 5/9/10
Average 24-hr noise level (Leq):	**70.0 decibels**
Loudest 15-second increment:	96.7 dB at 5:52 pm, caused by an EV.
Total time > 75 decibels:	40 minutes
Source of noise > 75 decibels:	34 minutes by trucks, motorcycles, cars, other. 6 minutes by EVs.
Avg level of non-EV noise events:	77.7 decibels
Avg level of EV noise events:	81.3 decibels
Number of EV events:	18
Number of night EV events*:	6

Location 5

Where: Outside of a 1st story office window on Post Street between Polk & Larkin.

When:	Tuesday 5/11/10 to Wednesday 5/12/10
Average 24-hr noise level (Leq):	**71.1 decibels**
Loudest 15-second increment:	96.0 dB at 5:21 pm, caused by an EV.
Total time > 75 decibels:	48 minutes
Source of noise > 75 decibels:	34 minutes by trucks, motorcycles, cars, other. 14 minutes by EVs.
Avg level of non-EV noise events:	77.8 decibels
Avg level of EV noise events:	84.0 decibels
Number of EV events:	34
Number of night EV events*:	13

* 11:00 pm to 7:00 am.

Interview Results

Below is a sample of responses from a structured interview with the resident of each noise monitoring location.

- Do you ever keep your windows closed on hot nights due to noise?
  Yes: 3 of 5 No: 2 of 5.
- How often (if ever) is your sleep disturbed by noise?
  Every night: 1 of 5
  2-3x/week: 2 of 5
  Weekly: 1 of 5
  N/A (business): 1 of 5.
- How does noise rank in comparison to other concerns you have about your neighborhood.
  Top concern: 1 of 5
  3rd or 4th: 4 of 5

- "I think that on a long term basis, (the road noise) isn't good. It makes you more agitated and more anxious."
- "I feel really defeated about the noise problem… It creates excruciatingly high levels of physical stress."

Discussion

While most community noise data is based on computerized noise models, this data provides empirically obtained data. This study provides exterior noise level data for four residential and one commercial locations in the Lower Polk neighborhood. The 24 hour noise levels varied widely, from 61.0 dB at the quietest location to 76.7 dB at the loudest location. Three of the locations (1, 4, and 5) had average levels between 70.0 and 71.1 decibels. This suggests that many residences with windows on main streets in the Lower Polk experience average levels around 70 dB of noise daily. Noise levels at the loudest location (76.7dB) were likely influenced by proximity to two major streets, the fire station, and a homeless shelter. Noise

levels at the quietest location (61.0dB), on the other hand, were likely influenced by the recession of the window from the street and the height of the window at the 4th story.

According to the World Health Organization, exposure to average environmental noise levels greater than 55 decibels causes annoyance, and long term exposure to levels greater than 65 decibels may have cardiovascular effects (WHO 1999). The WHO recommends levels of 45 decibels or less at night to ensure good sleep (WHO 2009). Four of the five locations measured exceeded these levels.

In all of the locations, the majority of loud moments were caused by trucks, motorcycles, and cars driving by. However, the peak noise moments were caused by emergency vehicles.

Limitations of the research

The audio tape enabled the researcher to identify general categories of noise sources, such as cars and trucks driving by; car alarms; people yelling; and emergency vehicle sirens. She did not break these categories into more specific sources, such as a truck engine versus a motorcyle engine, or an ambulance's siren versus a fire truck's siren. Additional research using video would be necessary to identify sources with more specificity.

The sample was a convenience sample, and was not random. There is likely selection bias present in the sample, as those that volunteered are those who were concerned about noise levels. However, these locations were likely representative of other housing units with windows facing major streets in this area.

Furthermore, the research does not account for the temporal factors that may influence noise levels, such as the weather, the day of the week, or the time of the month. For example, some residents anecdotally noted that they notice more noise at the beginning of the month, while others noted that foggy nights tend to be quieter.

The samples were measured at the exterior of windows. Well-insulated windows and walls can dramatically decrease interior noise levels. However, most of the housing stock is not well insulated, and in San Francisco's temperate climate, leaving windows open is sometimes necessary and desirable for climate control. Therefore, exterior noise levels are important indicators of interior levels.

About the researchers

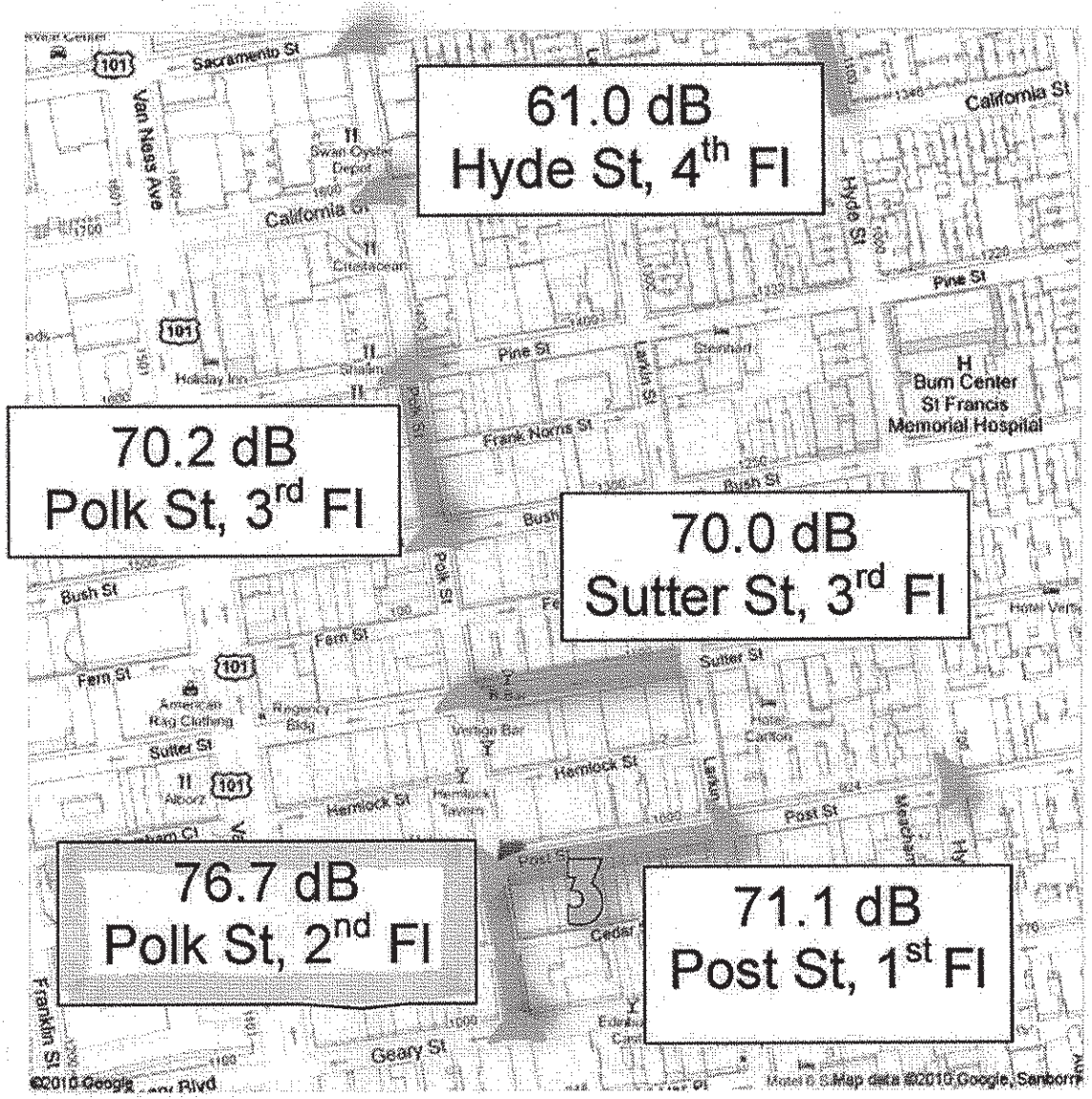
This study was undertaken to measure noise levels from residential locations and to identify sources of noise to the extent possible. The research was undertaken by Elisabeth Goldstein, RN, an MS student at the UCSF School of Nursing, Department of Occupational and Environmental Health. Her preceptor for this research was Tom Rivard, Manager of the Health Hazard Assessment Group at the San Francisco Department of Public Health, who also provided the noise dosimeter. The Principal Investigator was Dana Drew-Nord, faculty member at the UCSF School of Nursing.

References

World Health Organization. (1999). *Guidelines for Community Noise.* Berglund, B., Lindvall, T., & Schwela, D, (Eds). Retrieved from http://www.who.int/docstore/peh/noise/guidelines2.html

World Health Organization Regional Office for Europe. (2009). *Night Noise Guidelines for Europe.* Hurtley, C. (Ed.) Retrieved from www.euro.who.int/document/e92845.pdf.

Figure 1: Map of Monitored Locations and 24-hour Average Noise Levels



Attachment to Letter 102

What is a decibel, and how is it measured?

Browse the article What is a decibel, and how is it measured?

What is a decibel?

Up Next

- How Surround Sound Works
- How Speakers Work
- Discovery.com: Hearing

The **decibel** (abbreviated **dB**) is the unit used to measure the intensity of a sound. The decibel scale is a little odd because the human ear is incredibly sensitive. Your ears can hear everything from your fingertip brushing lightly over your skin to a loud jet engine. In terms of power, the sound of the jet engine is about 1,000,000,000,000 times more powerful than the smallest audible sound. That's a big difference!

On the **decibel scale**, the smallest audible sound (near total silence) is 0 dB. A sound 10 times more powerful is 10 dB. A sound 100 times more powerful than near total silence is 20 dB. A sound 1,000 times more powerful than near total silence is 30 dB. Here are some common sounds and their decibel ratings:

- Near total silence - 0 dB
- A whisper - 15 dB
- Normal conversation - 60 dB
- A lawnmower - 90 dB
- A car horn - 110 dB
- A rock concert or a jet engine - 120 dB
- A gunshot or firecracker - 140 dB

You know from your own experience that distance affects the intensity of sound – if you are far away, the power is greatly diminished. All of the ratings above are taken while standing near the sound.

Any sound above 85 dB can cause **hearing loss**, and the loss is related both to the power of the sound as well as the length of exposure. You know that you are listening to an 85-dB sound if you have to raise your voice to be heard by somebody else. Eight hours of 90-dB sound can cause damage to your ears; any exposure to 140-dB sound causes immediate damage (and causes actual pain). See this page for an exposure "ruler."

Attachment to Letter 102

HEALTH SPOTLIGHT

Mother nature's stealthiest brain boosters

THE YOU DOCS

Mehmet Oz, M.D., and Michael Roizen, M.D.

For a razor-sharp brain, less may be more. Yup, flexing your gray matter daily — with a class in conversational Esperanto or after-dinner Sudoku tournaments — may help you reach 81 with a brain like an 18-year-old's (but without so many of those thoughts). But to keep your memory young, your neurons also crave a few deceptively simple "growth factors" that need to be more common than ivory-billed woodpeckers.

One of these factors happens when you do something deceptively simple: unplug. Researchers speculate that being constantly connected to digital devices deprives your brain of the downtime it needs to process information and consolidate memories. In lab studies, rats need breaks to form strong memories of new places they explore. You may, too. It's another reason to turn off your iPhone at dinner, leave your BlackBerry behind when you take a walk and disconnect from the Internet frequently on nights and weekends (except when you're checking out our latest tips on RealAge.com and DoctorOz.com, of course!).

Here's how to get four more stealthy brain boosters off the endangered species list and back into your life:

Less noise, more silence. Noise ages even 19-year-old brains. Loud noises during the night (planes, trucks, trains, the party next door) can disturb deep, restorative sleep enough to make your reaction times "old" in the morning.

Try running a white noise machine to muffle disruptive noises at night. Exposure to high-decibel sounds causes blood pressure and stress hormones to surge, and both can be major brain agers. If you work in a noisy environment (factories, construction), wear a protective headset (hey, they even look cool). Cover your ears if a loud noise erupts near you (jackhammer, siren, low-flying jet, vuvuzelas).

And when you've got to focus, turn off the radio and shut the door. Your brain's less able to screen out distracting sounds with age, making sharp thinking and recall more of a challenge if you're trying to balance the checkbook while listening to the ballgame.

Less artificial light, more natural light. Sun salutations aren't just for yoga class. When your prehistoric ancestors peeked out of their caves each morning to check for saber-toothed tigers, that first burst of natural light woke up the sweet spot deep in their brains — and yours — that's responsible for daytime alertness.

Greeting the day gets your brain in gear, boosting your ability to concentrate and turn out stellar work. The light bulb over your bathroom mirror can't do this. It takes intense blue light, a wavelength so far found only in Mother Nature's home-made morning light.

Scientists are working on artificial versions; there's early evidence that exposure to extremely bright blue-white light may reverse dementia and depression. For most, a few minutes of natural morning light may be all you need to feel bright-eyed and bushy-tailed.

Less stuffy/smelly air, more fresh breaths. You spend 90 percent of your time indoors, where stale air causes mental fatigue and even some diseases. The cause? Anything from mold or mildew to substances released by fresh paint, new carpet, cleaning products and artificial smells — including, disturbingly, some air fresheners.

The fix? Choose scent-free products. Open your windows regularly, open vents on air conditioners, and ventilate well when using cleaning products, scented sprays (even fragrances), and of course when you're painting anything or replacing carpeting.

Less clutter, more wide-open spaces. Visual clutter slows down your brain. That's why clusters of road signs double the chances that you'll miss the one you're looking for, and why website and hospital designers aim for simplicity.

We instinctively look at something uncomplicated while wrestling with tricky problems (which is why you'd rather gaze at a blank wall than a Jackson Pollock painting when you're doing your taxes). Clearing up the clutter on your desk, bureau, files, shelves could do wonders for your bookkeeping, not to mention helping your brain stay closer to age 18.

The YOU Docs, Mehmet Oz and Mike Roizen, are authors of "YOU: On a Diet." Want more? See "The Dr. Oz Show" on TV. To submit questions, go to www.RealAge.com.



Letter 103

LOWER POLK NEIGHBORS

Comments regarding the proposed new CPMC hospital and Medical Office Building (MOB) that are to be located on Van Ness Avenue (together referred to as the Cathedral Hill Campus)

Planning Department Case # 2005.0555E
State Clearinghouse # 2006062157

Lower Polk Neighbors

The proposed Cathedral Hill Campus will be built and operated within the boundaries of Lower Polk Neighbors (LPN). LPN is a registered nonprofit community organization that was established in 2002. LPN's defined boundaries are both sides of California Street on the North, Van Ness Avenue on the West, Ellis Street on the South, and only the West side of Hyde Street on the East. (see enclosed map)

The following are comments and what we feel are acceptable mitigation measures that we, as a neighborhood organization of residents and merchants, desire to achieve in partnership with California Pacific Medical Center (CPMC), to mutually benefit our shared community. 103-1 OTH

All comments are directed at the environmental (and economic) impacts as mentioned in the draft Environmental Impact Report, published July 21, 2010. The comments listed below are related to the following draft E.I.R. impacts (most with "Significant and Unavoidable impact (SU)" listing and others, which we feel are mis-designated, as "Less than Significant Impact (LTS)" listing).

4.1 Land Use and Planning
Impact LU-1 thru 3

4.2 Aesthetics
Impact AE-1 thru 4

4.5 Transportation and Circulation
Impact TR -1 thru 2
Impact TR- 3 thru 7
Impact TR-9 thru 17
Impact TR-27 thru 31
Impact TR-34 thru 35
Impact TR-36 thru 45
Impact TR-49 thru 51
Impact TR-55 thru 57
Impact TR-100 thru 103
Impact TR-107 thru 109
Impact TR-112 thru 118
Impact TR-120 thru 124
Impact TR-133 thru 147
Impact TR-152

4.6 Noise
Impact NO-1 thru 5

4.7 Air Quality
Impact AQ-1 thru 14

4.9 Wind and Shadow
Impact WS-1 thru 2

103-1 OTH

4.12 Utilities and Service Systems
Impact UT-1 thru 4
Impact UT-6

4.15 Hydrology and Water Quality
Impact HY-3

4.16 Hazards and Hazardous Materials
Impact HZ-1

I. Comments directed at the <u>construction affects</u> to our Neighborhood and Community:

A. In the immediate area of the Cathedral Hill Campus (within a few surrounding blocks) we are concerned about the following –
   1. The loss of the use of operable windows due to construction dust. (health issue)
   2. The loss of the use of operable windows due to construction noise. (health and work issue)
   3. The loss of the use of operable windows due to the need to keep out vastly increased exhaust fumes from cars and trucks on Geary, Van Ness, Cedar, Polk, and Post Streets. (health and work issue)
   4. The loss of the use of operable windows to prevent heat gain and to provide adequate ventilation to the residents and businesses in general due to the need to close windows due to vastly increased noise and dust and exhaust fumes from cars and trucks on Geary, Van Ness, Cedar, Polk, and Post Streets. (health and work issue)
   5. The loss of natural light due to the amount of construction dust on windows. (health issue)
   6. The loss of natural light due to MOB height. (health issue)

103-2 AQ

103-3 AQ

B. The construction noise will penetrate living and work areas, making it hard to concentrate, talk, and sleep and to conduct business. In other words, difficult to perform normal daily functions. (health issue, see attached noise report and noise article)

103-4 NO

C. Our access to and from our living, work, and parking areas will be limited due to construction material, deliveries, trucks, etc. (work and living issue)

103-5 TR

D. For Geary, Cedar, Polk, and Post Street residents and businesses, with the daily construction activities and equipment having to pass our living units and businesses constantly we will be subject to greatly increased and new sources of loud noises, traffic congestion, vehicle emissions, debris and dirt. (work, living, and health issue)

103-6 AQ

E. With construction trucks and equipment moving throughout our area we will be subject to construction equipment noise and debris throughout our neighborhood. (health and work issue) 103-7 AQ

F. Even with shuttles being available for construction workers, they will need to drop off their equipment and tools at the site. This additional traffic noise, vehicle exhaust, and dirt will be a burden placed on our residences and businesses. (health and work issue) 103-8 AQ

G. LPN is concerned that as construction progresses the streets and alleys will become some what torn up causing wear and tear to our own vehicles. (work and living issue) 103-9 TR

H. LPN is concerned with day and night security, not only within the construction site but in the adjacent and radiating neighborhood. We need 24-hour security to prevent graffiti, vandalism, homeless encampments, and garbage dumping by citizens from outside the neighborhood. (work and living issue) 103-10 OTH

II. Comments directed at the <u>long term affects</u> to our Neighborhood and Community (Once Hospital and MOB are occupied):

A. For Post, Polk, and Cedar Street residents and businesses, with new two-way Cedar Street entry and exit lanes to access the MOB parking entry on Cedar Street, we will experience long waits and traffic congestion to get in and out of our own garages. Our garages are used throughout the day and evening. If the MOB parking is open in the evenings we will experience this problem continually. 103-11 TR

B. Again for Post, Polk, and Cedar Street residents and businesses, if the MOB parking is open in the early morning and evening we will be forced to endure noise throughout the entire day. If the evening use is allowed we will be forced to endure added noise of people coming and going to their cars, plus the car noises and emissions. 103-12 NO

C. With the MOB deliveries shown to be next to the parking entry this will be an additional traffic, noise and exhaust issue. 103-13 NO

D. Medical, hazardous, green, recycled, and normal garbage pickup from the MOB will be accessed from Cedar Street. This will involved garbage truck reverse-gear 'beeping' noise when ever garbage trucks back out from the MOB (there is no interior turn around space for garbage trucks). This is going to play havoc on residents and businesses having to listen to these hugely increased and irritating sounds, especially when residents are at home and are sleeping. No statistics are available as to how many garbage pick ups and reverse beeping will happen per hour, per daytime, per nighttime, per week. 103-14 NO

E. As with all hospital campuses, there will be cars circling the neighborhood waiting to pick up, drop off, and/or looking for parking. A major part of the neighborhood circling will be down our streets. Again, a major health and noise issue. 103-15 NO

E. The ten-story building height of the MOB will greatly reduce the natural light to some of our buildings, thus negatively affecting our work and living environments. 103-16 WS

F. Because we will be in a heavily-visited hospital zone, parking for our residents and businesses will be very difficult to come by which will deter potential customers from coming to our area, especially for 'pick up' items. (an economic and livelihood issue) 103-17 TR

G. We are concerned about the continuing health issues surrounding hospitals and medical facilities. We are concerned that the emissions and discharges from biohazards, ventilation of sterilization equipment and surgical by-products from laser use, and general ventilation of a hospital itself and medical building will create a health hazard. Small amounts of toxins and hazardous materials over a long period can cause major health issues. 103-18 AQ

Health studies of the neighborhood surrounding UCSF has shown that there is a larger percentage of health-related issues than outlying neighborhoods. Then there is the issue of hospital patients contracting infections and diseases while in the hospital. Some of this must carry outside the medical facility to the surrounding neighborhood. 103-19 AQ

End of comments

Acceptable Mitigation Measures:

1. **Health and Security**
   A. Sponsor a pilot project for behavioral and technical methods for reducing emergency vehicle (fire and ambulance) siren noise. (see enclosed noise report and health article) 103-20 NO
   In addition, help create a "siren free" zone. This "free" zone establishes a 4 block radius around the hospital where emergency vehicles can not use sirens.
   B. Provide 24 hour/7 days a week security around the entire blocks of the hospital and MOB. 103-21 PD
   C. Establish a fund to help replace residents' windows with acoustical windows, for units with windows on O'Farrell, Alice B. Toklas/Myrtle, Geary, Cedar, Post, Hemlock, Sutter, Fern, and Pine Streets (on blocks extending from Van Ness to Larkin Street) 103-22 NO
   D. Because of extensive senior housing in the neighborhood, convert the existing shelter (Next Door) into a senior health, fitness, and social center, with health and exercise classes, a senior fitness center, and on-going classes, etc. 103-23 OTH

2. **Neighborhood Vitality** (and Traffic Calming)
   A. Fund the Lower Polk Neighbors (LPN) attempt to pass a neighborhood CBD. (Include funds for an employee(s) to prepare, coordinate, and submit necessary documents.) 103-24 OTH
   B. Become an active and participating member of Lower Polk Neighbors (LPN)



C. Establish an on-going partnership with LPN with monthly meeting to monitor impacts and issues that arise (with reports going to the Board of Supervisors and appropriate city agencies) — 103-24 OTH
D. Sponsor four Neighborhood events with LPN, such as farmers markets, alley closings for neighborhood block parties, etc.
E. Establish a fund to help upgrade storefronts along Polk Street.
F. Along with Cedar Street, fund alley enhancements for Hemlock, Alice B. Toklas/Myrtle, and Fern Streets (from Van Ness to Larkin Street). Enhances to include stamped concrete paving (in lieu of current asphalt), bollards, trees (landscaping), play equipment where these can be located, better lighting, and murals. — 103-25 TR
G. Fund enhancement streetscape along Polk Street. Enhancements to include additional trees (in planters where under-sidewalk vaults prohibit in-ground planting) and decorative plants, seasonal decorations, banners, seating and lighting. (Funds to include maintenance and replacement when necessary.) — 103-26 OTH
H. Help fund an additional parking garage within the neighborhood (or within a few blocks from the LPN boundaries, but at least 4 blocks away from the hospital and MOB.) — 103-27 TR

3. Open Space/Environment

A. Establish an open-space park along Polk Street that would be privately owned by CPMC with 24 hour security and monitoring. Park to have ample landscaping (with seating) and attended toilet facilities. (Currently the best location seems to be on the Southwest corner of Polk and Geary Street. If this location is not feasible for purchase then another location of similar size.) — 103-28 REC
B. Fund the design and construction of two parklets (mini-parks) per block along Polk Street. Parklets are to be along the existing sidewalk and take up two existing street parking spaces. (See attached "Approach" as established by Rebar) — 103-29 RE
C. Reduce the east side bus zone on Polk Street between Post and Geary to be the same size as the west side. Use the captured space for a parklet.

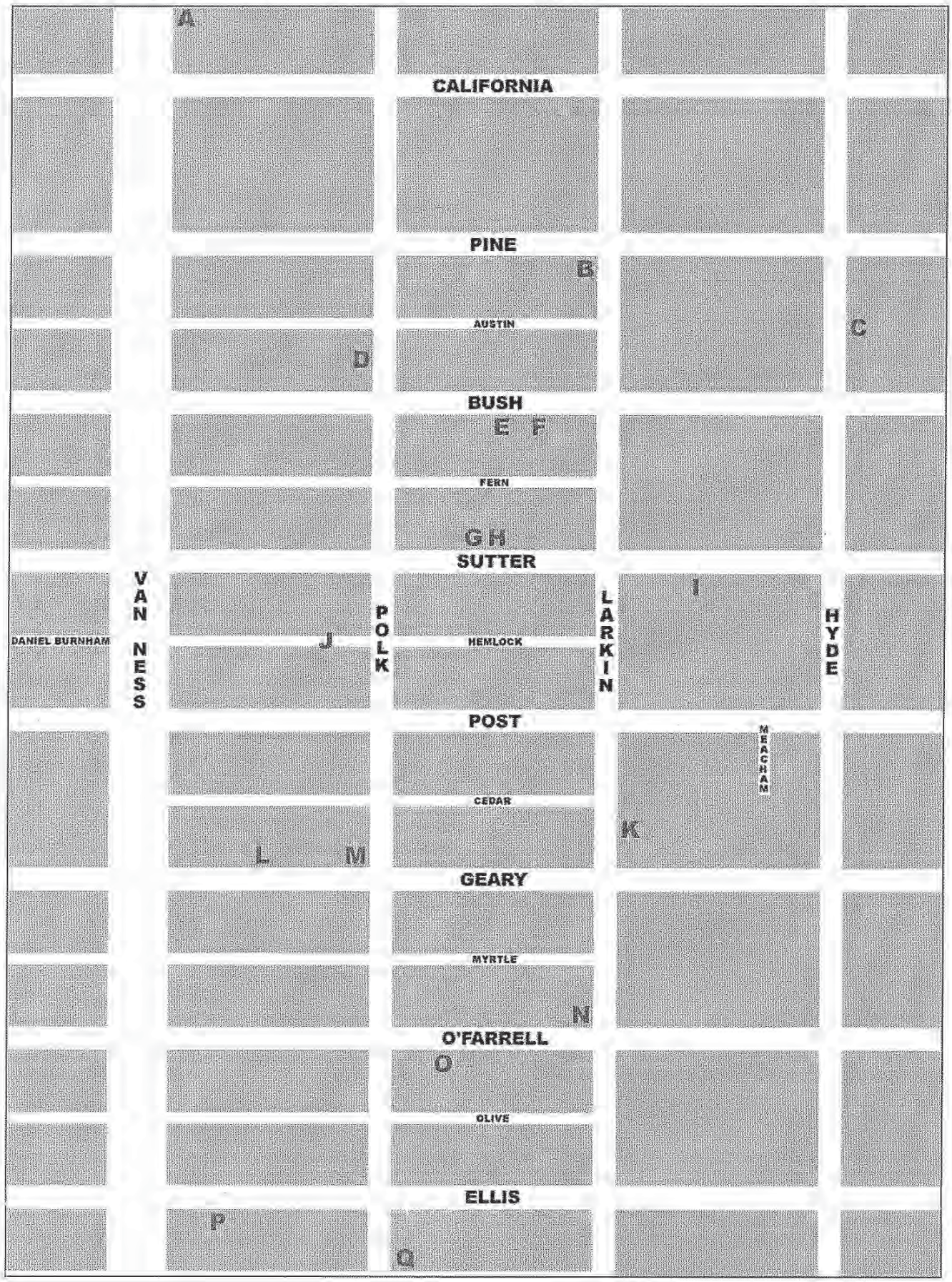
4. Housing

A. Help finance design and construction upgrades to existing neighborhood SRO (Single Room Occupancy) buildings. — 103-30 OTH
B. Help finance relocation of the existing shelter (Next Door) to a more suitable and humane building with more helpful amenities such as outdoor seating areas, open courts and less crowding (less warehousing) of clients. — 103-31 OTH
C. Help finance (design and construction) of senior housing. (Location potential: abandoned site of St. John's Church at Clay and Larkin Streets and similar sites. — 103-32 OTH

Attachment to Letter 103

LPN

LOWER POLK NEIGHBORS
NEIGHBORHOOD COMMUNITY INSTITUTIONS



Lower Polk Neighborhood Traffic Noise Study

Study Report
July 6, 2010

Overview

During the 2009-2010 academic year, a UCSF School of Nursing student measured street noise levels in the Lower Polk neighborhood of San Francisco. The project was undertaken as part of an academic externship with Tom Rivard, Manager of the Health Hazard Assessment Group at the San Francisco Department of Public Health.

Methods

Sample: Twenty-four hour noise levels were measured at 5 locations (4 residential and 1 office) in the Lower Polk neighborhood. The sample was a convenience sample of residents who volunteered to host the recording equipment. Residents were recruited at the December 2009 meeting of the Lower Polk Neighbors, and through word of mouth.
Noise recording: Noise levels were measured using a calibrated noise dosimeter. The microphone of the dosimeter was suspended outside of a window opening of each residence, at the busiest availabe edge of the building. An audio recorder took a concurrent recording. The dosimeter measured the noise levels in 15-second average increments, while the audio recorder made a continuous recording that allowed the researchers to identify the sources of noise events.
Interviews: The five participants responded to structured interview questions regarding household demographics and experiences of traffic noise at their residences.
Research approval: Permission for the project was granted by the UCSF Committee on Human Research in February 2010. Consent was obtained from all participants.

Results

The dosimeter provided average 24-hour noise levels as well as average 15-second increment noise levels. The researcher used the audio tape to identify sources of noise for each 15-second increment that was 75 decibels or louder. (The researcher did not identify sources of noise 74.9 decibels or less.)

Location 1

Where: Outside of a 3rd story bedroom window on Polk Street between Bush & Pine.

When:	Saturday 3/6/10 to Sunday 3/7/10
Average 24-hr noise level (Leq):	**70.2 decibels**
Loudest 15-second increment:	97.2 dB at 1:51am, caused by an emergency vehicle (EV).
Total time > 75 decibels:	24 minutes
Source of noise > 75 decibels:	15 minutes by trucks, motorcycles, cars, other 9 minutes by EVs
Avg level of non-EV noise events:	77 decibels
Avg level of EV noise events:	86 decibels
Number of EV events:	18
Number of night EV events*:	7

Location 2

Where: Outside of a 2nd story living room window on Polk Street between Geary & Post.

When:	Saturday 4/16/10 to Sunday 4/17/10
Average 24-hr noise level (Leq):	**76.7 decibels**
Loudest 15-second increment:	106.0 dB at 4:09 am, caused by an EV.
Total time > 75 decibels:	128 minutes
Source of noise > 75 decibels:	103 minutes by trucks, motorcycles, cars, other. 25 minutes by EVs.
Avg level of non-EV noise events:	77.2 decibels
Avg level of EV noise events:	83.5 decibels
Number of EV events:	44 (included 5 EV events >100dB)
Number of night EV events*:	7

Location 3

Where: Outside of a 4th story window, recessed from Hyde Street, between California & Sacramento.

When:	Friday 4/30/10 to Saturday 5/1/10
Average 24-hr noise level (Leq):	**61.0 decibels**
Loudest 15-second increment:	84.0 dB at 8:01 pm, caused by an EV.
Total time > 75 decibels:	3 minutes
Source of noise > 75 decibels:	2.5 minutes by trucks, motorcycles, cars, other. 0.5 minutes by EVs.
Avg level of non-EV noise events:	78 decibels
Avg level of EV noise events:	79 decibels
Number of EV events:	4
Number of night EV events*:	0

Location 4

Where: Outside of a 3rd story bedroom window on Sutter Street between Polk & Larkin.

When:	Saturday 5/8/10 to Sunday 5/9/10
Average 24-hr noise level (Leq):	**70.0 decibels**
Loudest 15-second increment:	96.7 dB at 5:52 pm, caused by an EV.
Total time > 75 decibels:	40 minutes
Source of noise > 75 decibels:	34 minutes by trucks, motorcycles, cars, other. 6 minutes by EVs.
Avg level of non-EV noise events:	77.7 decibels
Avg level of EV noise events:	81.3 decibels
Number of EV events:	18
Number of night EV events*:	6

Location 5

Where: Outside of a 1st story office window on Post Street between Polk & Larkin.	
When:	Tuesday 5/11/10 to Wednesday 5/12/10
Average 24-hr noise level (Leq):	**71.1 decibels**
Loudest 15-second increment:	96.0 dB at 5:21 pm, caused by an EV.
Total time > 75 decibels:	48 minutes
Source of noise > 75 decibels:	34 minutes by trucks, motorcycles, cars, other.
	14 minutes by EVs.
Avg level of non-EV noise events:	77.8 decibels
Avg level of EV noise events:	84.0 decibels
Number of EV events:	34
Number of night EV events*:	13

* 11:00 pm to 7:00 am.

Interview Results

Below is a sample of responses from a structured interview with the resident of each noise monitoring location.

- Do you ever keep your windows closed on hot nights due to noise?
  Yes: 3 of 5 No: 2 of 5.
- How often (if ever) is your sleep disturbed by noise?
  Every night: 1 of 5
  2-3x/week: 2 of 5
  Weekly: 1 of 5
  N/A (business): 1 of 5.
- How does noise rank in comparison to other concerns you have about your neighborhood.
  Top concern: 1 of 5
  3rd or 4th: 4 of 5

- "I think that on a long term basis, (the road noise) isn't good. It makes you more agitated and more anxious."
- "I feel really defeated about the noise problem... It creates excruciatingly high levels of physical stress."

Discussion

While most community noise data is based on computerized noise models, this data provides empirically obtained data. This study provides exterior noise level data for four residential and one commercial locations in the Lower Polk neighborhood. The 24 hour noise levels varied widely, from 61.0 dB at the quietest location to 76.7 dB at the loudest location. Three of the locations (1, 4, and 5) had average levels between 70.0 and 71.1 decibels. This suggests that many residences with windows on main streets in the Lower Polk experience average levels around 70 dB of noise daily. Noise levels at the loudest location (76.7dB) were likely influenced by proximity to two major streets, the fire station, and a homeless shelter. Noise

levels at the quietest location (61.0dB), on the other hand, were likely influenced by the recession of the window from the street and the height of the window at the 4th story.

According to the World Health Organization, exposure to average environmental noise levels greater than 55 decibels causes annoyance, and long term exposure to levels greater than 65 decibels may have cardiovascular effects (WHO 1999). The WHO recommends levels of 45 decibels or less at night to ensure good sleep (WHO 2009). Four of the five locations measured exceeded these levels.

In all of the locations, the majority of loud moments were caused by trucks, motorcycles, and cars driving by. However, the peak noise moments were caused by emergency vehicles.

Limitations of the research

The audio tape enabled the researcher to identify general categories of noise sources, such as cars and trucks driving by; car alarms; people yelling; and emergency vehicle sirens. She did not break these categories into more specific sources, such as a truck engine versus a motorcyle engine, or an ambulance's siren versus a fire truck's siren. Additional research using video would be necessary to identify sources with more specificity.

The sample was a convenience sample, and was not random. There is likely selection bias present in the sample, as those that volunteered are those who were concerned about noise levels. However, these locations were likely representative of other housing units with windows facing major streets in this area.

Furthermore, the research does not account for the temporal factors that may influence noise levels, such as the weather, the day of the week, or the time of the month. For example, some residents anecdotally noted that they notice more noise at the beginning of the month, while others noted that foggy nights tend to be quieter.

The samples were measured at the exterior of windows. Well-insulated windows and walls can dramatically decrease interior noise levels. However, most of the housing stock is not well insulated, and in San Francisco's temperate climate, leaving windows open is sometimes necessary and desirable for climate control. Therefore, exterior noise levels are important indicators of interior levels.

About the researchers

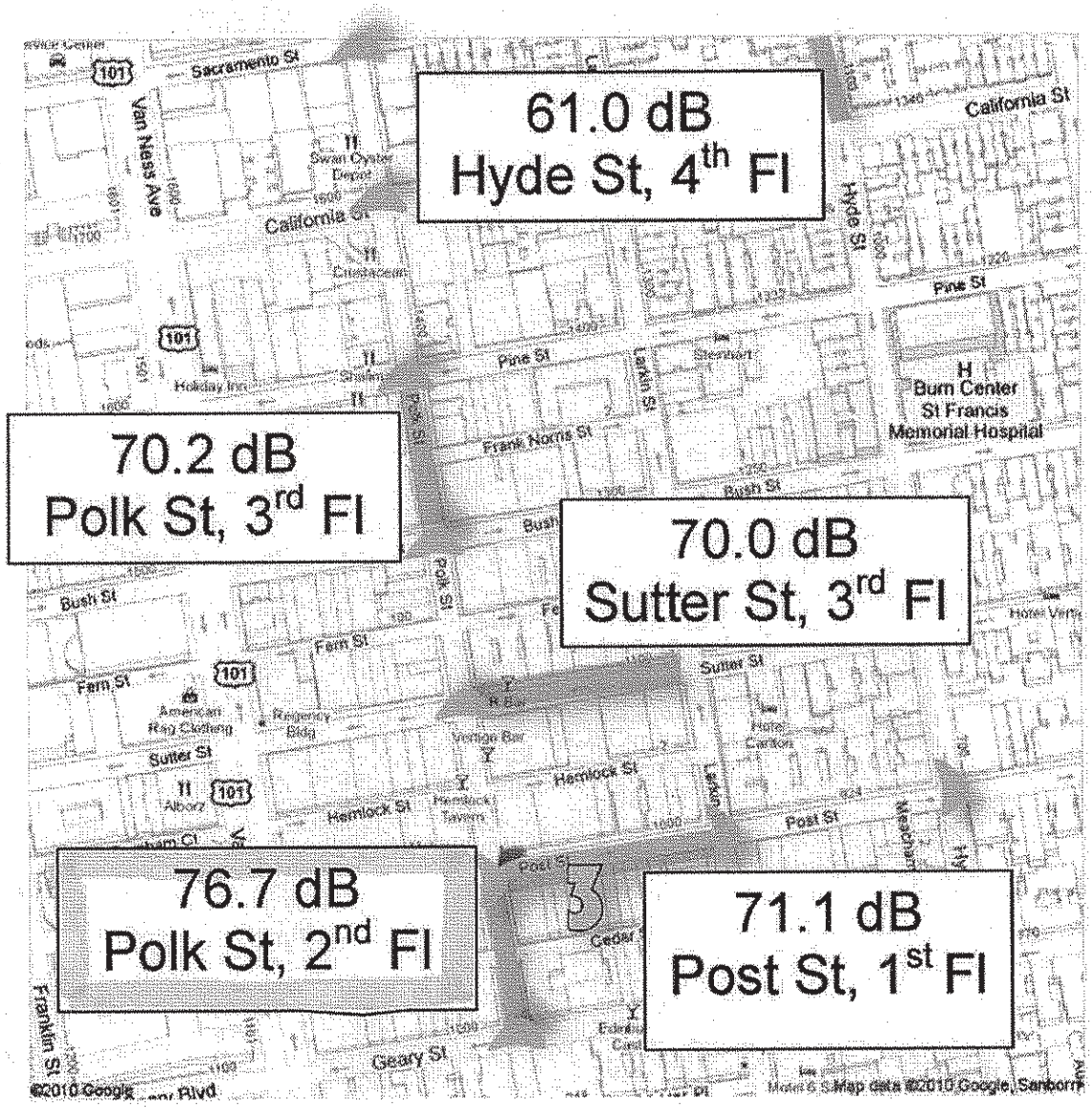
This study was undertaken to measure noise levels from residential locations and to identify sources of noise to the extent possible. The research was undertaken by Elisabeth Goldstein, RN, an MS student at the UCSF School of Nursing, Department of Occupational and Environmental Health. Her preceptor for this research was Tom Rivard, Manager of the Health Hazard Assessment Group at the San Francisco Department of Public Health, who also provided the noise dosimeter. The Principal Investigator was Dana Drew-Nord, faculty member at the UCSF School of Nursing.

References

World Health Organization. (1999). *Guidelines for Community Noise*. Berglund, B., Lindvall, T., & Schwela, D, (Eds). Retrieved from http://www.who.int/docstore/peh/noise/guidelines2.html

World Health Organization Regional Office for Europe. (2009). *Night Noise Guidelines for Europe*. Hurtley, C. (Ed.) Retrieved from www.euro.who.int/document/e92845.pdf.

Figure 1: Map of Monitored Locations and 24-hour Average Noise Levels



Attachment to Letter 103

What is a decibel, and how is it measured?

Browse the article What is a decibel, and how is it measured?

What is a decibel?

Up Next

- How Surround Sound Works
- How Speakers Work
- Discovery.com: Hearing

The **decibel** (abbreviated **dB**) is the unit used to measure the intensity of a sound. The decibel scale is a little odd because the human ear is incredibly sensitive. Your ears can hear everything from your fingertip brushing lightly over your skin to a loud jet engine. In terms of power, the sound of the jet engine is about 1,000,000,000,000 times more powerful than the smallest audible sound. That's a big difference!

On the **decibel scale**, the smallest audible sound (near total silence) is 0 dB. A sound 10 times more powerful is 10 dB. A sound 100 times more powerful than near total silence is 20 dB. A sound 1,000 times more powerful than near total silence is 30 dB. Here are some common sounds and their decibel ratings:

- Near total silence - 0 dB
- A whisper - 15 dB
- Normal conversation - 60 dB
- A lawnmower - 90 dB
- A car horn - 110 dB
- A rock concert or a jet engine - 120 dB
- A gunshot or firecracker - 140 dB

You know from your own experience that distance affects the intensity of sound -- if you are far away, the power is greatly diminished. All of the ratings above are taken while standing near the sound.

Any sound above 85 dB can cause **hearing loss**, and the loss is related both to the power of the sound as well as the length of exposure. You know that you are listening to an 85-dB sound if you have to raise your voice to be heard by somebody else. Eight hours of 90-dB sound can cause damage to your ears; any exposure to 140-dB sound causes immediate damage (and causes actual pain). See this page for an exposure "ruler."

Attachment to Letter 103

HEALTH SPOTLIGHT

Mother nature's stealthiest brain boosters

THE YOU DOCS

Mehmet Oz, M.D., and Michael Roizen, M.D.

For a razor-sharp brain, less may be more. Yup, flexing your gray matter daily — with a class in conversational Esperanto or after-dinner Sudoku tournaments — may help you reach 81 with a brain like an 18-year-old's (but without so many of those thoughts). But to keep your memory young, your neurons also crave a few deceptively simple "growth factors" that need to be more common than ivory-billed woodpeckers.

One of these factors happens when you do something deceptively simple: unplug. Researchers speculate that being constantly connected to digital devices deprives your brain of the downtime it needs to process information and consolidate memories. In lab studies, rats need breaks to form strong memories of new places they explore. You may, too. It's another reason to turn off your iPhone at dinner, leave your BlackBerry behind when you take a walk and disconnect from the Internet frequently on nights and weekends (except when you're checking out our latest tips on RealAge.com and DoctorOz.com, of course!).

Here's how to get four more stealthy brain boosters off the endangered species list and back into your life:

Less noise, more silence. Noise ages even 19-year-old brains. Loud noises during the night (planes, trucks, trains, the party next door) can disturb deep, restorative sleep enough to make your reaction times "old" in the morning.

Try running a white noise machine to muffle disruptive noises at night. Exposure to high-decibel sounds causes blood pressure and stress hormones to surge, and both can be major brain agers. If you work in a noisy environment (factories, construction), wear a protective headset (hey, they even look cool). Cover your ears if a loud noise erupts near you (jackhammer, siren, low-flying jet, vuvuzelas).

And when you've got to focus, turn off the radio and shut the door. Your brain's less able to screen out distracting sounds with age, making sharp thinking and recall more of a challenge if you're trying to balance the checkbook while listening to the ballgame.

Less artificial light, more natural light. Sun salutations aren't just for yoga class. When your prehistoric ancestors peeked out of their caves each morning to check for saber-toothed tigers, that first burst of natural light woke up the sweet spot deep in their brains — and yours — that's responsible for daytime alertness.

Greeting the day gets your brain in gear, boosting your ability to concentrate and turn out stellar work. The light bulb over your bathroom mirror can't do this. It takes intense blue light, a wavelength so far found only in Mother Nature's home-made morning light.

Scientists are working on artificial versions; there's early evidence that exposure to extremely bright blue-white light may reverse dementia and depression. For most, a few minutes of natural morning light may be all you need to feel bright-eyed and bushy-tailed.

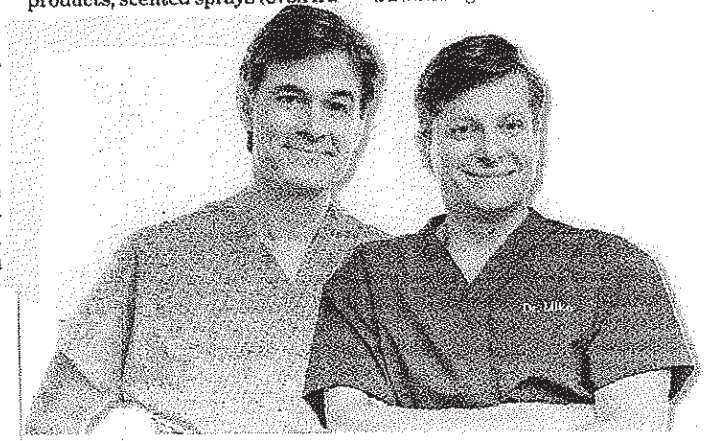
Less stuffy/smelly air, more fresh breaths. You spend 90 percent of your time indoors, where stale air causes mental fatigue and even some diseases. The cause? Anything from mold or mildew to substances released by fresh paint, new carpet, cleaning products and artificial smells — including, disturbingly, some air fresheners.

The fix? Choose scent-free products. Open your windows regularly, open vents on air conditioners, and ventilate well when using cleaning products, scented sprays (even fragrances), and of course when you're painting anything or replacing carpeting.

Less clutter, more wide-open spaces. Visual clutter slows down your brain. That's why clusters of road signs double the chances that you'll miss the one you're looking for, and why website and hospital designers aim for simplicity.

We instinctively look at something uncomplicated while wrestling with tricky problems (which is why you'd rather gaze at a blank wall than a Jackson Pollock painting when you're doing your taxes). Clearing up the clutter on your desk, bureau, files, shelves could do wonders for your bookkeeping, not to mention helping your brain stay closer to age 18.

The YOU Docs, Mehmet Oz and Mike Roizen, are authors of "YOU: On a Diet." Want more? See "The Dr. Oz Show" on TV. To submit questions, go to www.RealAge.com.



Letter 103

Rebar Comment on Cathedral Hill Campus Draft EIR on behalf of Lower Polk Street Neighborhood

Summary: Construction of the Cathedral Hill Campus ("CHC") of CPMC represents both a major transition for the Lower Polk Street Neighborhood, which lies immediately east, and a great opportunity for revitalizing and improving the public space network of the area. Given that the campus construction will cause a large disruption to neighborhood life over several years, and that several of the impacts identified in the Draft Environmental Impact Report cannot be mitigated, or will adversely affect pedestrians, cyclists and transit riders regardless of mitigation, the neighborhood requests that the following approach and measures be considered by CPMC as part of its construction plan. We recommend the following as an effective and innovative strategy for learning through interim, iterative design during the initial phase of construction, followed by long-term, permanent improvements to the neighborhood public space network, based on information gained during the interim phase.

1) Approach

a. Two-Phased Approach
We recommend a two-phased approach for implementing public space improvements in the Lower Polk Street area, consisting of "interim" and "long-term" improvements. These two phases should overlap in time, but generally begin immediately with interim improvements, which will be exploratory and temporary/reversible in nature and inform the design of long-term improvements, which will take place over several years during and following completion of the CHC project. Interim improvements should be made with the intent of evolving eventually into long-term, permanent improvements, if successful in the short-term.

b. Escrow account
An escrow account should be set up to fund the various streetscape projects which will take place over the short- and long-term. The escrow account would allow the improvements to stretch out over a longer period than is typically considered for capital projects, and possibly longer than the construction of the CHC itself.

103-33
TR

c. Interim improvements
"Interim improvements" can be implemented both during and immediately after the CHC construction project. They would be exploratory in nature, reversible, temporary and/or portable, and aim to physically test various approaches to streetscape improvements through a process of iterative design. Examples of interim improvements include San Francisco's *Pavement To Parks* program pilot projects, the *Market Street Trials* of bicycle, pedestrian and vehicle traffic control changes, and *Park(ing) Day*, which temporarily converts metered parking spaces to parks. Interim improvements would generally not permanently change infrastructure such as curbs, paving materials and utility lines, but rather use portable "add-on" designs that test the functionality of various streetscape designs without committing large amounts of funding.

d. Long-term improvements
"Long-term improvements" should be durable and permanent changes to the streetscape, potentially implicating changes to infrastructure such as curbs, utilities and paving surfaces. Their specific design and approach should be informed by explorations and the iterative design process in the interim improvement phase. They should also be consistent with the goals set out in applicable specific plans and, especially, the *Better Streets Plan*. Long-term

improvements would commit larger proportions of funding to new streetscape designs than interim improvements.

e. Scoping Committee
We recommend the formation of a committee to outline the scope of the streetscape improvement project, including the delineation of both the interim and long-term efforts. The group should include representatives of CPMC, the City of San Francisco, the neighborhood and design consultants.

103-33 TR

2) Neighborhood Impacts and Proposed Responses in the Lower Polk area.

a. Loss of significant vegetation
   i. Currently there are 81 trees on CHC site, 77 on hospital site, 4 on MOB site, including 53 street trees, 7 "significant trees" (4.13-2); all trees are proposed for removal at CHC campus (4.13-23). Although the CHC plan calls for the replacement of up to 99 trees, it will be many years before this vegetation attains the stature and benefits of the vegetation it replaces. Therefore, the neighborhood will be impacted by decades without the benefit of vegetation it once had.
   ii. Interim Phase
      1. Movable tree boxes
      2. "Green walls" on existing buildings
      3. Large portable planters for growing ornamental and/or edible plants.
   iii. Long-term Phase:
      1. Interim/reversible plantings will inform the location and design of long-term street trees and other plantings.
      2. Planting projects could include the redesign or removal of significant portions of paving and relate to stormwater projects.

103-34 BI

b. Increased noise
   i. The neighborhood will be impacted by increased noise both during the construction phase and, permanently, by the increased level of traffic and operations of the CHC. During construction, noise in the immediate vicinity would increase by 3 to 7 dB, up to 87 dB, and would exceed SF Noise Control Ordinance compliance levels at the 7 nearby sensitive sites (4.6-44). LRDP-related traffic noise would result in a noticeable (+3 dB or greater) increase in ambient traffic noise levels along Cedar Street (between Polk Street and Van Ness Avenue). This increase most likely would be perceivable to existing, nearby noise-sensitive receptors; noise may exceed 45dB in nearby residences if windows are open (4.6-58).
   ii. Interim Phase:
      1. Use of green walls to act as sound absorbers
      2. Use of portable, tree planters along Alleys to absorb ongoing construction noise
      3. Potential use of temporary water features to mask noise
   iii. Long-term Phase:
      1. Green walls and vertical gardens on hospital buildings and in park alley ways to absorb ongoing noises
      2. Use of permanent trees in Alleys and along Van Ness and Franklin to absorb ongoing hospital noise

103-35 NO

c. Increased vehicular traffic and congestion
   i. The proposed CHC project would add vehicles to the street network and riders to the Muni lines, adversely impacting bicyclists, pedestrians, and transit riders. The increased congestion and ridership would cause operational delays to Muni lines 49-Van Ness-Mission (a.m. and p.m. peak hours), 38/38L-Geary (a.m. and p.m. peak

103-36 TR

hours), and 19-Polk (p.m. peak hour), requiring additional vehicles to maintain proposed levels of service (4.5-117). Providing additional traffic lanes or otherwise increasing vehicular capacity at this intersection is not feasible because it would require narrowing of sidewalks to deficient widths, and/or demolition of adjacent buildings. Signal timing adjustments may improve intersection operations, but would likely be infeasible due to traffic, transit or pedestrian signal timing requirements (4.5-219). Pedestrians and bicyclists will experience a more crowded, dangerous and time-consuming transit experience in the Lower Polk area as the CHC project generates more vehicle trips which compete for space and time with other modes of transportation. Even with the proposed mitigation measures, transit riders will also experience "significant and unavoidable" impacts (4.5-124). Therefore we recommend that additional streetscape improvements addressing pedestrian, bicycle and transit rider comfort, convenience and safety are undertaken in the Lower Polk area to offset unavoidable degradations due to the CHC project.

ii. Interim Phase:
    1. Portable bike racks and bike corrals which can be transported around the neighborhood to test the most effective locations
    2. Widen sidewalks into the parking lane using portable sidewalk extensions similar to Pavement to Parks "parklet" trials
    3. Pedi-cab trials for local area
    4. Close alleys to vehicle traffic, create pedestrian zones (delivery traffic excepted, can be restricted to certain times of day)
    5. Test "Shared Street" conditions where sidewalks and street are combined; pedestrians are given priority in all areas of street but automobiles still have access
    6. Bollards to delineate increased pedestrian or transit rider zones.
    7. Raised pavement surface (flush curb) conditions
    8. Wider bike lanes
    9. Pedestrian lighting to create safer/comfortable conditions

iii. Long-term Phase:
    1. Replace street surfaces with special pavement that slows traffic
    2. Relocate curbs to increase sidewalk width, provide bulb-outs, midblock crossing, etc.
    3. Pursue other designs recommended in the Better Streets Plan

103-36 TR

d. Displacement of local retail businesses with medical-related businesses

i. The economic fabric of the Polk Street at Geary area is a mix of convenience stores, liquor stores, bars, porn shops, clubs, and restaurants. Interspersed are community centers such as the Bay Area Addiction Research and Treatment center and the San Francisco AIDS Foundation Needle Exchange program office. Geary Street near the CHC site is home to hotels, gyms, a theater, and restaurants, such as Mel's Diner. The introduction of the hospital has the potential to bring new businesses, particularly those which will serve a daytime professional population and the hospital industry. As new businesses arrive it is important that the local community benefit from the economic activity and continue to preserve small scale, local business.

ii. Interim Phase:
    1. Use of tented alley(s) to establish interim community centers:
        a. Medical clinic with temporary, planter box medicinal herb garden
        b. Soup kitchen
        c. Farmers Market
        d. Shelter gathering space or street game area

103-37 PH

e. Outdoor movie house
f. Mobile community garden
g. Afterschool programs
h. Pop-up retail pods in shipping containers or other portable architecture

iii. Long-term Phase:
1. Permanent medicinal herb garden
2. Community garden to grow produce for local community shelters
3. Permanent table and seating areas for outdoor eating; closure of alleys to serve as outdoor cafes lanes, similar to the ongoing practice in the Financial district

103-37 PH

e. No provision for open space in CHC plan
i. The majority of San Francisco's parkland is located within the western half of the city. San Francisco's eastern neighborhoods are considered parkland deficient compared to areas that are closer to the Pacific Ocean. The Eastern Neighborhoods Rezoning and Area Plans Environmental Impact Report indicates that it is possible to improve the parkland-to-population ratio in the eastern portions of San Francisco—or to maintain the current ratio despite projected population increases—by creating nontraditional open space, passing regulatory amendments to govern new development, issuing ecological standards for design of public and private open space, and creating an open space network (4.10-4). The National Park and Recreation Association (NPRA) formerly required 10 acres of open space per 1,000 city residents. However, the NPRA no longer recommends a single absolute "average" park acreage per population, in recognition of the fact it is more relevant for each area plan and its program facilities to be based on community need. More important than acreage is accessibility (location and walking distance) and whether the facility provides needed services to the population in question (4.10-2). The CHC project is a significant redevelopment of the Lower Polk Street area but does not provide new public recreation opportunities within its boundaries. Other uses of this site could have potentially offered such opportunities. Therefore we propose that non-traditional recreation spaces are provided in the surrounding neighborhood instead. The east-west alleyways and some areas of Polk Street are prime opportunities for such spaces.

103-38 RE

ii. Interim Phase:
1. Parklets – site-specific parklets and installations can be designed to introduce park and recreational features
a. Mobile playgrounds
b. Flexible seating options in the alleys and along Polk Street
c. Public bicycle repair station
2. Programming in public space:
a. Mural painting programs in the alleys, and along Polk Street
b. Local community garden programs
c. Rotating public art schedule
3. Redesign of alleys (see site-specific proposals)

iii. Long-Term Phase:
1. Redesign of alleys (see site-specific proposals)

3) Site-specific proposals

a. Polk Street

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i. Sidewalk extensions - The sidewalks along Polk are narrow for a Neighborhood Commercial street and do not provide adequate space for a comfortable throughway zone between the frontage zone and the edge zone. The Better Streets Plan sets a sidewalk width recommendation of fifteen feet for Neighborhood Commercial streets. In addition, use of the following sidewalk improvements from the Better Streets Plan would increase the quality of pedestrian life on Polk:
    1. Interim Phase:
        a. Parklet and Walklet installations to explore how an expanded throughway zone affects pedestrian traffic and life on Polk Street
    2. Long-term Phase:
        a. Curb corner extensions at Polk/Geary; Polk/Post; Polk/Sutter; Polk/Bush
        b. Transit bulb outs
        c. Extended and/or midblock bulb outs with landscape design and public seating

ii. Landscaping - Polk Street at Geary has a low tree density. What trees are there lack the height, foliage, and beauty that make great streets. Polk is located in the Bay climate zone and can therefore accommodate trees up to 50 feet tall.
    1. Interim Phase: installation of moveable planter boxes and Parklets with shrubbery, flowers, and small trees
    2. Long-term Phase:
        a. Propagation of large shade-giving trees
            i. Stormwater treatment landscaping

iii. Bicycle infrastructure
    1. Interim Phase:
        a. Portable bike racks and corrals
        b. Public Pump on Polk (PPonP) to serve bicycle commuters using bicycle Route 16
        c. Public bicycle repair station
    2. Long-term Phase:
        a. Permanent bike racks, corrals based on success of portable versions
        b. Trash receptacles – Polk Street is lacking in trash receptacles between Geary Street and Sutter, even though the Better Streets Plan calls for a receptacle every 200 feet in commercial zones
        c. Pedestrian-scale street lights

b. Geary Street
    i. Interim Phase:
        1. Parklets and pocket parks
        2. Planter boxes
    ii. Long-term Phase:
        1. Pedestrian-scale lighting
        2. Stormwater treatment landscaping

c. O'Farrell Street
    i. Interim Phase:
        1. Parklets and pocket parks
        2. Planter boxes
    ii. Long-term Phase:
        1. Pedestrian-scale lighting
        2. Stormwater treatment landscaping

d. Post Street

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i. Interim Phase:
    1. Parklets and pocket parks
    2. Planter boxes
ii. Long-term Phase:
    1. Pedestrian-scale lighting
    2. Stormwater treatment landscaping

e. Sutter Street
    i. Interim Phase:
        1. Parklets and pocket parks
        2. Planter boxes
    ii. Long-term Phase:
        1. Pedestrian-scale lighting
        2. Stormwater treatment landscaping

f. Bush Street
    i. Interim Phase:
        1. Parklets and pocket parks
        2. Planter boxes
    ii. Long-term Phase:
        1. Pedestrian-scale lighting
        2. Stormwater treatment landscaping

g. California Street
    i. Interim Phase:
        1. Parklets and pocket parks
        2. Planter boxes
    ii. Long-term Phase:
        1. Pedestrian-scale lighting
        2. Stormwater treatment landscaping

h. Alleyways – the Alleyways in general should receive treatment according to the Better Streets Plan recommendations for Alleys, which would convert them into shared public ways with low traffic speeds, and limited parking, if they are not converted to pedestrian-only walkways.
    1. Interim Phase:
        a. Tented multi-purpose community "center" and market area.
        b. Temporary/movable parking lane planters with ornamental and edible plant elements including flowers which attract birds, butterflies, and honeybees.
        c. Parklets.
        d. High density bicycle parking racks.
        e. Flexible seating.
        f. Bird, pollinator and bat nesting installations.
        g. Large mobile planters that can be moved with trucks, providing lawn or ornamental garden areas.
        h. Potentially portable food garden containers, given appropriate sunlight, protection and security.
        i. Pop-up retail providing amenities to attract users to alleys, including coffee, lunch food, etc.
    2. Long-term Phase:
        a. Trees and green sidewalks.
        b. Curb corner bulb outs at intersections with Geary and Polk Streets.
        c. More lighting and more pedestrian-scale lighting.
        d. Pollinating animal gardens, edible landscaping including fruit trees.

103-39 TR

103-40 TR

LETTER 104

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October 19, 2010

Via Hand Delivery

Bill Wycko, Environmental Review Officer
San Francisco Planning Department
1650 Mission St., Suite 400
San Francisco, CA 94103

Re: Comments on Draft Environmental Impact Report for the California Pacific Medical Center Long Range Development Plan (Case No. 2005.0555E)

Dear Mr. Wycko:

These comments on the Draft Environmental Impact Report ("DEIR") for the California Pacific Medical Center ("CPMC") Long Range Development Plan ("LRDP") are submitted on behalf of the Good Neighbor Coalition ("GNC") and its member organizations. The GNC is a coalition of more than twenty, mainly Tenderloin and central city community organizations. The member organizations include the North of Market/Tenderloin Community Benefits District, Community Housing Partnership, Tenderloin Neighborhood Development Corporation, Shih Yu-Lang Central YMCA, Tenderloin Housing Clinic, and Central City SRO Collaborative.

104-1 OTH

The GNC's main concerns focus on the environmental and land use planning impacts and consequences for Tenderloin residents, businesses, and community-serving organizations of the LRDP's centerpiece--the proposed new Cathedral Hill Campus. The streets most often used to mark the boundaries of the Tenderloin neighborhood are Post Street to the north, Powell Street to the east, Market Street to the south, and Van Ness Avenue to the west. This area consists of four U. S. census tracts. Within but near its boundaries, the Tenderloin includes Civic Center buildings, San Francisco's theater district, the South East Asian commercial area known as Little Saigon, and the proposed site of the Cathedral Hill medical office building.

CPMC's LRDP is an enormous project with major short-term and long-term consequences for San Francisco across a broad range of public policy issues. These comments on the DEIR specifically address the following issues: housing and affordable housing; transportation and circulation; air quality and greenhouse gas emissions; local hiring and employment; healthcare access and distribution; and the DEIR's discussion of project alternatives.

104-1 OTH

I. The DEIR provides a cursory and skewed analysis of the project's potential impacts on housing development and housing needs in San Francisco.

A. The DEIR fails to acknowledge important project conflicts with housing policy and land use planning goals of the San Francisco General Plan.

Following State CEQA Guidelines, the DEIR states that the project will have a significant impact on the environment if it "conflict[s] with any applicable land use plan, policy, or regulation of an agency with jurisdiction over the project (including but not limited to the general plan, specific plan, local coastal program, or zoning ordinance)."[1] Yet the DEIR provides only a truncated analysis of the project's consistency, or lack thereof, with the San Francisco General Plan's 2004 Housing Element.[2] Instead, the DEIR simply asserts that the two are consistent because "most of the objectives and policies in the Housing Element are not applicable to the proposed LRDP because the project does not include a residential development component."[3] Whether or not the project has a residential component is not the measure of consistency with the General Plan's Housing Element.

104-2 LU

The proposed project potentially conflicts with the Housing Element in two prominent ways, neither of which is subject to much, if any, analysis in the DEIR. First, Objective 1 of the Housing Element establishes as an overarching policy goal the following: "to provide new housing, especially permanently affordable housing, in appropriate locations which meets identified housing needs and takes into account the demand for affordable housing created through employment demand." Second, the proposed project potentially conflicts with Housing Element Policy 11.4. This policy, which explicitly applies to medical institutions, addresses the need to "avoid or minimize disruption caused by expansion of institutions, large-scale uses and auto-oriented development into residential areas." The concern is that the development of large institutions like hospitals "often conflict with efforts to preserve and protect the scale and character of residential neighborhoods."

104-3 LU

The failure to consider Objective 1 of the Housing Element is especially striking because the site of the proposed project is in the Van Ness Avenue Area Plan ("VNAP").[4] The top policy

104-4 LU

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[1] Project Significance Criterion 4b, DEIR 4.1-37.

[2] San Francisco General Plan, Housing Element. The General Plan is available at http://www.sf-planning.org/ftp/General_Plan/

[3] DEIR 3-6.

[4] San Francisco General Plan, Van Ness Avenue Area Plan.

priority for this special area plan is the intense development of new housing. The VNAP establishes the following objective and policies for the section of Van Ness Avenue between Redwood and Broadway that encompasses the site of the proposed Cathedral Hill Campus:

> *VNAP OBJECTIVE 1*
> *Continue existing . . . and add a significant increment of new housing.*
>
> *VNAP POLICY 1.1*
> *Encourage development of high density housing above a podium of commercial uses in new construction or substantial expansion of existing buildings.*
>
> *VNAP POLICY 1.4*
> *Maximize the number of housing units.*
>
> *VNAP POLICY 1.5*
> *Employ various techniques to provide more affordable housing.*

These provisions recognize a strong need for housing along Van Ness Avenue and the construction of permanently affordable housing.

104-4 LU

The emphasis on the development of housing along Van Ness Avenue reflects and reinforces Policy 1.1 of the 2004 Housing Element, which states the following: "[e]ncourage higher residential density in areas adjacent to downtown, in underutilized commercial and industrial areas proposed for conversion to housing, and in neighborhood commercial districts where higher density will not have harmful effects, especially if the higher density provides a significant number of units that are affordable to lower income households." Other Housing Element policies that similarly reflect and reinforce the VNAP's prioritization of housing include Policy 1.9, which requires "new commercial developments . . . to meet the housing demand they generate, particularly for affordable housing for lower income workers and students," and Policy 7.3, which emphasizes "greater investments in and support for affordable housing programs by corporations."

104-5 LU

While the project includes a proposed VNAP amendment to create a new sub-area where medical uses could be allowed with a conditional use permit, such a proposal does not negate the necessity in the DEIR to analyze fully the land use and planning effects of the proposed project, especially its impact on the future development of housing along Van Ness Avenue. Instead of engaging in such an analysis, the DEIR mischaracterizes the VNAP by diminishing the primary importance the plan places on housing.

104-6 LU

The DEIR claims that "the focus of the plan is to revitalize the area by encouraging new retail and housing to facilitate the transformation of Van Ness Avenue into an attractive mixed-

use boulevard."[5] The type of mixed-use development the Van Ness Avenue Plan envisions is "high-density housing" above ground floor commercial uses as outlined in VNAP Policy 1.1 noted above. None of the policies presented in the Land Use section of the VNAP encourage the development of any non-residential uses along Van Ness Avenue, except for ground floor commercial uses below "high-density housing." The DEIR focuses on the term "mixed-use" to sidestep the overwhelming emphasis the VNAP places on housing development. Such verbiage is no basis for avoiding a full analysis of both the project's consistency with applicable land-use plans and the planning consequences of granting project exceptions. As part of the DEIR, the project's plan inconsistencies and land-use planning impacts need to be considered carefully and fully and measured in accordance with all relevant VNAP policies.

104-6 LU

The project's impacts on housing development along Van Ness Avenue are significant and warrant a discussion of mitigation measures. The proposed project includes no housing in direct contravention of VNAP's most important policy mandates. At a minimum, the construction of a 15-story hospital and a 9-story medical office building removes major acreage from housing development. An actual analysis has to be done to determine the foreseeable consequences for housing elsewhere in the Van Ness Avenue corridor. This analysis also must reflect the special housing requirements of the Van Ness Avenue Special Use District discussed below, which effectuate the VNAP planning objectives and policies. In short, the DEIR is seriously deficient both because of its failure to consider general plan and special area plan land-use provisions affecting development on Van Ness Avenue and because of its total disregard of the extent of likely housing mitigation measures necessary.

104-7 LU

Policy 11.4 of the San Francisco Housing Element directs attention to the impacts of large institutions on surrounding neighborhoods. Under this policy, the City must evaluate the needs of adjacent residential areas for housing, on-street parking and safe, quiet streets and must work to require institutions to provide housing for workers and students. The DEIR superficially analyzes the demand for neighborhood housing generated by the large new medical center campus proposed for Cathedral Hill. Its approach is to disregard the significance of the neighborhood demand by citing highly general data on citywide housing vacancies and housing goals referenced in the Housing Element.[6] Subsequent sections of these comments address deficiencies in the DEIR's analysis of CPMC workforce housing needs and San Francisco housing vacancies.[7] The DEIR's use of housing goals, which represent policy objectives, instead of looking to the actual development and availability of housing, is perplexing. At the very least, the DEIR needs to discuss the likelihood of actually meeting the housing goals, which it does not.

104-8 PH

The DEIR gives short shrift to housing impacts on adjacent neighborhoods, particularly the Tenderloin. Overlooking the environmental effects of the proposed Cathedral Hill campus on the Tenderloin is an omission endemic to the DEIR. As discussed below, this oversight is

104-9 PH

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[5] DEIR 3-10.
[6] DEIR 4.3-33.
[7] *See* Sections I.B.2 & I.C. of this comment letter, *infra*.

especially glaring in the DEIR's analysis of transportation and circulation impacts. Here, the DEIR fails to address Policy 11.4 of the Housing Element and its emphasis on avoiding disruption caused by the expansion of a major institution into a new neighborhood. Other than acknowledging the need to replace housing demolished in order to build a medical office building,[8] the DEIR does not discuss any necessity to contribute to the development of new housing, especially affordable housing. In light of the scale and character of Tenderloin housing stock and reasonably foreseeable Cathedral Hill Campus workforce demands for housing nearby, this omission suggests that the project may well be inconsistent with Policy 11.4.

104-9 PH

The bottom line is that there is no reasoned analysis in support of the DEIR's assertion that the "project would not have a substantial impact on the existing character of the vicinity"[9] surrounding the proposed Cathedral Hill Campus. The DEIR ignores the degree to which intense development of housing already characterizes development on Van Ness Avenue and completely disregards the project's reasonably foreseeable future impact on housing development within the Van Ness Area Plan without mitigation. Instead, it describes the immediate neighborhood in a distorted way that downplays the area's now dominant residential character. It also overlooks the impact of the project on the Tenderloin, an adjacent neighborhood. The project involves the development of an enormous hospital and medical office complex. It borders on the absurd that the DEIR does not acknowledge and account for the project's dramatic impact on the surrounding neighborhoods.

104-10 LU

B. The DEIR fails to take into account or analyze properly San Francisco Planning Code provisions that require project developers to contribute to the development of housing, especially affordable housing.

1. Virtually nothing in the DEIR helps decision makers understand the specific consequences of modifying or providing an exception to the housing development requirements of the Van Ness Special Use District (VNSUD).[10]

104-11 LU

The VNSUD requires new construction projects to develop three square feet of residential floor space for every square foot of non-residential floor space developed.[11] Developers may reduce the amount of residential floor space they are required to build by up to 50% if they make in-lieu payments into San Francisco's Affordable Housing Fund.[12] Because the Planning Commission may, by conditional use, modify the 3:1 housing ratio,[13] the DEIR presumes that the Planning Commission will grant the project a modification of VNSUD's residential development

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[8] DEIR 4.3-43, 4-44.
[9] DEIR 4.1-55.
[10] San Francisco Planning Code § 243.
[11] Planning Code § 243(c)(8)(A).
[12] Planning Code § 243(c)(8)(B).
[13] Planning Code § 243(c)(8)(B)(iv).

requirement. But the DEIR never explicitly states what modification the project is seeking.[14] As a result, the DEIR never analyzes the housing development consequences of granting a modification. Nothing in the DEIR helps a public official understand the magnitude of new housing development that will not be undertaken if a modification is granted, nor how much of that loss will be offset by a contribution to the Affordable Housing Fund.

104-11 LU

The DEIR also fails to provide necessary information for determining the amount of housing that needs to be built. This determination requires subtracting occupied floor area in existing buildings from occupied floor area in the new proposed buildings.[15] DEIR Table 2-5 provides incomplete information on relevant square footage for the existing buildings on the proposed Cathedral Hill hospital and medical office building sites.[16] Consequently, it is impossible to determine what the residential square footage requirements may be.

104-12 LU

No project is automatically exempt from the 3:1 residential development requirement of the VNSUD. There is, however, a discretionary general exception clause.[17] Four conditions need to be met to trigger its application as part of the approval process for a specific project. There must be findings that (1) granting the exception will not significantly compromise the "overall objective of adding a substantial increment of new housing on Van Ness Avenue"; (2) the project meets an "important public need," for which a medical use may qualify; (3) the public need cannot reasonably be met elsewhere in the area; and (4) housing cannot reasonably be included in the project.[18] Nowhere in the DEIR is there a discussion of the effects of granting an exception on achieving the intense housing development envisioned for Van Ness Avenue as set forth in the VNAP and implemented through the VNSUD. There is also no serious identification and examination of specific sites elsewhere in the area that would be reasonably suitable for a medical campus.

104-13 LU

An EIR is supposed to help decision makers make informed choices about the environmental consequences of their decisions. According to State CEQA Guidelines, "[t]he purpose of an environmental impact report is to identify the significant effects on the environment of a project, to identify alternatives to the project, and to indicate the manner in which those significant effects can be mitigated or avoided."[19] With respect to enforcing provisions of the VNSUD, the DEIR is silent on providing critical information necessary to determine whether an exception to the 3:1 residential requirement is permissible, what would be the consequences for housing development on Van Ness Avenue if it were justifiable, and what would be appropriate housing mitigation measures to diminish the effects of granting such an exception. The manner and degree of CPMC's compliance with the VNSUD's housing policy

104-14 LU

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[14] DEIR 2-45.
[15] Planning Code § 243(c)(8)(A).
[16] DEIR 2-21.
[17] Planning Code §243(c)(8)(B)(iv.)
[18] *Id.*
[19] CEQA Guidelines §21002.1.

has direct and indirect consequences for the physical development of Van Ness Avenue. Such physical impacts have to be considered in an EIR.[20]

104-14 LU

2. In analyzing San Francisco land-use requirements, the DEIR fails to discuss the Jobs/Housing Linkage Program.[21]

In order to offset the housing demands generated by a new development project's permanent employees, the Jobs/Housing Linkage Program requires large-scale projects to contribute land or money to a developer or pay a fee to the City to subsidize housing development.[22] The findings in support of this requirement emphasize the "low vacancy rate for housing affordable to persons of lower and moderate income," and that this shortage forces employees "to commute long distances, having a negative impact on quality of life, limited energy resources, air quality, social equity, and already overcrowded highways and public transport."[23]

104-15 PH

The Jobs/Housing Linkage Program applies to any office development proposed with an additional 25,000 square feet of development.[24] There is no exclusion for a medical office building. The total floor area for the proposed Cathedral Hill medical office building ("MOB") is 496,000 square feet.[25] It is designed as a distinct and separate structure from the proposed hospital. The Jobs/Housing Linkage Program clearly applies to the Cathedral Hill MOB. Yet the DEIR provides no analysis of the nature and extent of CPMC's obligation to contribute to the development of new housing in San Francisco, nor any explanation for this omission.

It may be that because the Cathedral Hill Hospital and MOB are parts of the same conditional use authorization application, the DEIR drafters have assumed that this stand-alone MOB, unlike other office buildings with medical offices, is not to be treated as an office building covered by the Jobs/Housing Linkage Program. Hospitals are not within the mandatory coverage of this ordinance. But to argue that this exclusion also encompasses a nearby medical office building is sophistry. To take this position given that the Cathedral Hill Hospital and MOB are two different buildings is to engage in a legally evasive subterfuge of a major San Francisco land-use requirement. The DEIR needs to be amended to include an analysis of the applicability of the Jobs/Housing Linkage Program to the Cathedral Hill MOB and the steps that need to be taken to mitigate the housing demands attributable to the MOB's workforce.

C. The DEIR provides a faulty analysis of the project's impacts on housing demand in San Francisco, and fails to demonstrate that the City's vacant housing supply is affordable to CPMC's workforce.

104-16 PH

[20] CEQA Guidelines §§ 15126.2(a), 15064(d), 15131(a).
[21] Planning Code §413.1 et seq. (formerly codified as §313.2 et seq.).
[22] Planning Code §413.1 (A)&(F).
[23] Planning Code §413.1 (A)&(B).
[24] Planning Code §413.3(a)(3).
[25] Table 2-5, DEIR 2-21.

1. The DEIR underestimates the impact the project will have on housing demand in San Francisco, particularly in the residential neighborhoods surrounding the Cathedral Hill Campus.

The proposed project would create demand for additional housing in the neighborhoods surrounding the proposed Cathedral Hill Campus, necessitating the construction of new housing. The DEIR predicts the project will cause an increase in population of over 3,200 persons at the site of Cathedral Hill Campus during the period from 2006 to 2015.[26] According to the DEIR, the number of projected workers at the Cathedral Hill Campus will be equal to 30% of San Francisco's total population growth during the period.[27] If the number of workers employed at the proposed Cathedral Hill Campus is the equivalent of that much of the total projected population growth in San Francisco for a nine year period, it is reasonable to expect a high percentage of those workers will seek housing in the residential areas surrounding the campus. The increased demand for housing caused by Cathedral Hill employees is likely to necessitate new construction in the residential neighborhoods surrounding the campus, especially when those neighborhoods have already been identified as having a high need for housing.

104-16 PH

According to DEIR Significance Criterion 3b, the project will have a significant impact on the environment if it will create substantial demand for additional housing.[28] The population growth connected to the Cathedral Hill Campus reasonably crosses this qualitative threshold. Therefore, the DEIR must acknowledge that the project will have a significant impact on the environment and put forth mitigation measures to diminish it.

104-17 PH

Furthermore, the DEIR underestimates the demand for housing generated by the project by overestimating the percentage of CPMC employees that will not live in San Francisco. The DEIR does this in several ways: it bases commute patterns in 2015 and 2030 on commute patterns of 2006; it uses outdated ABAG projections of future population and employment growth; and it uses full-time equivalent personnel to estimate housing demand.

104-18 PH

First, the DEIR bases future commute patterns of CPMC employees on the way in which CPMC employees commuted in 2006.[29] In 2006, 49% of CPMC employees resided in San Francisco, while 51% of employees resided outside of San Francisco.[30] The DEIR then applies this same split to CPMC employees in 2015 and 2030.[31] However, the cost of commuting, as

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[26] DEIR Table 4.3-9 at DEIR 4.3-14. For this period, the DEIR projects that there will be 1,280 new CPMC workers at the Cathedral Hill Campus and that only half (a very questionable assumption) will want to live in San Francisco. DEIR 4.3-19. At a minimum, this means that the number of new-to-San Francisco Cathedral Hill employees represents 8% of the projected total San Francisco population growth from 2006 to 2015. DEIR 4.3-20. But the actual percentage could be as high as 16%.

[27] *Id.*

[28] DEIR 4.3-12

[29] DEIR 4.3-10, citing to California Pacific Medical Center 2008 Institutional Master Plan, 47.

[30] *Id.*

[31] *Id.*

well as the time it takes to commute from outside of the City, is likely to increase dramatically between now and 2015 and 2030, as the population of the entire region grows. Furthermore, as discussed below,[32] to meet the mandatory carbon emissions reductions established by California Senate Bill 375, ABAG and the cities of the Bay Area are going to have to reduce new development in suburban areas and increase development in urban areas where jobs are located.[33] Thus, the assumption on page 4.3-13 that 51% of CPMC's future employees will be commuting into San Francisco from elsewhere in the Bay Area should be abandoned because it ignores the direction that future development is most likely to go.

104-18 PH

Second, CPMC personnel numbers are measured in terms of full time equivalent, or FTE, personnel. In other words, an employee who works half time is a 0.5 FTE.[34] Traffic analyses, however, use a different approach that equates part- and full-time employees, because the number of vehicle trips generated by a full time and part time employee is the same (they each make one trip to and from work).[35] The rationale that bars the use of FTE measurements in traffic projections also applies to housing projections. Each part time employee should be counted the same as a full time employee because each employee has an equal need for a housing unit. The approach in the DEIR grossly underestimates housing demand generated by the project. Thus, on page 4.3-13, the determination of whether increased personnel at CPMC would induce demand for housing should be based on a revised Table 4.3-10 that projects actual personnel, not FTE personnel.

104-19 PH

Third, to assume that any percentage of CPMC employees should have to look outside of San Francisco for housing ignores that fact that many CPMC employees may prefer to live in San Francisco, but are unable to find affordable or desirable housing. The percentage of CPMC employees forced to live outside of San Francisco in 2006 is wholly irrelevant to how many CPMC employees in 2015 and 2030 would prefer to live in San Francisco but may not be able to find appropriate housing. The DEIR should consider the possibility that all employees would prefer to live near their jobs, and make certain that this possibility is fully mitigated by accurately identifying the burden of the project on housing demand. Thus, after revising Table 4.3-10 to estimate actual personnel, as opposed to FTE personnel, the housing demand should then be equivalent to this number, abandoning the assumption that any employee should have to commute into San Francisco from elsewhere in the Bay Area.

104-20 PH

The DEIR is also unclear as to whether the future employment projections include both hospital doctors and staff employed by CPMC directly, and the doctors and medical professionals in private practice that will be using the CPMC hospital and medical office facilities. While both

104-21 PH

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[32] *See* Section III of this comment letter, *infra*.

[33] For general information regarding regional efforts to reduce greenhouse gas emissions through development of a Sustainable Communities Strategy, *see* www.onebayarea.org.

[34] DEIR 4.3-4.

[35] DEIR 4.3-6.

groups are clearly considered in the 2006 data, this should be clarified in regards to future projected employees at 2015 and 2030.[36]

104-21 PH

Fourth, the DEIR bases its jobs/housing balance analysis on an outdated projection of future development and does not take into account recent legislation that aims to refocus new development in the Bay Area's most urban areas. In Table 4.3-5, *San Francisco Employed Residents and Jobs (2000-2030)*, the DEIR uses population and employment data from *Projections 2007*.[37] These projections were generated by ABAG prior to the passing of SB 375, which mandates that ABAG develop and adopt a Sustainable Communities Strategy, or "SCS," that reallocates future housing and employment in a manner that drastically reduces commute times across the region.[38] ABAG's most recent projections, *Projections 2009*, apply the methodology adopted as part of the region's future SCS. By overestimating the jobs/employed residents ratio, the DEIR underestimates the housing need in San Francisco and, specifically, the housing need generated by the CPMC development. The DEIR should use *Projections 2009*, which better reflects future development patterns, as the basis for the jobs/employed residents ratio.

104-22 PH

2. The DEIR inadequately analyses the project's impacts on housing by failing to describe the income levels of CPMC workers and the levels of affordability of available housing in San Francisco.

The DEIR gives no consideration to employees' estimated income levels in analyzing the project's generation of housing demand. After reassessing the housing demand as described above (removing the assumptions that 51% of employees will live outside of the City, and basing the housing demand on actual personnel and not FTE personnel), the DEIR should then address the income levels of estimated employees. Only by identifying the income levels of the CPMC personnel can the DEIR appropriately analyze housing demand.

104-23 PH

Demand for affordable housing units in San Francisco, especially in the neighborhoods surrounding the proposed Cathedral Hill Hospital, is already extremely high. To ignore the demand for affordable housing that is specifically generated by this project is inappropriate. The DEIR analysis of housing demand should include a new table providing a breakdown of employee income levels and the resulting demand for affordable and market rate housing. Affordable and market rate housing should not be lumped together.

104-24 PH

The DEIR also fails to demonstrate that the current and future housing supply in San Francisco will be sufficient to meet the needs of CPMC's workforce. The DEIR claims that San Francisco currently has 17,100 vacant housing units and the capacity to develop over 34,000

104-25 PH

[36] DEIR 4.3-7.
[37] DEIR 4.3-1.
[38] For general information regarding regional efforts to reduce greenhouse gas emissions through development of a Sustainable Communities Strategy, see www.onebayarea.org.

residential units before 2016.[39] The DEIR uses these numbers to conclude that the project will not create substantial new demand for housing in San Francisco.[40] These assertions mask the DEIR's utter failure to address the level of affordability of current vacant units and to provide appropriate projections for future development. These omissions, together with a complete lack of information about the income levels of CPMC workers, make it impossible for the public, or any decision maker, to assess accurately the project's impacts on housing demand in San Francisco.

104-25 PH

The Planning Code recognizes that "San Francisco faces a continuing shortage of affordable housing."[41] Between 2000 and 2004, San Francisco produced less than half of the new low-income housing units needed to meet demand and only 12% of the necessary moderate income housing units.[42] These statistics combined with the fact that "the San Francisco residential real estate market is one of the most expensive in the United States"[43] makes the DEIR's lack of analysis of worker income levels and housing cost especially shocking. Furthermore, while the City may technically have the potential to develop 34,000 additional units of housing, it seems dishonest for the DEIR to suggest that any number of new housing units even approaching 34,000 will be constructed before 2016, especially given the current economic conditions.

104-26 PH

Finally, the DEIR fails to analyze the project's impacts on housing in individual neighborhoods in San Francisco by claiming that employees make housing decisions on a regional level "rather than simply choosing to reside near their employer."[44] While the criteria that individual employees use to make housing decisions clearly varies, it seems unreasonable to claim, as the DEIR does, that introducing over 3,200 new employees into a largely residential neighborhood will not affect housing demand in that neighborhood.

104-27 PH

3. The DEIR does not adequately describe the housing stock surrounding the Cathedral Hill Campus and mischaracterizes San Francisco's ability to meet the housing needs of low and moderate-income persons.

104-28 PH

The DEIR fails to analyze the character of the housing surrounding the Cathedral Hill Campus. The Downtown/Civic Center neighborhood had 962 building code violations in 2008, the highest number in the city.[45] It also had the highest total building code violations for the number of residents in a particular area at 30.7 per 1,000 inhabitants.[46] These numbers show a

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[39] DEIR 4.3-9, 4.3-20.
[40] DEIR 4.3-33.
[41] Planning Code §415.1(c)(2).
[42] *Id.*
[43] Planning Code §415.1(c)(4).
[44] DEIR 4.3-17
[45] San Francisco Department of Public Health, Healthy Development Measurement Tool, http://www.thehdmt.org/neighborhoods/view/7
[46] *Id.*

lack of quality housing surrounding the Cathedral Hill Campus. However 23% of residents in the Downtown/Civic Center neighborhood pay more than 50% of their income towards their rent, and 45% of the Downtown/Civic Center residents pay more than 30% of the income towards rent.[47] The fair market rate for a two-bedroom apartment is $1,658 or 163% of the income for two people earning minimum wage.[48] The low quality of a significant percentage of the housing stock in the Downtown/Civic Center area combined with its high cost relative to its residents' income demonstrates the importance of San Francisco's policies requiring developers to contribute to the development of quality, affordable housing. The DEIR dismisses such concerns by claiming that many San Francisco workers make housing decisions on a regional level unaffected by quality and cost of local San Francisco housing. To the contrary, there is every reason to expect that the project will increase demand for housing in the Downtown/Civic Center neighborhood if quality, affordable housing is available. Enhancement of housing stock is also a health care issue to the extent that substandard housing conditions negatively affect the health of San Francisco residents. The DEIR should analyze the condition of the housing stock surrounding the Cathedral Hill Campus as well as the project's impact on that stock.

104-28 PH

The DEIR should also use available demographic information to analyze more completely housing need on an income level basis. The Planning Code has described San Francisco's housing needs on an income level basis as follows: "[ABAG] estimates that San Francisco's low and very low-income housing production need from 1999 through 2006 is 7,370 units out of a total new housing need of 20,372 units, or 36 % of all units built. Within the past four years [2000-2004], only 23 % of all housing built, or 49% of the previously projected housing need for low and very low-income housing for the same period, was produced in San Francisco."[49] San Francisco has consistently fallen short of its low income housing demands. Additionally, the production of moderate-income rental units also has fallen short of the ABAG goal. Only 351 moderate income units were produced over the previous four years [2000-2004], which is only 4% of total units built compared to ABAG's call for 28% of all units to be affordable to households of moderate income.[50] Given the need for 3,007 moderate-income units for the period 1999-2006, only 12% of the projected need for moderate income units was built between 2000 and 2004.[51] Planning Code section 415.1(c)(4) goes on to state that, "extreme housing pressures face San Francisco, particularly in regard to low- and moderate-income residents."[52] This codified housing snapshot in all likelihood has only gotten worse since the data was compiled. Instead of analyzing housing data by income level, the DEIR states that San Francisco has a historically high ratio of jobs/employed resident ratio.[53] This statement is sufficiently vague to give the false impression that San Francisco is meeting its market rate and affordable housing goals.

104-29 PH

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[47] *Id.*
[48] *Id.*
[49] Planning Code §415.1(c)(2)
[50] *Id.*
[51] *Id.*
[52] *Id.*
[53] DEIR 4.3-6.

Overall, the DEIR's housing analysis is woefully inadequate. The report fails to recognize major inconsistencies between the proposed project and the General Plan's Housing Element. The DEIR also assumes the project will receive conditional use authorization to modify its residential development requirements, but fails to analyze the project's suitability to receive a conditional modification or the impacts on the surrounding neighborhoods that could result from one. Furthermore, the DEIR underestimates the impacts the project will have on housing demand. While the report asserts that San Francisco has enough vacant units and development potential to meet the demands of CPMC's workforce, no analysis of the level of affordability of vacant units or CPMC employee income levels is provided whatsoever. The DEIR must address these inadequacies to afford Planning Commissioners, the Board of Supervisors, and the general public a genuine opportunity to evaluate the project's impacts.

104-30 LU

104-31 PH

II. The DEIR needs to be substantially amended to take into account the project's transportation and circulation impacts on the Tenderloin.

A. The geographic scope of the transportation and circulation analysis is too narrow.

The DEIR neglects to analyze or even mention the Tenderloin as a neighborhood in the vicinity of the proposed Cathedral Hill Campus. One particularly glaring consequence is that the DEIR fails to address the onerous traffic volume that already exists on Tenderloin streets, especially those leading to Van Ness Avenue. This omission defies common knowledge that traffic going to and from South of Market flows through the Tenderloin.

104-32 TR

A DEIR is required to discuss significant impacts that the proposed project will cause in the area affected by the project.[54] CEQA guidelines require the DEIR to "define the geographic scope of the area affected by the cumulative effect and provide a reasonable explanation for the geographic limitation used."[55] The San Francisco Transportation Impact Analysis Guidelines ("SF Guidelines") provide that the normal vicinity is a radius between two blocks and a quarter-mile. However, these mechanical figures are simply guidelines and a larger area needs to be used when reasonable to account for well-known traffic patterns.[56] The DEIR's overall transportation study area for the Cathedral Hill Campus for some purposes is a somewhat larger circular area with a half-mile radius and a perimeter marked by Webster, Fulton, Jones and Washington Streets. [57] These boundaries too are formalistic and exclude an analysis of traffic leading into the circumscribed area. However, in examining congestion levels, the scope of analysis uses the narrow two-block benchmark. As a consequence, the DEIR does not examine congestion at traffic intersections east of Polk Street thereby eliminating almost entirely consideration of transportation and circulation impacts of major concern to Tenderloin residents. The DEIR

[54] CEQA Guidelines §15126.2 (a).
[55] CEQA Guidelines, §15130 (b)(3).
[56] San Francisco Planning Dept., Transportation Impact Analysis Guidelines 6 (2002).
[57] DEIR 4.5-2.

provides no explanation for its virtual exclusion of the Tenderloin, a neighborhood directly abutting the proposed Cathedral Hill Campus, from its transportation and circulation analysis.

By limiting the analysis area, the DEIR fails to analyze how streets in the Tenderloin currently function as arterials or quasi-arterials for moving traffic through the Tenderloin. The City's Congestion Management Program (CMP) defines Golden Gate Avenue and Hyde Street as arterials.[58] Arterials are defined as "cross-town thoroughfares whose primary function is to link districts within the city and to distribute traffic from and to the freeways; these are routes generally of citywide significance; of varying capacity depending on the travel demand for the specific direction and adjacent land uses."[59] Tenderloin streets specifically designated as arterials and additional streets that function as arterials (*e.g.* Leavenworth Street) are not identified by the DEIR. Several freeway exits lead cars through the Tenderloin as a means of entry and departure for Van Ness Avenue, especially when there are high traffic volumes on Van Ness Avenue. To illustrate, cars originating from the East Bay and South Bay regularly exit 7th Street from 101 and then drive to Leavenworth Street, where they will take one of the Tenderloin's one way streets to Van Ness Avenue. Instead of using a formulaic quarter- or half- mile radius for the boundaries of analysis, the DEIR should examine the actual flow of traffic on arterial and quasi-arterial Tenderloin streets. This analysis would provide the community and decision makers with a much more complete picture of the potential traffic impacts of the project on the Tenderloin.

104-32 TR

B. The DEIR fails to consider traffic plans for the Tenderloin including the plans proposed by the Tenderloin-Little Saigon Neighborhood Transportation Study.

In 2004, the San Francisco County Transportation Authority ("SFCTA") in partnership with community organizations initiated a study to identify high priority transportation needs and develop conceptual designs and strategies for transportation improvements to the overlapping Tenderloin and Little Saigon neighborhood. The final report, published in March 2007, is entitled the Tenderloin-Little Saigon Neighborhood Transportation Plan Final Report ("Little Saigon Report").[60] Key among the issues identified by the Little Saigon Report were "the need for enhanced pedestrian safety" and measures "to slow and 'calm' traffic traveling through the neighborhood" and "improve transit reliability."[61] Projects proposed under this plan were adopted before notice of this DEIR's preparation. The DEIR has to consider the potential consequences of increased traffic in the Tenderloin attributable to the Cathedral Hill Campus on effectuating the implementation goals of the Little Saigon Report. While a number of the Little Saigon Report's project proposals have been implemented, several projects remain incomplete due to financial constraints.

104-33 TR

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[58] 2007 CMP Report, Appendix III. *See* www.sfcta.org/content/view/301/147

[59] General Plan, Transportation Element.

[60] SFCTA, Tenderloin-Little Saigon Neighborhood Transportation Plan Final Report 1-1 (2007) (attached hereto as "Appendix A").

[61] *Id.* at 3-1.

The Better Streets Plan ("BSP") is a citywide effort implemented by the San Francisco Planning Department and the San Francisco Municipal Transportation Agency to develop street typology and determine what amenities should be provided. While the BSP is mentioned in the DEIR, the DEIR fails to address various aspects of the plan's implementation in the Tenderloin.[62] Recommendations of the Tenderloin-Little Saigon Report are now being implemented as part of the BSP. CEQA guidelines require EIRs to "discuss any inconsistencies between the proposed project and applicable general plans and regional plans."[63] Accordingly, the DEIR needs to analyze potential inconsistencies between the project's transportation and circulation impacts and the recommendations of the Little Saigon Report that are now part of the BSP.

104-33 TR

1. The DEIR fails to adequately assess what impact increased traffic through the Tenderloin poses on pedestrian safety.

The Tenderloin has the lowest car ownership rate in San Francisco at 18%.[64] Tenderloin residents are a transit-dependent population who must walk to access public transit. Consequently, safe pedestrian conditions are especially important to residents. Even now, without a voluminous hospital facility in the vicinity of the Tenderloin, the neighborhood has hazardous traffic and pedestrian conditions. The streets of the Tenderloin are currently designed to move large volumes of traffic going through the Tenderloin.[65] These multi-lane, one-way arterials cause drivers to speed and make careless turn movements. As a result, pedestrian accident rates are six times higher in the Tenderloin then in San Francisco at large.[66] In the "Downtown/Civic Center" area which includes the Tenderloin, there were 519 pedestrian injuries or deaths between 2004 and 2008.[67] In addition, the Little Saigon report found that pedestrian accident rates were especially high at Market Street intersections and the intersection of McAllister and Leavenworth Streets.[68] This analysis was not provided in the DEIR. These statistics are particularly disconcerting due to the fact that approximately 3,500 children reside in the Tenderloin.[69] The DEIR does not recognize, analyze, or discuss how the project proposal will magnify the already hazardous pedestrian conditions in the Tenderloin.

104-34 TR

The DEIR Transportation and Circulation section does address the need to examine potential conflicts between pedestrians and vehicles.[70] The DEIR states, "[t]he project would have a significant effect on the environment if it" among other things would "create potentially hazardous conditions for pedestrians . . . ."[71] However, it carries out its analysis within too

104-35 TR

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[62] DEIR 3-24
[63] CEQA Guidelines §15125(d).
[64] Little Saigon Report, at 3-2.
[65] *Id.* at 3-4
[66] *Id.* at 3-3.
[67] San Francisco Dep't of Public Health, *Number and Rate of Pedestrian Injuries*, Available http://www.thehdmt.org/indicators/view/56.
[68] Little Saigon Report, at 3-3.
[69] Tenderloin Neighborhood Development Corp., *Fact Sheet*, Available http://www.tndc.org/home/fact_sheet.html.
[70] Transportation Impact Analysis Guidelines, at 14.
[71] *Id.* at 54

narrow a geographic frame. As a result, the DEIR incorrectly and sweepingly concludes that because an additional 600 hospital-related pedestrian trips during each of the peak hours time frames "would not result in substantial overcrowding on the sidewalks and crosswalks, or result in hazardous conditions, the project's impact on pedestrians would be less than significant."[72] What also needs to be examined is the extent to which additional traffic from CPMC Cathedral Hill Campus' staff, patients and visitors will exacerbate already hazardous pedestrian conditions in the Tenderloin.

104-35 TR

The DEIR's failure to analyze pedestrian safety impacts in the Tenderloin also disregards provisions of the San Francisco General Plan that promote pedestrian safety and comfort throughout the city. [73] Policy 18.4 discourages high-speed traffic on local streets through calming measures.[74] In accordance with this policy, the Little Saigon Report's proposals include calming measures, one of which is to convert one-way streets to two-way streets. The Little Saigon Report concludes that this change is not likely to increase congestion or cause vehicle delay but would (1) reduce average travel speeds and (2) reduce traffic volume thus making conditions safer for pedestrians.[75] Another proposal calls for additional pedestrian lighting to improve pedestrian conditions by implementing pedestrian street light fixtures as a part of standard street lighting infrastructure. [76] Additionally, the General Plan specifically designates Van Ness Avenue and Hyde Street as parts of the city-wide pedestrian network. A Citywide Pedestrian Network Street is defined as "an inter-neighborhood connection with citywide significance."[77] On these streets especially, pedestrian movement is a priority and should not be compromised.[78] Pedestrian safety is too important of an issue to have received such little attention in the DEIR.

104-36 TR

2. The DEIR's traffic analysis is incomplete and inadequate because it fails to examine the potential traffic impacts on the Tenderloin as well as traffic impacts midday.

104-37 TR

The DEIR fails to examine the traffic impacts that the Cathedral Hill Campus will have on Tenderloin streets, even though the site borders the neighborhood. San Francisco's General Plan calls for discouraging "excessive automobile traffic on residential streets by incorporating traffic-calming" measures. [79] The Little Saigon Report is the latest of at least nine separate studies conducted by public and private organizations in the Tenderloin since 1997 that

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[72] *Id.* at 2.
[73] General Plan, Transportation Element, Policy 1.2.
[74] General Plan, Transportation Element, Policy 18.4.
[75] Little Saigon Report, at 3-4.
[76] *Id.* at 5-1.
[77] General Plan, Transportation Element, Policy 18.4.
[78] *Id.*
[79] General Plan, Transportation Element, Policy 15.1

recommend traffic-calming measures due to negative impacts from current traffic conditions.[80] Most streets in the Tenderloin are designed to move cars through as quickly as possible.[81] Because of problems caused by over-prioritizing traffic flow ahead of other neighborhood needs, the Little Saigon Report focuses on traffic calming recommendations. One example is converting Ellis/Eddy and Leavenworth/Jones to two-way streets.[82] San Francisco public agencies are now in the process of implementing various Little Saigon Report recommendations.[83]

104-37 TR

Yet the DEIR does not study vehicular routes east of Polk Street and north of Market Street that go through the Tenderloin, even though the Tenderloin is clearly a neighborhood "in the vicinity" of the Cathedral Hill Campus.[84] As a result, the DEIR fails to consider to what extent traffic generated by the Cathedral Hill Campus complicates implementation of the Little Saigon Report's recommendations, which aim to improve Tenderloin neighborhood development and livability. Conversely, it also fails to consider the extent to which traffic calming measures to be implemented as part of the Little Saigon Report's recommendations, like the two-way conversion of Ellis and Eddy, may affect the DEIR's previous traffic estimates by increasing traffic on other thoroughfares.

The DEIR also needs to study traffic impacts during midday, rather than only during a.m. and p.m. peak hours, because a hospital is likely to have a greater volume of daytime traffic than most projects. Currently, the DEIR calculates expected traffic impacts for only the peak a.m. and p.m. hours. While this at times is an appropriate default methodology, San Francisco's traffic consultant guidelines acknowledge that greater analysis may be necessary depending on the nature of the project.[85]

104-38 TR

The proposed hospital is not like most projects. The sprawling complex would border two of the busiest arterial streets in the city. In addition to the proposed Cathedral Hill Campus' numerous staff with non-traditional work hours, most patients and visitors likely will arrive during the day. This influx of traffic at irregular times may cause unacceptable traffic delays during off-peak hours. This is especially probable for streets like Van Ness Avenue, which already experiences heavy traffic all day, and for which the DEIR already found significant and unavoidable impacts during both the a.m. and p.m. peak hours.[86] A proposed hospital located in two of the city's busiest traffic corridors needs to account for traffic patterns throughout the day in order to provide an accurate assessment of its potential impacts.

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[80] SFTCA, Tenderloin-Little Saigon Area Study, Summary of Past Studies 2-5 (2005) (attached hereto as Appendix B).
[81] Little Saigon Report, at 3-4.
[82] *Id* at 5-2.
[83] *Id.* at 6-5 & 6-6.
[84] CEQA Guidelines §15125 (a).
[85] Transportation Impact Analysis Guidelines, at10.
[86] DEIR 4.5-215 to 4.5-232.

3. The DEIR's transit analysis is inadequate because it ignores the disproportionate crowding and delays that the proposed hospital will likely cause in the Tenderloin.

Transit routes in the Tenderloin are already crowded and reliability is below average. Therefore, the neighborhood is likely to experience the most significant transit impacts caused by the proposed hospital. As outlined in the Little Saigon Report, Muni buses in the Tenderloin are some of the most crowded and unreliable because they are in the middle of very long routes with many opportunities for passenger loading and delays.[87] Two lines through the Tenderloin already exceed Muni's load standards, and all lines but one are less reliable than the Muni average.[88] Even the DEIR's own draft traffic study found that over half of all studied lines were at their maximum load point ("MLP") at stops within or bordering the Tenderloin.[89]

104-39 TR

The DEIR measured the proposed hospital's effects on transit by combining multiple bus lines into north/south and east/west transit corridors on the assumption that people will choose to walk to a line that is less crowded even if it is farther away.[90] The DEIR determined that an increase in demand would be a significant impact if the number of passengers rose above 85% of a corridor's total capacity during the a.m. or p.m. peak hours or if any individual lines needed more buses in order to maintain their usual time between stops.[91] The DEIR never mentions the locations of the MLPs for each bus route even though that information is in the draft version of the DEIR's underlying transportation impact study, which found that one-third of the respective a.m. and p.m. MLPs were within the Tenderloin.[92] In addition, when expanded by only two blocks in each direction, the area contained nearly half of the a.m. and nearly two-thirds of the p.m. MLPs for the studied routes.[93]

An EIR should consider "coverage, speed, convenience, reliability, safety and comfort" when evaluating transit impacts.[94] An EIR may study transit routes individually, as groups or in some combination of the two, depending on the nature of the project.[95] EIRs typically account for the project's location in relation to each transit line's MLP.[96] The DEIR's method of analyzing transit impacts better applies to projects in certain Downtown, SOMA and Mission Bay districts.[97] The proposed hospital is not in any of those districts. Consequently, the DEIR

104-40 TR

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[87] Little Saigon Report, at 3-4.
[88] *Id.*
[89] Fehr & Peers, California Pacific Medical Center Long Range Development Plan: Cathedral Hill Campus Draft Transportation Impact Study, 29-30 (2010).
[90] DEIR 4.5-27.
[91] DEIR 4.5-60.
[92] Fehr & Peers, 29-30.
[93] *Id.*
[94] DEIR Appendix F, 5.
[95] *Id.*
[96] *Id.*
[97] San Francisco Planning Dept. Guidelines 11 (transit corridor analysis for C-3, SOMA, and Mission Bay districts).

should tailor its transit analysis to the nature of the proposed hospital and their nature of its surrounding neighborhoods in order to adequately evaluate its potential transit effects.[98]

104-40 TR

The DEIR's transit analysis needs to account for the disproportionate number of MLPs that are within or bordering the Tenderloin as well as the neighborhood's current transit conditions. It is not accurate to assume that people will walk to less crowed lines that are farther away, because the mere act of walking is more likely to be difficult for people who need to travel to a hospital. Moreover, it does not take into account that the Tenderloin has a large number of disabled and elderly residents who depend on transit, as well as a large number of small children who also depend on transit to get to and from school.

104-41 TR

Grouping lines together does not tell the community and decision makers which lines are most crowded. Nor does measuring ridership capacity for the entire route indicate whether there is an especially high concentration of riders along one part of the route while other parts may be virtually empty. The DEIR's reliability analysis similarly does not take into account whether certain sections of the route have longer delays for which the bus must compensate along more sparse sections. As the Little Saigon Report outlined, the Tenderloin already suffers from crowded, unreliable transit service, and therefore is likely to have a disproportionate amount of significant impacts due to the proposed hospital. To study adequately the potential transit effects the proposed hospital will have on the Tenderloin, the DEIR needs to examine each transit route individually and should at least determine the transit impacts of the proposed hospital for the stops at and near the MLPs.

104-42 TR

4. The DEIR incorrectly analyzed parking conditions as a social impact rather than focusing on the potential physical impacts on the Tenderloin.

The parking conditions as described in the DEIR will potentially result in physical impacts in the Tenderloin. The DEIR estimates the peak parking demand shortfall for the Cathedral Hill Campus to be 162 spaces.[99] In addition, the proposed sidewalk widening and other pedestrian improvements would result in the displacement of 26 standard metered spaces, one handicapped-accessible space, and ten commercial vehicle loading/unloading spaces.[100] The DEIR concludes that parking conditions are considered to be social impacts rather than physical impacts on the environment.[101] This conclusion relies on the assumption that "the secondary effect of drivers searching for parking is typically offset by a reduction in vehicle trips due to some drivers, who are aware of the constrained parking conditions in a given area, shifting to other modes."[102] However, the DEIR recognizes "[t]he loss of parking may cause potential

104-43 TR

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[98] *Id.*
[99] DEIR 4.5-163.
[100] *Id.*
[101] DEIR 4.5-162.
[102] DEIR 4.5-166.

social effects, which would include cars circling and looking for a parking space in neighboring streets."[103]

104-43 TR

The DEIR does not analyze what impact the parking shortfall will have on the parking demand in the Tenderloin neighborhood. CEQA provides that, "[e]conomic or social effects of a project may be used to determine the significance of physical changes caused by the project."[104] Although "the social inconvenience of having to hunt for scarce parking spaces is not an environmental impact, the secondary effect of scarce parking on traffic and air quality is."[105] Accordingly, the DEIR needs to fulfill its CEQA-mandated purpose by identifying ways in which the secondary environmental impacts resulting from the project parking deficits can be mitigated.[106] The Tenderloin is close to downtown, which leads to a significant number of commuters parking in the neighborhood. The consequences of Cathedral Hill's parking shortfall could overflow into the Tenderloin causing an increase in traffic on the streets of the Tenderloin and a decrease in parking spaces available for non-hospital related drivers and local residents. The DEIR must analyze the potential physical impacts on the Tenderloin of increased traffic caused by CPMC staff, patients, and visitors seeking parking in the neighborhood.

104-44 TR

5. The DEIR fails to address the impact of the project on the quality of life in the Tenderloin.

The project's Cathedral Hill Campus development will impede the Little Saigon Report's goals of making the Tenderloin more livable and viable for development. It will create an influx of traffic into the areas surrounding the hospital and medical building, including the Tenderloin. The Little Saigon Report found that the speed of the high traffic volume currently endangers pedestrians and lowers the neighborhood's quality of life.[107] The project must ensure it will be a benefit to the neighborhood. Without inclusion of appropriate transportation and circulation mitigation measures, project impacts could push a struggling, largely low-income neighborhood into a downward spiral of urban decay and deterioration.[108]

104-45 PH

The purpose of CEQA is to regulate activities with environmental impacts "so that major consideration is given to preventing environmental damage, while providing a decent home and satisfying living environment for every Californian."[109] The CEQA guidelines state that economic or social effects on people can be used to determine whether a physical effect is significant. For example, if a project would cause overcrowding of a public facility and the overcrowding causes an adverse effect on people, the overcrowding would be regarded as a

104-46 OTH

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[103] DEIR 4.5-166.
[104] CEQA Guidelines §15131(b).
[105] *San Franciscans Upholding the Downtown Plan v. City and County of San Francisco,* 102 Cal. App. 4th 656, 697 (1st Dist. 2002).
[106] *Id.*
[107] Little Saigon Report, at 3-3.
[108] *See Bakersfield Citizens for Local Control v. City of Bakersfield,* 124 Cal. App, 4th 1184.
[109] CEQA Guidelines §21000(g).

significant effect.[110] Additionally, the DEIR must discuss "health and safety problems caused by the physical changes" that the proposed project will produce.[111]

104-46 OTH

The cumulative effect of traffic from the proposed Cathedral Hill site would exacerbate the pedestrian safety, traffic, parking, and transit problems that already plague the residents of the Tenderloin. More traffic and pedestrian collisions create an unsafe environment for residents, specifically the elderly, the disabled, and children.

104-47 TR

Pollution and air quality as a result of increased traffic is also a concern. The DEIR states that according the San Francisco Department of Health the combined traffic volumes from Van Ness Avenue, Geary Boulevard, O'Farrell Street and Franklin Street exceed 137,000 vehicles a day.[112] Now, even without the increased traffic attributable to the proposed Cathedral Hill Campus, 100% of households in the Downtown/Civic Center live within a traffic-related air quality hazard area.[113] The Cathedral Hill campus is expected to generate an additional 8,220 daily vehicle trips on the surrounding streets, which will result in an approximately six percent additional traffic volume. These estimates do not include traffic going through the Tenderloin. Not taking into account Tenderloin impacts, the DEIR needs to undertake further studies not only with respect to impacts on pedestrian safety, traffic circulation, and public transit, but also how increased traffic volume affects air pollution in the neighborhood. For more detailed comments regarding the air quality impacts of the project in the Tenderloin, see Section III, *infra*.

104-48 AQ

E. The DEIR fails to provide substantial evidence that justifies overriding the proposed hospital's significant and unavoidable traffic impacts.

While the DEIR's transportation analysis is deeply flawed and inadequate, it already admits that the proposed hospital, both by itself and in combination with the rest of the LRDP, will have significant and unavoidable environmental impacts on traffic and transit.[114] The DEIR admits that the Cathedral Hill Campus alone would cause significant and unavoidable delays at three intersections (Van Ness/Market, Polk/Geary and Franklin/Bush) and would create a traffic hazard on Geary Street.[115] The DEIR also admits that the proposed hospital, when combined with the LRDP, will result in further significant and unavoidable environmental impacts on both traffic and transit.[116] Three more intersections (Gough/Geary, Van Ness/Pine and Church/Market/14th Street) and five transit lines (49-Van Ness-Mission, 47-Van Ness, 38/38L-

104-49 TR

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[110] CEQA Guidelines §15064(e). *See also El Dorado Union High School District v. Placerville*, 144 Cal. App. 3d 123 (3d Dist. 2003).

[111] *Bakersfield, supra* n. 108, 124 Cal. App. 4th at 1219; CEQA Guidelines §15126.2(a).

[112] DEIR 4.7-75.

[113] Measured as "Proportion of households living within 150 meters of streets with 0.2 ug/m3 or greater of PM2.5". Sixty-eight percent of households live within potential traffic-related air quality hazard area in San Francisco at-large. San Francisco Dep't of Public Health, *Proportion of households living within potential traffic-related air quality hazard area*, Healthy Development Measurement Tool, http://www.thehdmt.org/indicators/view/40.

[114] DEIR 6-1 & 6.2.

[115] *Id.*

[116] DEIR 6-3 & 6-4.

Geary, 19-Polk and 3-Jackson) will experience unavoidable delays due to increased traffic and congestion.

104-49 OTH

A project that acknowledges it will have such significant and unavoidable impacts should have powerful overriding considerations. Having seismically safe hospitals is vital to the quality of life for San Francisco's residents. However, the DEIR does not appear to meet the CEQA-required burden of providing substantial evidence that the proposed project as presently configured sufficiently safeguards the environment of San Francisco.[117]

III. The DEIR does not adequately assess air quality and greenhouse gas impacts or present project alternatives sufficient to mitigate those impacts.

104-50 AQ

In assessing the air quality impacts of the project, the more stringent significance thresholds of the 2010 Bay Area Air Quality Management District (BAAQMD) CEQA Guidelines should apply. The BAAQMD is the regional government agency that regulates sources of air pollution within the nine counties of the Bay Area.[118] It requires that projects for which an EIR notice of preparation is published after June 2, 2010 apply the most recent 2010 CEQA Guidelines over the prior 1999 CEQA Guidelines.[119] Although the notice of preparation in this case was issued a year earlier, the City has the discretion to apply the 2010 Guidelines to this project.[120]

104-51 AQ

The BAAQMD CEQA Guidelines recommend air quality significance thresholds, analytical methodologies, and mitigation measures for cities within the San Francisco Bay Area to use when evaluating air quality impacts under CEQA. The updated 2010 Guidelines "seek to better protect the health and well-being of Bay Area residents by addressing new health protective air quality standards, exposure to toxic air contaminants, and adverse effects from global climate change."[121] To do this, the updated 2010 Guidelines pose additional or more stringent air quality regulations than are included in the 1999 Guidelines. Most specifically, the more recent guidelines include updated thresholds for particulate matter (PM) and ozone, both of which cause adverse health impacts in humans, including increased risk for cardiovascular disease, asthma, reduced birth weight, and mortality.[122]

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[117] *See* CEQA Guidelines §15093.

[118] *See* www.baaqmd.gov for more information.

[119] The adopted CEQA thresholds of significance are effective June 2, 2010, with the exception of risk and hazards thresholds for new receptors, which are effective January 1, 2011. It is BAAQMD's policy to require application of the new thresholds for projects with a notice of preparation published after the applicable effective date.

[120] *See* CEQA Guidelines §15064.7(a) ("Each public agency is encouraged to develop… thresholds of significance…."); *see also* §15064.7(c) ("When adopting thresholds of significance, a lead agency may consider thresholds of significance previously adopted or recommended by other public agencies… provided the decision of the lead agency to adopt such thresholds is supported by substantial evidence.")

[121] *Id.*

[122] *Id.*

Application of the 2010 Guidelines would not require additional analysis, as the 2010 thresholds are already provided in the DEIR for information purposes.[123] The thresholds established by the 1999 Guidelines are more than a decade old and do not appropriately reflect modern and acceptable standards in air quality. As a City that touts its green credentials, San Francisco should seek to apply air quality standards based on the most recent air quality science available.

104-51 AQ

The table below identifies the significant impacts of the project pursuant to the 1999 Guidelines and the 2010 Guidelines, as identified in the DEIR. As indicated in the table, the 2010 Guidelines identify new or increase the prior significance thresholds for long term annual emissions of PM_{10}, construction emissions of NO_X, and short and long term GHG emissions.[124]

Significance Thresholds & Project Impacts Comparison Under 1999 BAAQMD Guidelines and 2010 BAAQMD Guidelines

Description of Air Pollutant or Impact	1999 and 2010 Significance Thresholds	Significant Project Impact as Identified in the DEIR
Increased cancer risk in nearby children due to construction	10 in one million, per 1999 Guidelines	17 in one million
Long term daily emissions of PM_{10}	80 pounds/day, per 1999 Guidelines	104 pounds/day
Long term annual emissions of PM_{10}	15 tons/year, per 2010 Guidelines	19 tons/year
Construction emissions of NO_X	54 pounds/day, per 2010 Guidelines	261 pounds/day in the near term, and 84 pounds/day over the long term
Direct and indirect greenhouse gas emissions	1,100 metric tons/year of CO_2 equivalent per 2010 Guidelines	22,503 metric tons per year of CO_2 equivalent

104-52 AQ

Thus, under both the 1999 and the 2010 BAAQMD CEQA Guidelines, the project poses significant and unavoidable impacts, including: (1) increased cancer risk to nearby children due to construction;[125] (2) long term daily emissions of PM_{10};[126] (3) long term annual emissions of PM_{10};[127] and (4) construction emissions of NO_X.[128]

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[123] DEIR 4.7-1.
[124] 1999 BAAQMD CEQA Guidelines; 2010 BAAQMD CEQA Guidelines.
[125] DEIR 4.7-34, 35.
[126] DEIR 4.7-30.
[127] DEIR 4.7-39.
[128] *Id.*

Significant air quality impacts have health and quality of life implications for the surrounding neighborhoods, including the more than 3,500 children living in the Tenderloin.[129] The project's significant and unavoidable impacts include both temporary construction emissions and long-term operational emissions of PM_{10}.[130] PM_{10} has well documented health-effects, and the significance threshold for PM_{10} was established to protect the public from adverse health impacts resulting from exposure.[131] Similarly, the project has a significant and unavoidable impact of NO_X emissions.[132] NO_X is a gas compound resulting from the combustion of fuels, and when exposed to sunlight, NO_X reacts with other pollutants to form ozone.[133] Ozone's adverse health effects include manifestation and worsening of asthma in both children and adults. Ozone can also alter lung function by increasing respiratory rates, throat dryness, headaches, nausea and impairment of the body's immune system.[134] While air pollution impacts may be unavoidable in urban areas, the Planning Commission should consider the health impacts on the project's surrounding neighborhoods in determining whether or not the project truly has overriding considerations that necessitate its approval.

104-52 AQ

The more than 22,500 metric tons of greenhouse gas (GHG) emissions generated by the project on an annual basis will have a significant impact on the environment. Under the 1999 BAAQMD Guidelines, the project's direct and indirect green house gas (GHG) emissions would have a significant impact on the environment. Using the 1999 BAAQMD Guidelines' threshold levels of significance, a project's GHG emissions significantly impact the environment if the proposed project will "generate GHG emissions, either directly or indirectly, that may have a significant impact on the environment; or conflict with an applicable plan, policy, or regulation of an agency adopted for the purpose of reducing the emissions of GHGs."[135] While the DIER states that the project does not conflict with any existing GHG emissions reduction plans or policies, the DEIR presents no analysis of why the projects GHG emissions will not surpass the qualitative threshold of "may have a significant impact on the environment."

104-53 GH

Whether or not the proposed project conflicts with an applicable GHG emissions reduction plan or policy, it will generate the equivalent of more than 22,500 metric tons of CO2 per year. The DEIR should recognize that this level of emissions would cause the project to have a significant environmental impact based on the qualitative standard. 22,500 metric tons of GHG emissions are more than 20 times the recently adopted 2010 BAAQMD Guidelines for EIR GHG significance thresholds.[136] Operational GHG emissions per service population at the Cathedral Hill Campus will also exceed the new guidelines by over 25%.[137] The DEIR admits that the Cathedral Hill Campus' GHG emissions will easily surpass the threshold levels established by

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[129] Tenderloin Neighborhood Development Corp. Fact Sheet, http://www.tndc.org/home/fact_sheet.html.
[130] DEIR 4.7-30.
[131] DEIR 4.7-2.
[132] DEIR 4.7-39.
[133] DEIR 4.7-4.
[134] DEIR 4.7-5.
[135] DEIR 4.8-13.
[136] DEIR 4.8-31.
[137] *Id.*

the 2010 BAAQMD Guidelines. However, the DEIR still claims that the project's GHG emissions would not have a significant impact on the environment under the 1999 BAAQMD Guidelines. Given how greatly the Cathedral Hill Campus' GHG emissions would exceed the recently adopted 2010 BAAQMD Guidelines, it is more than reasonable to find that the campus' GHG emissions would surpass the qualitative threshold of "may have a significant impact on the environment," as used under the 1999 BAAQMD Guidelines. The DEIR should acknowledge that the project's GHG emissions would have a significant impact on the environment under the 1999 BAAQMD Guidelines and put forth mitigation measures to diminish it.

104-53 GH

It is important that the DEIR acknowledge the project will have a significant impact on the environment under the 1999 BAAQMD Guidelines, so that decision makers are able to accurately evaluate the project's costs and benefits. By falsely claiming the project will not have a significant impact on the environment under the 1999 BAAQMD Guidelines, the DEIR is essentially downplaying the effects of the project's GHG emissions. State CEQA Guidelines establish that the "[t]he purpose of an environmental impact report is to identify the significant effects on the environment of a project, to identify alternatives to the project, and to indicate the manner in which those significant effects can be mitigated or avoided."[138] By denying that the project's GHG emissions "may have a significant impact on the environment," the DEIR fails to comply with the fundamental objectives of an EIR. Failing to recognize a significant impact not only mischaracterizes a project's environmental cost, but also distorts the DEIR's discussion of alternatives, and mitigation measures. The DEIR must recognize that the project's GHG emissions will have a significant impact on the environment under the 1999 BAAQMD Guidelines, as well as the 2010 version. Failure to do so downplays the project's impacts on the environment, distorts the DEIR's discussion of alternatives and mitigation measures, and therefore inhibits Planning Commissioners, Supervisors, and the general public's ability to properly evaluate the project.

104-54 GH

As required pursuant to Section 15126.6(a) of the CEQA Guidelines, the DEIR should identify and analyze reasonable project alternatives that would attain project objectives while reducing these dangerous air quality impacts. While the project identifies several significant and unavoidable air quality impacts and acknowledges the impacts will have adverse health impacts on residents of nearby neighborhoods, the DEIR fails to identify additional alternatives that reduce these dangerous impacts. While Alternative 2 results in one less significant and unavoidable air quality and GHG emissions impact, Alternatives 3A and 3B do not result in any fewer significant and unavoidable impacts than the project itself. The significant and unavoidable project impacts are summarized in the table below. As depicted in the table below, significant and unavoidable air quality impacts are induced by every project alternative, with the exception of the no project alternative.[139]

104-55 ALT

[138] CEQA Guidelines §21002.1.

[139] *See* Section VI of these comments, *infra*, for a discussion of project alternatives.

Cathedral Hill Campus Significant and Unavoidable Air Quality and GHG Impacts for Project Alternatives 1, 2 and 3[140]

Alternative	Significant and Unavoidable Air Quality Impacts at Cathedral Hill	Significant and Unavoidable GHG Impacts at Cathedral Hill
Project	Significant and unavoidable impacts: - Exposes resident children to increased cancer risk above the acceptable threshold - Long term daily and annual PM10 emissions exceed the acceptable threshold - Construction emissions of NOX exceed the acceptable threshold	Significant and unavoidable impact: - Direct and indirect GHG emissions exceed the acceptable threshold
Alternative 1A: No Project, with no demolition at St. Luke's Campus	No impact	No impact
Alternative 1B: No Project, with demolition of St. Luke's Campus	No impact.	No impact.
Alternative 2: Four Campus Rebuilding, Retrofit, Redevelopment Alternative	Significant and unavoidable impact: - Long term daily and annual PM10 emissions exceed the acceptable threshold - Construction emissions of NOX exceed the acceptable threshold	Significant and unavoidable impact: - Direct and indirect GHG emissions exceed the acceptable threshold
Alternative 3A: Reduced Development at Cathedral Hill, with bed shifting to St. Luke's.	Significant and unavoidable impacts: - Exposes resident children to increased cancer risk above the acceptable threshold - Long term daily and annual PM10 emissions exceed the acceptable threshold - Construction emissions of NOX exceed the acceptable threshold	Significant and unavoidable impact: - Direct and indirect GHG emissions exceed the acceptable threshold
Alternative 3B: Reduced Development at Cathedral Hill, with bed shifting to	Significant and unavoidable impacts: - Exposes resident children to increased cancer risk above the acceptable threshold	Significant and unavoidable impact: - Direct and indirect GHG emissions exceed

104-55 ALT

[140] DEIR 6-405.

Alternative	Significant and Unavoidable Air Quality Impacts at Cathedral Hill	Significant and Unavoidable GHG Impacts at Cathedral Hill
California Campus	- Long term daily and annual PM10 emissions exceed the acceptable threshold - Construction emissions of NOX exceed the acceptable threshold	the acceptable threshold

The DEIR recognizes that the project will have the following significant impacts on the environment related to air quality and GHGs:

- Construction will expose nearby resident children to an increased cancer risk of 17 in one million. The BAAQMD threshold is 10 in one million.

- The BAAQMD threshold for daily PM10 emissions is 80 lbs/day. The Cathedral Hill Hospital will emit 104 lbs/day.

- The BAAQMD threshold for annual PM10 emissions is 15 tons/year. The Cathedral Hill Hospital will emit 19 tons/year.

- The BAAQMD threshold is 54 pounds per day of NOX emissions for both the near and long term. Construction of the Cathedral Hill Hospital will emit 261 pounds per day in the near term, and 84 pounds per day in the long term.

- Direct and indirect GHG emissions greatly exceed the BAAQMD threshold of 1,100 metric tons per year of carbon dioxide equivalent. The Cathedral Hill Hospital is anticipated to generate the equivalent of 22,503 metric tons of carbon dioxide per year.

104-55 ALT

It is critically important that San Francisco decision makers carefully examine these serious impacts when evaluating the project's merits, as well as the DEIR's claim that there are few, if any, mitigation measures available. The DEIR attempts to downplay the project's air quality and GHG impacts by using outdated guidelines as significance thresholds, and by claiming that the project's impacts do not cross qualitative thresholds notwithstanding substantial evidence to the contrary. While the DEIR does acknowledge multiple significant air quality and GHG impacts resulting from the project, it fails to present project alternatives or mitigation measures which are capable of substantially reducing the severity of these impacts. The DEIR should fully acknowledge the significance of the project's air quality and GHG impacts and present further alternatives or mitigation measures to reduce them.

IV. The DEIR fails to address San Francisco's goal of increasing its resident workforce through a First Source Hiring Program.

The DEIR must analyze specific land use plans and policies related to employment. A stated objective of the San Francisco General Plan is to "expand employment opportunities for City residents, particularly the unemployed and the economically disadvantaged.[141] The General Plan emphasizes the need to promote measures designed to increase the number of San Francisco jobs held by San Francisco residents.[142] To achieve this goal, San Francisco established the First Source Hiring Program, which seeks to provide job opportunities for the unskilled workforce in the City.[143] These opportunities include job training and retention programs. To implement this program, the First Source Hiring Administration has the authority to condition building permits based on specific requirements including: (1) hiring and retention goals, (2) first source interviews, (3) recruitment and hiring goals for all construction on the project, (4) record keeping and monitoring goals, and (5) good faith standards for complying with the first source hiring program.[144] This program should be utilized during the construction phase of the project and for subsequent permanent hiring by CPMC and its lessees and successors. 104-56 PH

Currently, the percentage of CPMC workers living in San Francisco is 49%.[145] This falls short of the City's overall rate, where 56% of the workers live in San Francisco.[146] These figures highlight the need to implement a first-source hiring program for the project to increase job opportunities for San Francisco residents. Presently, 23% of San Franciscans must commute outside of the City to work.[147] If provided the opportunity, these residents could potentially obtain jobs through the hiring program and subsequently increase the percentage of CPMC workers that live in San Francisco. 104-57 PH

The health care industry is a vital and growing aspect of the San Francisco economy. This project provides a unique opportunity to implement a first source hiring program in a burgeoning industry. Job categories in a hospital and medical office building breakdown as such: healthcare practitioner and technical occupations (44%), healthcare support occupations (19%), office and administrative support (14%), and other miscellaneous jobs (23%).[148] Within this breakdown, there is a wide variety of job opportunities for workers with different skill levels and interests. This analysis does not take into account the construction phase of the project, which will create additional job opportunities for entry level, unskilled workers as well as for experienced construction workers. 104-58 PH

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[141] San Francisco General Plan, Commerce and Industry Element, Objective 3.
[142] *Id.*
[143] San Francisco Administrative Code § 83.2.
[144] San Francisco Administrative Code 83.11.
[145] DEIR 4.3-11.
[146] San Francisco Department of Public Health, Healthy Development Measurement Tool, http://www.thehdmt.org/neighborhoods/view/7 (last visited October 16, 2010).
[147] *Id.*
[148] *Housing Trust Fund Nexus Analysis*, Keyser Marston Associates, Inc.: Prepared for Sacramento Housing and Redevelopment Agency (March 2007).

The First Source Hiring Program implements the General Plan's objective to expand employment opportunities for City residents. It is an important City policy that should be addressed in the DEIR, as the information provided will allow decision makers to determine reasonably and realistically whether the potential employment opportunities generated by the project outweigh its unavoidable and significant, adverse environmental impacts. 104-59 PH

V. The DEIR analyzes CPMC's LRDP without examining its effects on San Francisco's healthcare delivery system.

A. The DEIR needs to consider project impacts on nearby St. Francis Hospital.

The proposed Cathedral Hill Campus site and St. Francis Memorial Hospital ("St. Francis") are located only 0.48 miles apart. In discussing the social and economic effects of the Cathedral Hill Campus, the DEIR analyzes only the project's consequences for neighboring retail stores.[149] It does not even mention St. Francis. Yet given the enormous changes taking place in the American healthcare system, the potential closing of St. Francis as a direct or indirect result of a new major hospital and medical office complex is reasonably foreseeable. Closure of St. Francis would create an adverse impact on its immediately surrounding neighborhood, most obviously by contributing to urban decay (a clear environmental impact) and by drastically reducing the community's access to affordable health care (a social impact with grave consequences). These reasonably foreseeable physical, economic and social impacts must be addressed in the DEIR.[150] 104-60 HC

Here, the DEIR should have considered whether there would be a sufficient demand for hospital services to sustain both Cathedral Hill and St. Francis as economically viable hospitals.[151] If there is not sufficient demand, and the project is likely to contribute to the closure of St. Francis, the DEIR must examine the potential impacts on St. Francis' immediate neighborhood. At the very least, following a potential closure, St. Francis' hospital buildings would be vacant and could fall into disrepair and spiraling deterioration. Furthermore, there would be a potential for nearby businesses, currently sustained by the employees, patients and visitors to St. Francis, to also close, which further increases the potential for urban decay. The physical impacts of such deterioration are well recognized as environmental harms.[152] 104-61 HC

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[149] DEIR 5-21.

[150] *Bakersfield Citizens for Local Control v. City of Bakersfield*, 124 Cal. App. 4th 1184, 1205-1207; *Friends of Davis v. City of Davis* 83 Cal. App. 4th 1004, 1019-21 (2000). *See also* CEQA Guidelines §§ 15126.2(a), 15064(d), 15131(a).

[151] For example, St. Francis has the only Burn Clinic in San Francisco. If CPMC were to establish a competing burn clinic at Cathedral Hill, it is likely to have severe, adverse financial consequences for St. Francis.

[152] Hernandez v. City of Hanford, 41 Cal. 4th 279 (2007); Wal-Mart v. City of Turlock, 483 F. Supp. 2d 1023 (2007); Van Sicklen v. Browne, 15 Cal. App. 3d 122 (1971); Ensign Bickford Realty Corp. v. City Council, 68 Cal. App. 3d 467 (1977).

In addition to the physical impacts St. Francis' closure would have on the community, closure of a hospital with St. Francis' record of charity care would also be devastating for the Tenderloin community. A comparison of St. Francis' and CPMC's record reveals that St. Francis receives more charity care applications from residents in Supervisorial District 6 (which includes the Tenderloin) than any CPMC campus.[153] This District makes up 17% of San Francisco's charity care requests.[154] In 2008, St. Francis provided medical services to 3,164 charity care patients, while the three long-term CPMC campuses combined (excluding St. Luke's Hospital) served only 1,562 charity care patients.[155] At St. Francis, 2008 charity care expenditures amounted to a little more than $20,000 per staffed bed. At CPMC campuses (again excluding St. Luke's), the reported charity care expenditures were $7,270 per staffed bed.[156] As a result, St. Francis' 2008 charity care expenditures nearly equal those of all three long-term CMPC campuses.[157]

104-62 HC

Looking at St. Luke's charity record since its merger with CPMC only reinforces concern that a new Cathedral Hill hospital will not be accessible to low-income Tenderloin residents. In zip code 94110, where St. Luke's is located, over ten thousand patients received charity care in 2008. St. Luke's that year served only 166 charity care patients.[158] The remainder received hospital care at San Francisco General. It is reasonable to expect that the loss of St. Francis would further strain the resources of San Francisco General, which already provides for the majority of the city's charity care.[159]

When the economic or social effects of a project cause physical change, this change is to be regarded as a significant effect in the same manner as any other physical change resulting from the project.[160] Conversely, where economic and social effects result from a physical change that was itself caused by a proposed project, then these economic and social effects may be used to determine that the physical change constitutes a significant effect on the environment.[161] Both of these impacts need to be examined in the project's DEIR. The potential closure of St. Francis as a result of competition from a new Cathedral Hill Campus is a reasonably foreseeable concern that requires serious environmental analysis.

104-63 HC

B. The DEIR fails to analyze how the project will affect the accessibility and distribution of healthcare services in San Francisco.

104-64 HC

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[153] Charity Care Report San Francisco Hospitals Fiscal Year 2008. Table 4 "*Charity Care Applications by Hospital and Supervisorial District: FY 2008.*"
[154] *Id.*
[155] *Id.*
[156] *Id.*
[157] Charity Care Report San Francisco Hospitals Fiscal Year 2008, Table 10 "*Charity Care Expenditures: FY 2008.*"
[158] *Id.*
[159] Charity Care Report San Francisco Hospitals Fiscal Year 2008. Table 4 "*Charity Care Applications by Hospital and Supervisorial District: FY 2008.*"
[160] CEQA Guidelines § 15064(e). *El Dorado Union High School Dist. v. City of Placerville*, 144 Cal. App. 3d 123, 131 (1983).
[161] *Christward Ministry v. Superior Court*, 184 Cal. App. 3d 180, 197 (1986).

Two San Francisco land use plans--the General Plan's Commerce and Industry Element and the Sustainability Plan for San Francisco--address the responsibilities of private health care providers. While the DEIR identifies these two plans as applicable to the project,[162] it neglects to address their health services provisions. There is also now pending before the San Francisco Board of Supervisors the Health Care Services Master Plan.[163] Though this proposed ordinance is not binding upon this project, it is instructive. Furthermore, CMPC as a non-profit hospital has an obligation to "provide community benefits in the public interest" under California Health & Safety Code section 127340(a).[164] Accessible and equitably distributed healthcare services are major San Francisco and California priorities.

104-64 HC

The DEIR states that the Commerce and Industry Element "focuses on economic vitality, social equity, and environmental quality."[165] Objective 7 of this element emphasizes the importance of enhancing San Francisco's position as a national and regional center for health services.[166] An important admonition in the discussion following Objective 7 is that "future growth must be managed to achieve equitable distribution of benefits to all geographical and cultural sub-populations of the city and to minimize associated adverse effects on surrounding areas."[167] San Francisco hospitals have an obligation to be neighborhood serving and culturally competent in addition to any regional function.

104-65 HC

CPMC promotes the proposed Cathedral Hill Hospital as a tertiary care facility and establishes as a primary objective for that location the consolidation of all its specialized medical services as well as all women and children's services. With respect to the Cathedral Hill Campus, the DEIR provides no information about how CPMC intends to meet the healthcare needs of residents in surrounding neighborhoods. Nor does the DEIR address the compatibility of CPMC's approach to consolidation with the city's policy of "actively encouraging the decentralization of major institutional facilities to . . . areas . . . without adequate services."[168] The Tenderloin, for example, has the highest rate of preventable ER visits in the city, at 452.2 visits per 10,000 people.[169] This rate is nearly double the citywide rate of 237.8 visits per 10,000 people.[170] Yet nothing in the DEIR even alludes to how the Cathedral Hill Hospital will reach out to and serve Tenderloin residents either on-site or in support of neighborhood-based health care clinics.

104-66 HC

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[162] DEIR 3-2

[163] Attached hereto as "Exhibit C." A hearing before the Planning Commission on the HCSMP is scheduled for October 28, 2010.

[164] Cal. Health & Safety § 127340(a) (West 2008).

[165] *Id.*

[166] San Francisco General Plan, Commerce and Industry Element: Objective 7

[167] *Id.*

[168] *Id.* Policy 7.3

[169] Health Matters in San Francisco, available http://www.healthmattersinsf.org/. This indicator shows an overreliance on ER services, as many individuals who lack access to primary care delay treatment until an emergency visit is required.

[170] *Id.*

The San Francisco Sustainability Plan became official City policy in 1997.[171] It serves as a blueprint for environmentally sound development broadly understood. DEIRs commonly review projects in accordance with provisions of this plan.[172] The analysis in the CPMC DEIR is cursory at best.[173] It briefly discusses consistency with only physical environmental topics, such as greenhouse gas emissions. The Sustainability Plan covers not only such environmental topics, but also broader issues having significant effects on the lives of both present and future generations. One of its fifteen topics is human health: "To achieve a sustainable society, environmental, cultural, and institutional barriers to good health must be removed and appropriate health care services must be equitably distributed throughout the city. A primary value underlying these goals is that no individual or group should bear a disproportionate health burden."[174] With respect to healthcare delivery, the Sustainability Plan stresses the importance of both removing barriers to healthcare access and the equitable distribution of health care services throughout San Francisco. As a city plan, it provides further support for why the DEIR in considering the impacts of CPMC's proposed reconfiguration of hospital facilities needs to examine both neighborhood-based and citywide healthcare access and distribution issues.

104-67 HC

A principal objective of the proposed Health Care Services Master Plan ("HCSMP") is to provide decision makers with sufficient information and appropriate criteria, so that they are able to evaluate specific hospital and other healthcare development proposals in accordance with citywide priorities regarding health services access and distribution.[175] Two of the plan's components are especially instructive.

First, the HCSMP requires a land use assessment. The land use assessment's function is to "assess the supply, need and demand for medical institutions in the different neighborhoods of the City; the potential effects or land use burdens of locating such services in particular neighborhoods; and the potential for displacement of other neighborhood-serving uses that may occur as a result of the placement of medical institutions."[176] If this assessment were to be used in reviewing CPMC's LRDP, city officials would be in a much more informed position to evaluate the relative merits for San Francisco of a large 555-bed hospital at Cathedral Hill and a downsized 80-bed St. Luke's Hospital, and the extent to which a new Cathedral Hill Hospital would threaten the continuing viability of St. Francis Hospital.

104-68 HC

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[171] Sustainability Plan, The Department of the Environment, San Francisco, July 1997.

[172] *See, e.g.*, Treasure Island and Yerba Buena Island Redevelopment Plan, case 2007.0903E; San Francisco 2004 and 2009 Housing Element Draft Environmental Report, case 2007.1275E.

[173] DEIR 3-2.

[174] Sustainability Plan, http://www.sustainable-city.org/Plan/Health/intro.htm.

[175] Proposed Health Care Services Master Plan § 342. This provision is consistent with the San Francisco City Charter, which provides that "the Department of Public Health and Health Commission shall provide for the preservation, promotion and protection of the physical and mental health of the inhabitants of the City and County of San Francisco." SF Charter § 4.110.

[176] HCSMP § 342.2.

Second, the HCSMP requires a gap assessment. The gap assessment's purpose is to "identify medical service gaps across the City and medically underserved areas for particular services with reference to geography, transportation/communication options, and unique barriers to accessing care, including but not limited to language, race, immigration status, gender identity, substance abuse, and public assistance."[177] The Cathedral Hill development and changes at St. Luke's will have important effects on healthcare access in two underserved areas. Whether those effects on balance will be good or bad for underserved populations is still a large unknown.

104-69 HC

As articulated in the HCSMP, the City's overarching healthcare goals include distributing healthcare services across the city equitably and efficiently; eliminating healthcare service gaps and medically underserved areas; and placing medical institutions where they complement the needs and infrastructure of the different neighborhoods while promoting and protecting the public health, safety, convenience and general welfare.[178] These goals resonate with the healthcare objectives of the Commerce and Industry Element and the San Francisco Sustainability Plan. Although the specific terms of the HCSMP are not applicable to the CPMC project, its provisions do offer guidance as to what kinds of inquiries should have been undertaken. A land use assessment and a gap assessment are the kinds of tools the DEIR should have utilized in analyzing the impacts of the LRDP on healthcare access and distribution. A thoroughly prepared DEIR would have identified and weighed the healthcare access and distribution costs and benefits of CPMC's LRDP. Without such information, San Francisco decision makers are not in a position to determine whether the project taking into account its effects on San Francisco's healthcare delivery system truly outweighs its adverse environmental impacts.

104-70 HC

VI. The DEIR's alternatives analysis hinges on project objectives that are impermissibly narrow, fails to address a sufficient range of alternatives, and does not adequately analyze the given alternatives.

A. The project objectives are impermissibly narrow.

While many of the project objectives are broadly written, several objectives are impermissibly narrow. These narrow objectives seriously limit the range of alternatives that the DEIR discusses and curtail meaningful consideration of the feasibility of examined alternatives. This use of objectives to dismiss alternatives is a severe flaw in the DEIR's methodology.

104-71 PD

CEQA requires a "statement of the objectives sought by the project."[179] These objectives are used by the lead agency in developing a reasonable range of alternatives. Narrow objectives

[177] HCSMP § 342.2.
[178] *Id.*
[179] CEQA Guidelines § 15124(b).

can limit this range, inhibiting the purpose of CEQA.[180] While the overarching objectives of the project are anything but narrow, several of the core medical services objectives are so drawn as to exclude any option other than the preferred project. Notably, the project seeks to consolidate women's and children's services and a broad range of specialty medical services at a single location.[181] This framing always favors maximizing development on the Cathedral Hill Campus. Alternative 3 proposes moving women's and children's services away from Cathedral Hill, but it inevitably fails as a alternative because it is contrary to the project's consolidation objective. The same holds true for Alternative 2, which because it does not centralize services to the extent of the preferred project cannot compete.

104-71 ALT

CEQA requires consideration of alternatives that will "feasibly attain most of the basic objectives."[182] For this project, a single objective--consolidation--trumps all other considerations. The reason is that consolidation is a feature or method of providing medical services, not a beneficial outcome, such as having seismically safe hospitals, providing quality care, or serving particular populations. Making consolidation a project objective leaves no room for evaluating how different alternatives compare in meeting a range of substantive outcomes. The answer is always going to be the alternative that permits the greatest centralization of services in a single location. The practical effect is to render meaningless the alternatives analysis.[183]

B. The DEIR fails to address a sufficient range of alternatives.

Even though the project is a complicated, multi-site development, the DEIR only analyzes three project alternatives,[184] one of which is the required No Project Alternative.[185] Section 15126.6(a) of the CEQA Guidelines requires that an EIR describes a range of reasonable alternatives to the project that would feasibly attain most of the project objectives while avoiding or substantially lessening any of the significant environmental effects of the project.[186]

104-72 ALT

In several areas, none of the alternatives, with the exception of the No Project Alternative, substantially reduces significant impacts. For example, the Project, Alternative 2, Alternative 3(a), and Alternative 3(b) all have significant and unavoidable air quality and greenhouse gas emissions impacts. These include long term daily and annual PM10 emissions exceeding

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[180] The California Supreme Court has confirmed that overly narrow project objectives can violate CEQA. *In Re Bay Delta Coordinated Environmental Impact Report Coordinated Proceedings* 43 Cal. 4th 1143, 1166 (2008) ("a lead agency may not give a project's purpose an artificially narrow definition").

[181] DEIR 2-7 & 6-6.

[182] CEQA Guidelines § 16126.6(a).

[183] Several Court of Appeal decisions place limits on the ability of project objectives to dictate the feasibility of alternatives. *See Preservation Action Council v. City of San Jose* 141 Cal App 4th 1336, 1351-2 (2006); *Uphold Our Heritage v. Town of Woodside* 147 Cal. App. 4th 587, 595 fn. 4 (2007); and *Save Round Valley Alliance v. County of Inyo* 157 Cal. App. 4th 1437, 1460 (2007).

[184] DEIR, Chapter 6.

[185] However, Alternative 1: No Project Alternative and Alternative 3: Reduced Development at Cathedral Hill Campus have 'sub-alternatives'.

[186] CEQA Guidelines § 15126.6(a).

BAAQMD thresholds, construction emissions of NOX that exceed the BAAQMD threshold, and exposure of nearby children to an increased cancer risk.[187] Similarly, the Project, Alternative 2, Alternative 3(a), and Alternative 3(b) also all have direct and indirect GHG emissions that exceed the BAAQMD threshold.[188] A primary purpose of CEQA is to identify alternatives that avoid or reduce environmental damage.[189] Alternatives failing to reduce these significant greenhouse gas and air quality effects are insufficient. The DEIR needs to include alternatives that lessen these impacts in order to fulfill CEQA obligations. [190]While lead agencies do have discretion in identifying alternatives,[191] they must still demonstrate that they have made a good faith effort to evaluate a reasonable range of alternatives.[192] This DEIR fails to meet this important CEQA requirement.

104-72 ALT

C. The DEIR does not adequately analyze given alternatives.

In the DEIR, alternatives are deemed inferior because they do not meet the project's self-serving consolidation objective. This treatment deemphasizes environmental concerns. In order to accept an alternative with greater environmental impact, decision makers must explain, in writing, the overriding considerations that outweigh negative environmental effects.[193] This explanation must be based on the materials in the record.[194] This DEIR does not provide the extent and level of information needed to support findings of overriding considerations.

104-73 ALT

These comments by the Good Neighbor Coalition address important areas in which the DEIR is deficient in its analysis of the project.[195] The concerns raised regarding the project itself also need to be taken into account when comparing the preferred project with a reasonable range of alternatives. For the Planning Commission to make an informed decision, the DEIR must revisit these critical areas and examine the relative significance of the impacts discussed for the LRDP and its alternatives.

104-74 ALT

VII. Conclusion: The DEIR's analysis is inadequate and has to be revised and re-circulated to better account for the project's true impacts, especially in the Tenderloin.

104-75 INTRO

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[187] DEIR 4.7-34, 35
[188] DEIR 4.8-31
[189] CEQA Guidelines § 15002(a)(2).
[190] CEQA Guidelines 15126.6(a).
[191] *See e.g., California Native Plant Society v. City of Santa Cruz*, 177 Cal. App. 4th 957 (2009).
[192] *See e.g., City of Long Beach v. Los Angeles Unified School District*, 176 Cal.App.4th 889 (2009).
[193] CEQA Guidelines § 15093(b).
[194] *Id.*
[195] *See* Section I of this comment letter for deficiencies related to housing; Section II for deficiencies related to transportation; Section III for deficiencies related to air quality and greenhouse gases; Section IV for deficiencies related to workforce hiring programs; and Section V for deficiencies related to health care delivery.

A. The DEIR fails to provide city officials with all the information they need to make an informed project decision and to explain the reasons for their decision.

104-75 INTRO

The first listed CEQA criterion is that an EIR is inadequate if it does not allow for informed decision making.[196] Another criterion is to "[d]isclose to the public the reasons why a governmental agency approved the project in the manner the agency chose if significant environmental effects are involved.[197] This DEIR as written fails to meet both criteria.

The DEIR identifies Alternative 3(a) as environmentally superior. The Planning Commission may not approve the project as proposed if feasible alternatives can substantially lessen significant environmental impacts. Whether 3(a), or any other alternative, including any unmentioned alternatives, will *substantially* lessen environmental impacts is unclear. Because the DEIR is deficient in several critical areas as detailed in this comment letter,[198] new or broadened analyses are required to determine the foreseeable impacts of the project and the various mitigation measures required. There then needs to be a comparison of impacts across a reasonable range of alternatives. After a more complete analysis, if the alternatives are deemed "infeasible," then an agency may reject them. But, the agency "bears the burden of affirmatively demonstrating that . . . the agency's approval of the proposed project followed meaningful consideration of alternatives and mitigation measures."[199]

104-76 ALT

The DEIR does not provide sufficient support for city decision makers to draft a statement of overriding considerations. While the bases for such a statement need not necessarily be a part of the final EIR, such grounds must be a part of the record.[200] To inform the Planning Commission fully, and to allow for meaningful public comment, the DEIR notwithstanding its bulk needs to be substantially augmented with additional studies and analysis. The importance and magnitude of this project's impact on healthcare delivery in San Francisco demand full and careful consideration of all relevant environmental factors.

104-77 OTH

B. A decision on a project should not be based on narrowly tailored and self-serving project objectives, but on consideration of the project's true impacts including those impacts that are ignored or under-analyzed in the DEIR.

104-78 PD

The DEIR rejects alternatives for no reason other than the applicant's preferences as expressed in narrowly drafted project objectives, in particular its insistence that all women's and children's services and specialized medical services be consolidated at the Cathedral Hill

---

[196] CEQA Guidelines § 15002(a)(1).
[197] CEQA Guidelines § 15002(a)(4).
[198] *See* Section I of this comment letter for deficiencies related to housing; Section II for deficiencies related to transportation; Section III for deficiencies related to air quality and greenhouse gases; Section IV for deficiencies related to workforce hiring programs; Section V for deficiencies related to health care delivery; and Section IV for deficiencies related to alternatives analyses.
[199] *Mountain Lion Foundation v. Fish and Game Commission*, 16 Cal.4th 105, 134 (1997).
[200] CEQA Guidelines § 15093(b).

Campus. Rejecting alternatives because they are inconsistent with self-serving project objectives is incompatible with the purpose of CEQA. For this project, there needs to be a full and honest discussion of its potential substantive benefits across a reasonable range of alternatives, not just a narrow focus on CPMC's preferred method for providing hospital services. If alternatives are rejected based on policies *underlying* project objectives, the DEIR should have examined these rationales.

104-78 ALT

Because the DEIR downplays or overlooks significant environmental impacts, city decision makers lack important and necessary information for determining whether the overriding considerations or justifications for the project outweigh the negative impacts. As discussed in this comment letter, this project especially warrants heightened justification given its potential impacts on myriad environmental and related non-environmental issues, including affordable housing, neighborhood traffic and transit, air quality and greenhouse gas emissions, job opportunities for San Francisco residents, and the accessibility and equitable distribution of healthcare services.

104-79 HC

C. The DEIR has to be amended and then re-circulated for an additional round of public comments.

Significant new information must be added to the DEIR. As detailed in this comment letter, the DEIR sidesteps any serious consideration of housing and affordable housing impacts; ignores entirely the traffic impacts for the Tenderloin neighborhood, especially regarding pedestrian safety; dismisses any serious concern about significant and unavoidable air quality and greenhouse gas emissions impacts; fails to address the need for a first source hiring program; and presumes that building a hospital and medical building complex is its own justification without any regard as to its impact on healthcare accessibility and distribution. In addition, the DEIR dismisses alternatives, including the environmentally superior alternative, in a formulaic and mechanical way without examining the underlying merits of a principal project objective—the centralization of services at the Cathedral Hill Campus.

104-80 INTRO

Such a substantial revision will require a recirculation of the DEIR. California Public Resources Code section 21092.1 mandates that a lead agency re-circulate a DEIR for public comment when significant new information is added after public notice is given. CEQA Guidelines section 15088.5(a)(1) requires that a DEIR be re-circulated when information added after public notice is given recognizes that "a new significant environmental impact would result from the project or from a new mitigation measure proposed to be implemented." Any new studies identified or undertaken also affect the DEIR's analysis of mitigation measures and alternatives. Accordingly, when this new information is added, the DEIR must be re-circulated to ensure that the public and decision makers have a meaningful opportunity to evaluate and comment on the proposed project's true environmental impacts.

Respectfully submitted,

Hastings Civil Justice Clinic for the Good Neighbor Coalition

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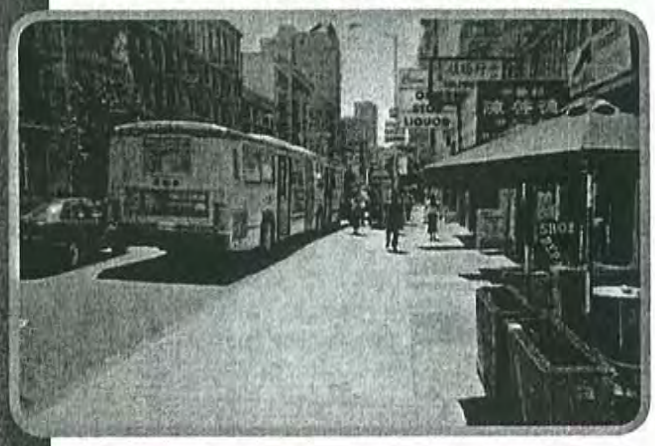
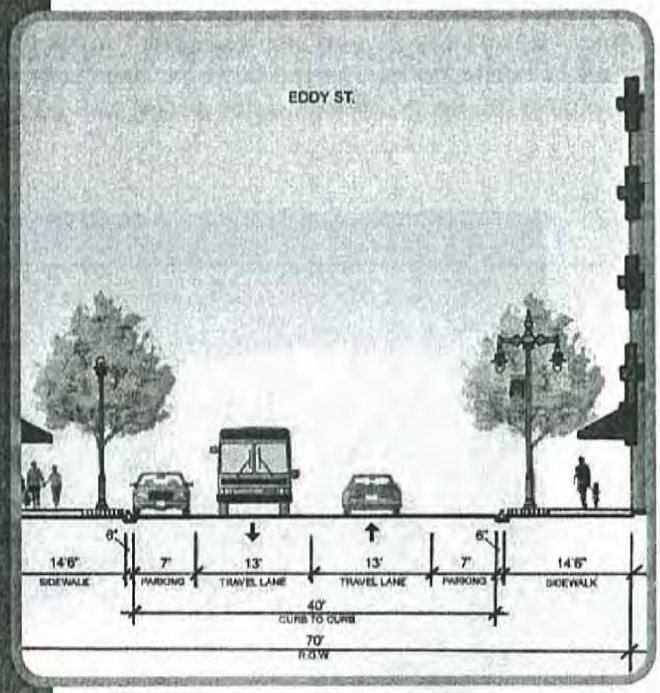
Attachment to Letter 104

San Francisco County
Transportation Authority



Tenderloin-Little Saigon Neighborhood Transportation Plan Final Report



March 2007

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STUDY TEAM MEMBERS

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Technical Consultants: the Nelson/Nygaard team, including Jay Primus, project manager; Bonnie Nelson; Steve Boland; Chris Mitchell, Fehr & Peers; Thomas Kronemeyer; Sam Zimmerman-Bergman, CD+A.

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CHAPTER 1: OVERVIEW

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1.1 Neighborhood Transportation Planning Program

The Tenderloin-Little Saigon Transportation Study is a community-based transportation plan designed to prioritize community transportation needs and develop near and mid-term improvements in the Tenderloin and Little Saigon neighborhoods. The study is part of the MTC's Lifeline Transportation Program and the Authority's Neighborhood Transportation Planning program. The goal of both programs is to find consensus within communities on transportation problems and preferred solutions. Each NTP study:

- partners with community-based organizations (CBOs) to conduct outreach;
- works with the community to identify top priority transportation needs;
- develops top priority improvements through technical analysis, agency participation, and outreach; and
- builds capacity in the community to help develop the recommended projects through to implementation.

The Metropolitan Transportation Commission provided support for the study through its Community Based Transportation Planning program, which focuses on improving transportation in low income and minority neighborhoods. San Francisco's Proposition K sales tax also contributed funding. Recommended projects have been grouped into short (1 to 2 years) and medium (3 to 5 years) term phases to achieve visible change soon.

1.2 Methodology

The Authority's Neighborhood Transportation Planning (NTP) process is designed to integrate community and agency stakeholders in the planning process. Led by the Authority, the study team included a technical advisory committee consisting of implementing agency partners working alongside members of the community, and a consulting team that included both Technical Consultants and Community Based Organizations serving as outreach consultants. By creating opportunities for collaboration between residents, neighborhood organizations, implementing agencies and technicians, the project will have benefits that go well beyond the traditional planning and engineering study.

The Tenderloin Housing Clinic, the Southeast Asian Community Center, and Asian Neighborhood Design, three community-based organizations (CBOs) with strong ties to the Tenderloin community, served as outreach consultants on the study. The study also utilized traditional planning and engineering analysis in a variety of specialties including transit planning, urban design, and traffic engineering to develop solutions that are implementable within the study's time frame. The Technical Consulting team was led by Nelson\Nygaard Consulting Associates and included Fehr & Peers, a traffic engineering consultant and Community, Design and Architecture, an urban planning firm. Agency partners on the Technical Advisory Committee included MUNI, the Department of Parking and Traffic, the Department of Public Works, the Planning Department, the Department of Public Health, and MTC.

1.3 Study Area

For purposes of the study the Tenderloin was defined as the area bounded by Van Ness Avenue, Market Street, Powell Street, and Post Street (see Figure 1-1). The community identified the core residential area bounded by Larkin, Ellis, Taylor, and McAllister as a priority for focus.

Figure 1-1 Study Area



CHAPTER 2: OUTREACH PROCESS

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Introduction

The Tenderloin Housing Clinic (THC) served as the lead outreach consultant to this process, with assistance by the Southeast Asian Community Center (SEACC) and Asian Neighborhood Design. These organizations were selected through a competitive selection process because they are well-established and active in the community and provide links to the broad diversity of stakeholders in the Tenderloin and Little Saigon neighborhood.

The outreach consultants organized an array of activities to involve the broader Tenderloin and Little Saigon communities in developing and prioritizing transportation improvements that address their top needs. Activities began in Fall, 2005. The complete Outreach Plan is provided as Appendix 1.

REGULAR COMMUNITY MEETINGS

Attending regularly scheduled meetings of community organizations was one of the cornerstones of the study outreach approach. These included:

- La Voz Latina de la Ciudad Central
- Tenant Associations Coalition
- Alliance for a Better District 6

- Tenderloin Futures Collaborative
- Central City SRO Collaborative
- Community Leadership Alliance

FOCUS GROUPS AND STAKEHOLDER INTERVIEWS

The study gathered input from senior and youth groups, as well as civic non-profits, through focus groups and stakeholder interviews. These included:

- Curry Senior Center
- YMCA after school program
- Transportation for a Livable City

WALKING TOURS

The THC and SEACC, along with the Authority, hosted three separate walking tours with a wide array of stakeholders including participants invited from the community at large. Three walking tours were held over a two-week period.

These tours were held in addition to the TAC walking tour. The purpose of the tours was to visit key problem and opportunity sites in the neighborhood, and discuss and envision potential improvements. Each participant was given a disposable camera to shoot pictures of problem areas or opportunities. Figures 2-1 includes some of the hundreds of photos that were taken.

Figures 2-1 Walking Tour







MERCHANT INTERVIEWS

THC organized targeted outreach to small merchants. Merchants with a long history in the neighborhood were specifically targeted. 20-minute interviews were conducted with three merchants representing food, retail, and convenience store businesses.

MULTILINGUAL SURVEYS

The Authority developed a survey to obtain community feedback on potential projects. These surveys were distributed by the Tenderloin Housing Clinic and the Authority at community meetings; the walking tours; at the June community meetings; and directly by SEACC (in Vietnamese) and the THC to their organizations' clients. Over 100 surveys were completed.

COMMUNITY-WIDE WORKSHOPS

Two community-wide workshops were held at key points in the study: after the initial assessment of existing conditions and needs, and after the development of potential improvements.

The first workshop was held after the study team completed technical analysis as well as outreach activities to understand transportation existing conditions and needs in the neighborhood. The purpose of this workshop was to confirm the study team's understanding of the community's transportation concerns, share technical analysis of transportation conditions in the neighborhood and work with the community to prioritize needs and issues.

The second workshop was held after the study team hosted walking tours and developed transportation improvement concepts. The purpose of the workshop was to present a technical evaluation of the potential benefits and impacts of the array of proposed improvements, and work with the community to prioritize improvements.

THC publicized both workshops to a broad array of stakeholders, including residents, merchants, and community leaders. Publicizing strategies included announcement on the Authority's website, e-mail lists distribution, placing notices in local media, posters in businesses, flyers in apartments and other buildings, and door-to-door outreach. The media contacted to promote the community workshop included:

- Print: Central City Extra, Street Spirit, Bay Area Reporter, SF Weekly, SF Bay Guardian, SF Examiner, SF Chronicle;
- Online: Beyond Chron, SF Sentinel;
- Ethnic media: Ming Pao Daily News, Nichi Bei Times, El Tecolote, El Bohemio, El Mensajero;
- Email listservs: District 6 email list

Figures 2-2 Workshop Activities

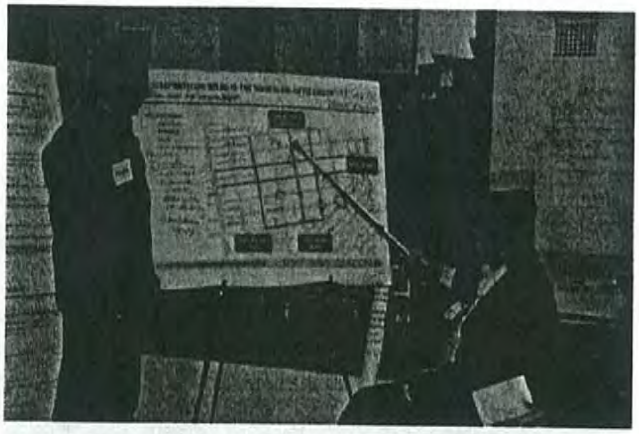






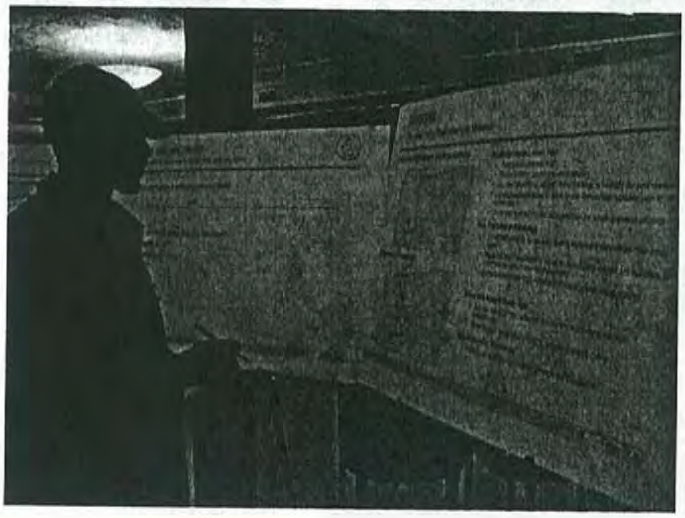
Figures 2-2 Workshop Activities











CHAPTER 3: GOALS AND NEEDS

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This chapter summarizes the process for identifying the highest priority transportation needs in the Tenderloin, and reports the key findings. This effort resulted in community-derived goals to guide the development of improvement projects. The complete Existing Conditions and Needs Report is provided as Appendix 2.

3.1 Needs Assessment Methodology

The Tenderloin-Little Saigon Neighborhood has been the subject of a number of previous studies that all identified similar transportation issues in the community. Key among these were the need for enhanced pedestrian safety, to slow and "calm" traffic traveling through the neighborhood, to improve the condition of the sidewalks, and to improve transit reliability. These needs were further developed through technical analysis and outreach.

Technical steps to identify transportation needs included:

- 2000 U.S. Census data, used for demographic and land-use analysis;
- Travel patterns and mode shares estimated using the San Francisco County Transportation Authority's

San Francisco Travel Demand Model (SF-CHAMP);

- Field observations and inventories to assess streetscape, bus stop, and pedestrian conditions;
- Statewide Integrated Traffic Records System (SWITRS) data on pedestrian accidents to assess pedestrian safety and collisions;
- Transit schedules and performance data from Muni records;
- Muni ridership statistics from Muni's National Transit Database (NTD) Data for fiscal year 2005;
- Field observations and reviews of roadway geometry (e.g. number of lanes, directionality (one-way vs. two-way) and functional classification (arterial, collector) to document automobile circulation patterns;
- City-provided data on traffic volumes were independently verified by supplemental field observations;
- City's Synchro model of traffic operations, updated with newly collected traffic counts; and
- Site visits and city diagrams to catalog parking spaces and evaluate conditions.

3.2 Existing Conditions and Needs Assessment

The Tenderloin-Little Saigon area is unique among San Francisco neighborhoods. As a place, it is one of San Francisco's oldest neighborhoods, and its fine-grained streets provide a humane, pedestrian scale. Located next to San Francisco's urban core, it is home to a high density of housing, employment, and shops.

The Tenderloin is unique in other ways. It is San Francisco's most ethnically diverse neighborhood, providing a home to many recent immigrants who give it a dynamic and rapidly evolving character. It is also one of its poorest communities, with low household incomes and the lowest car ownership rates in the City - just 18% of households own an automobile (see Figure 3-1). To get around the City, Tenderloin residents are first and foremost pedestrians who use transit. Perhaps because of this, the key transportation needs that emerged from the community focused on improving transit and walking conditions.

Figure 3-1 Percent of Households with Zero Vehicles



Given the unique environment and transportation setting in this neighborhood, it is not surprising that the primary needs identified by the community focus on establishing a safe environment for diverse users including pedestrians, cyclists,and transit riders. One of the most critical needs identified by the community was the need to "rebalance" the transportation system to improve the pedestrian and transit environment, since most Tenderloin residents walk or take transit for nearly all their trips. The most critical needs include:

- **Improve pedestrian safety.** Accident rates are six times higher in the Tenderloin than in the city at large, and especially at intersections with Market Street and the intersection of McAllister and Leavenworth Streets.
- **Improve transit service reliability and accessibility to low income individuals.** The neighborhood is well served by multiple bus lines with frequent service, but buses are often crowded and bunched together - in other words, service is unreliable. Residents are also concerned with the affordability of transit for low-income individuals.
- **Reduce the speed of traffic through the neighborhood.** The Tenderloin's multi-lane, one-way streets, many with excess capacity, encourage speeding and careless turn movements, endangering pedestrians and lowering the neighborhood's quality of life.
- **Use the street environment as a tool to enhance security and improve the community experience.** Narrow, cluttered, damaged and often barren sidewalks aren't just unattractive; sidewalk activity in confined spaces often forces pedestrians into the street.

Improve Pedestrian Safety

As shown in Figure 3-2, the Tenderloin has a high rate of pedestrian incidents: order of magnitude estimates show that pedestrians are about six times more likely to be injured or killed by a car in the Tenderloin than in other areas of the City. Additionally, collisions are distributed throughout the neighborhood, indicating that traffic speeds are an issue in the neighborhood at large and not just at one or two "hot spots."

Figure 3-2 Locations of Pedestrian Accidents

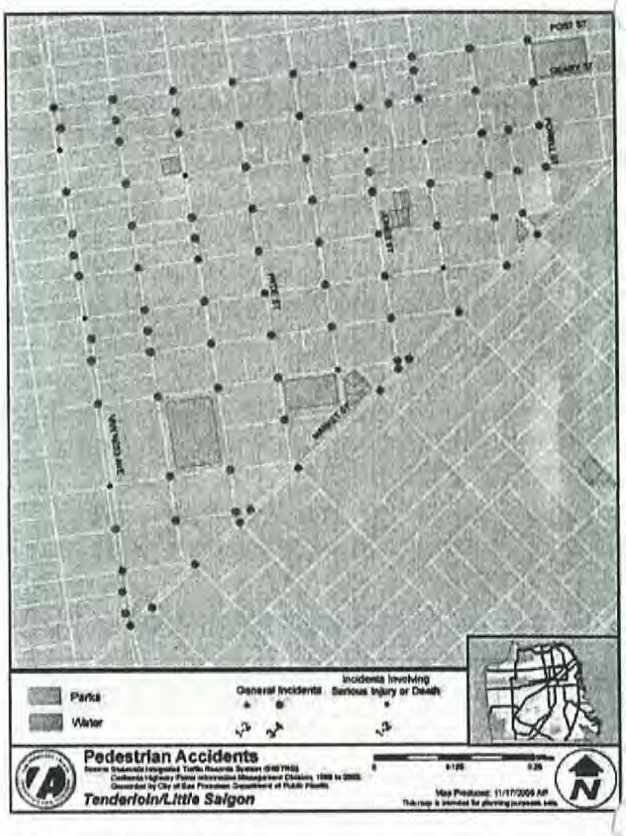
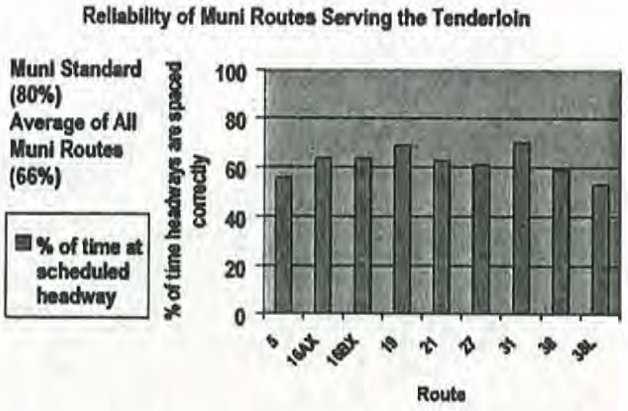


Figure 3-3 Sidewalk space is often constrained relative to demand



Figure 3-4 Reliability of Muni Routes Serving the Tenderloin



Improve transit service reliability and accessibility

Because of its central location, no neighborhood in San Francisco has a better supply of transit in terms of geographical coverage, frequency of service, regional connectivity, or amount of late night (i.e., 24 hour) service. In this sense, there is an abundance of transit in the Tenderloin.

The Tenderloin community's concerns with transit are not related to its supply, but rather to its performance. Many Tenderloin residents perceive Muni as unreliable and crowded, and data confirm these impressions. The 5-Fulton and the 38L-Geary Limited recently have surpassed Muni's load standards, and only about half of trips on those lines arrived according to scheduled headways. Every Tenderloin route except the 27-Bryant is less reliable than the Muni average.

Unfortunately, the Tenderloin's location is related to transit performance problems. Transit routes are typically at their fullest when they arrive in the neighborhood. Routes that pass through the Tenderloin are among the longest in the City, so they have many opportunities to get off schedule before arriving in the Tenderloin, impacting their reliability. Moreover, it is likely that transit reliability degrades when traveling within the Tenderloin because of unpredictable delays caused by high volumes of vehicle, passenger, and pedestrian activity.

Finally, Tenderloin residents frequently mention the expense of paying for transit trips as a significant concern, particularly since a fare increase in September 2005.

Reduce The Speed Of Traffic Through The Neighborhood

While the location, density, demographics and scale of the neighborhood support walking and transit as the primary modes of travel, the streets themselves are generally designed to move large volumes of traffic going through the Tenderloin to the downtown core and the freeway system. The majority of the streets in the area are multi-lane one-way arterials designed to move cars as efficiently as possible to and from downtown or the freeway entrances and exits south of Market Street. The tension between the desires of residents living in this high-density, largely residential and mixed-use neighborhood, and the role its roads currently play for cars, is a common theme throughout this report. Community members repeatedly expressed concerns about speeding traffic and pedestrian conflicts, and the technical analysis found that in many locations there is excess auto capacity. Analysis of nine key intersections found afternoon-peak Level of Service (LOS) rankings at seven of them to be "free flowing" or Level of Service A - a very unusual result for an urban neighborhood with high volumes of traffic. The finding demonstrates the fact that cars move through the neighborhood very quickly, and indicates that the area is over-designed for automobile flow relative to other needs.



Use the street environment as a tool to enhance security and improve the community experience

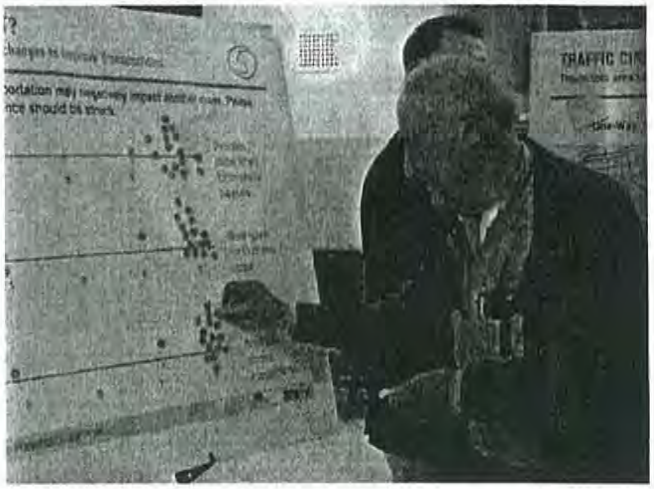
One of the primary concerns expressed by community members was the condition of sidewalks, their lack of cleanliness and state of disrepair. Desire for more pedestrian scale lighting was widely voiced. Additionally, because so much of the public right of way has been dedicated to automobile travel and parking, sidewalks in the Tenderloin may be too narrow for the high volume of pedestrian traffic they carry. Although considered pedestrian and streetscape amenities, the existing street furniture, trees, and transit shelters further constrain the effective width of the sidewalks. Finally, pedestrian conditions in the Tenderloin are degraded by the quantity of automobile traffic.

Figure 3-5 Tree wells can collect refuse



3.3 Summary of Project Goals

Figure 3-6 Community Prioritization of Needs



Working with the community through stakeholder meetings, focus groups and public workshops, the high priority needs were translated into goals for the project. The relationships between transportation needs and project goals are summarized in Figure 3-7.

Figure 3-7 Transportation Needs and Project Goals

TRANSPORTATION NEED	PROJECT DEVELOPMENT GOAL
Improve Pedestrian Safety	Implement street designs that reduce likelihood of collisions
Rate of pedestrian collisions in the Tenderloin is several times higher than S.F. average	▪ Reduce vehicle speeds ▪ Increase pedestrian visibility ▪ Reduce conflicts between pedestrian and cars at intersections ▪ Reduce conflicts between pedestrians and bicyclists on the sidewalks ▪ Establish balance between pedestrian and auto traffic
Improve the street experience	Use street design treatments to improve the look and feel of the street
Sidewalks often feel dangerous, uncomfortable, unattractive	▪ Provide ample space, light, and amenities for pedestrians ▪ Buffer pedestrians and transit passengers from traffic ▪ Improve bus stop quality
Improve Transit Reliability	Implement measures that improve the transit experience
Service is unreliable, passenger experience is uncomfortable, access is limited	▪ Increase reliability ▪ Increase user friendliness ▪ Reduce physical barriers to access, including to regional services such as BART or Golden Gate ▪ Improve access of low income individuals to Muni's Lifeline Fast Pass
Reduce the Speed of Traffic	Implement street designs that slow down car traffic
Traffic is too fast	▪ Reduce "design speed" of streets ▪ Reallocate mixed vehicle capacity to other street users - transit, pedestrians, bicyclists

CHAPTER 4: PROJECTS DEVELOPMENT

TENDERLOIN-LITTLE SAIGON NEIGHBORHOOD TRANSPORTATION PLAN

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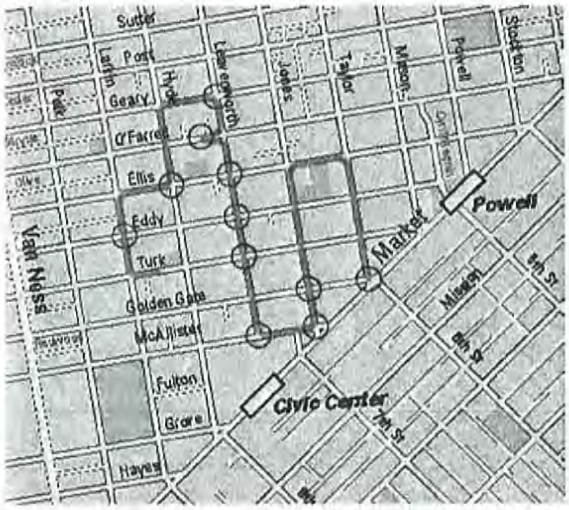
The issues, needs and goals articulated by the community during the outreach process guided the development of potential improvements. Projects were evaluated both based on technical analysis and community support, as well as their ability to be implemented in a relatively short time frame. The complete Projects Development and Evaluation Report is provided as Appendix 3.

4.1 Project Development Process

The following table summarizes the process the project team used to develop potential projects.

Figure 4-1 - Project Development Process

Time Period	Step in Process
March 2006	TAC walking tour. Before the project team started in earnest to develop potential projects, the technical team led the TAC on a walking tour of the neighborhood. The walking tour was an opportunity to review general issues and goals raised by the community, to review problematic intersections and areas, and brainstorm possible solutions. The walking tour was well attended and followed the route shown on the map. Walking tours for community members were also part of the process. 
April 2006	Develop initial project ideas to respond to those needs/goals. After digesting the results of the community outreach process and the walking tour, the technical project team developed some preliminary project ideas. After reviewing these with the overall project team, including the CBOs, the technical project team developed the most promising ideas for presentation at the June 2006 community meeting.
May 2006	Technical evaluation. Projects were evaluated for multimodal benefits and impacts according to the criteria described in Section 4.2.
June 2006	Community meeting to present and prioritize potential projects. At the June 2006 community meeting, the project team presented potential projects to the community for feedback. This information, in addition to feedback gathered from additional outreach in input from the TAC, was used in the next step, refining the projects.
Summer 2006 – Fall 2006	Refine projects based on community feedback. Community, stakeholder, and TAC feedback was used to refine the proposed projects and to develop implementation phasing. The results of the community prioritization are described in the next chapter.

4.2 Technical Evaluation Methodology

Prior to the June 2006 community workshop, the technical team evaluated potential transportation improvements. The technical evaluation documented likely benefits and impacts of projects and strategies using several criteria and quantitative and qualitative analysis. The results were presented at the community workshop to provide participants with a broad range of information to use in weighing priorities.

The evaluation addressed the following aspects of transportation in the Tenderloin:

- Transit operations and rider experience
- Pedestrian safety and access
- Streetscape environment
- Bicycle safety and access
- Traffic impacts and parking
- Cost
- Construction impacts

Key evaluation results are presented in Section 4.3. Detailed results of the technical evaluation are provided in Appendix 3, the Projects Development and Evaluation Report.

4.3 Overview of Project Alternatives

The following tables summarize the range of projects, and their evaluation, that were considered to meet each of the study goals. Potential projects are summarized by the study goal they address, although many strategies may address more than one goal area.

Pedestrian Safety		
Strategy	**Benefits** • Crossing Experience • Sidewalk Conditions	**Impacts** • Parking • Traffic Circulation • Ease of Implementation
Intersection curb bulbs 	Reduces crossing distance by 7'-14' No change in traffic volumes or buffer from traffic. Reduces speed of right-turning vehicles. Increases sidewalk width at corners by 7'. Reduces obstruction at corners.	Minor impact on traffic circulation (slows down right-turning cars). Possible removal of 1 or 2 parking spaces where red curbs don't exist. Minor construction impact. *Implementation: Near Term*
Visible crosswalks/ advance limit lines 	No change to sidewalk width, sidewalk obstructions, crossing distance or buffer from traffic. Reduce number of cars that don't yield to pedestrians.	No traffic circulation, parking, or construction impacts. *Implementation: Mid Term (standard City design to be developed over the next year through the Better Streets Master Plan)*
Red light running enforcement cameras 	No change to sidewalk width, sidewalk obstructions, crossing distance or buffer from traffic No change to traffic volumes. Reduces number of red light runners.	No traffic circulation, parking, or construction impacts. *Implementation: Near Term*
Pedestrian countdowns 	No change to sidewalk width, sidewalk obstructions, crossing distance, traffic volumes, traffic speeds, or buffer from traffic. Improves ease of crossing for pedestrians.	No traffic circulation, parking, or construction impacts. *Implementation: Near Term*
Bike lane or sharrows 	Reduces traffic crossing distance by 6'-12'. Possible decrease to traffic speeds and volumes. Provides generous additional 5'-6' buffer between pedestrians and traffic.	Varies. Some traffic may divert to other streets. On many Tenderloin streets, bike lanes are unlikely to increase delays or congestion. No parking impacts - designs recommended using mixed vehicle lanes for bike lanes rather than parking. No construction impacts. *Implementation: Mid Term (requires further study)*

Traffic Calming		
Strategy	Benefits • Average Traffic Speeds • Traffic Volumes	Impacts • Parking • Traffic Circulation • Ease of Implementation
Narrow street or traffic lane width	Reduce average travel speeds.	Potential slight increase in traffic on other routes due to lower travel speeds. No expected congestion or parking impacts. *Implementation: Near Term, unless linked to other longer term changes*
Bike lanes or bus only lanes 	Reduce average travel speeds.	Slight increase in traffic on other routes due to lower travel speeds. No expected congestion or parking impacts. *Implementation: Mid Term (requires further study)*
Convert one way streets to two-way 	Reduced average travel speeds and slight reduction in traffic volumes.	Will alter circulation patterns for vehicle traffic, but is not likely to increase congestion or vehicle delays on most Tenderloin streets. The circulation links with SOMA streets to the south and the Van Ness corridor to the west require further study. No impact on parking. *Implementation: Mid Term (requires circulation study)*
Retime signal progression for 	Reduce average travel speeds.	Slight increases in traffic on other routes due to lower travel speeds. No expected congestion or parking impacts. *Implementation: Near Term, unless linked to longer term changes*
Reduce number of lanes	Reduce average travel speeds.	Slight increase in traffic on other routes due to lower travel speeds. No expected congestion or parking impacts. *Implementation: Near Term, unless linked to other long term changes*
Trees in the parking lane 	Reduce average travel speeds.	Slight increase in traffic on other routes due to lower travel speeds. No expected congestion. Removes about 4 parking spaces per block face. Requires community maintenance. *Implementation: Near Term, unless linked to other long term changes*

Transit Service		
Strategy	**Benefits** • Reliability • Travel Times • Waiting Experience • Wayfinding	**Impacts** • Parking • Traffic Circulation • Ease of Implementation
Bus bulb outs 	Improve reliability. Decrease travel time. Improve waiting experience. No significant effect on wayfinding.	Minor traffic circulation impact. No parking impact unless length of bus stop is increased. Moderate construction impact. *Implementation: Near Term*
Colorize Geary/O'Farrell bus-only lane 	Improve reliability. Decrease travel time. No effect on waiting experience. Improve wayfinding.	Minor traffic circulation impact. No parking impact. Moderate construction impact. *Implementation: 5+ Years (paving moratorium)*
Reroute both directions on the same street	Improve reliability, depending on the route. Decrease travel time (potentially 2.5 min. for the 5-Fulton) No effect on waiting experience. Significantly improve wayfinding.	Minor traffic circulation impact. No parking impact. *Implementation: Mid Term (requires circulation study)*
Stop improvements (NextBus, shelters) 	No effect on travel time, reliability, or wayfinding. Significantly improve waiting experience.	No traffic or parking impacts. Minor construction impact. *Implementation: Near Term*
Expand access to Lifeline Fast Pass	Outreach to raise awareness of the Lifeline Fast Pass improves access to transit for low-income individuals.	*Implementation: Near Term*

Streetscape Environment		
Strategy	Benefits • Street Identity • Land Use Integration • Connectivity	Impacts • Parking • Traffic Circulation • Ease of Implementation
Pedestrian-scale and sidewalk lighting 	Establishes recognizable theme for individual streets. Use a distinctive fixture design to "brand" the Tenderloin or Little Saigon neighborhood. New "full spectrum" light bulbs add more pleasing, less harsh light. Implement on a corridor basis that includes key destinations (Civic Center BART Station/ UN Plaza, Powell BART, Little Saigon) to improve connectivity within the Tenderloin and to adjacent neighborhoods.	No traffic or parking impacts. Minor construction impact. *Implementation: Mid Term (requires standard City design, to be developed through Better Streets Master Plan)*
Widened sidewalks	Widens buffer between traffic and pedestrians by about 3'. Provides flexible sidewalk space that can be used by commercial and retail activities.	Minor traffic circulation impact (slows traffic). No parking impact. Significant construction impact. *Implementation: Near Term (unless linked to other long term changes)*
Trees in parking lane 	Creates a double-row of trees that establishes a distinct streetscape identity. Reduces noise pollution on sidewalks by visually narrowing travel lanes and increasing buffer between pedestrians and traffic.	Minor traffic circulation impact (slows traffic). Removes about 4 parking spaces per block face. Moderate construction impact. *Implementation: 1-2 Years; requires community maintenance*
Pedestrian-scale directional signs	Implement on a corridor basis that includes key destinations (Civic Center BART Station/ UN Plaza, Powell BART, Little Saigon) to improve connectivity within the Tenderloin and to adjacent neighborhoods.	No traffic or parking impacts. Negligible construction impact. *Implementation: Near Term*

4.4 Community Evaluation

The community weighed in on preferred and top priority types of improvements through the survey (in Spanish, Vietnamese, and English) as well as through conversations at regularly scheduled community meetings, merchant interviews, and walking tours.

PEDESTRIAN SAFETY

A number of pedestrian safety improvements enjoyed broad support in the community:

- Countdown signals
- Visible crosswalks
- Corner bulbs
- Conversion of double-turn lanes to single-turn lanes
- Greater enforcement of traffic laws
- Additional signage
- Traffic Calming

TRAFFIC CALMING

Two of the potential traffic calming projects were also especially favored by the community:

- Wider sidewalks
- Retiming traffic signals for slower speeds
- Two traffic calming proposals were more controversial:
- Bicycle lanes. While survey respondents generally supported the concept, noting that Eddy and Ellis are flat streets connecting to bicycle routes beyond the neighborhood, many voiced reservations, including the possibility that skateboarders might use the lanes on hilly streets such as Jones.
- Conversion of one-way streets to two-way traffic. While the overwhelming majority of survey respondents supported the idea, community members raised a number of concerns. Arguments expressed for conversion included:
  - ✧ Pedestrian safety
  - ✧ Economic development
  - ✧ Land-use benefits
  - ✧ Improved sense of place
- Arguments against conversion included:
  - ✧ Traffic congestion, including impacts on circulation beyond the neighborhood, in the larger street network
  - ✧ Problems for left-turning vehicles
  - ✧ Increased noise pollution from emergency vehicles consolidated onto two-way streets (although the street most impacted by sirens is Hyde, which this study does not recommend as a candidate for conversion)
  - ✧ Increased emergency response times

  As an alternative, some community members suggested reducing mixed-traffic capacity while retaining one-way operations. Overall, the sense that emerged was the need for a careful study of traffic calming alternatives, recommended by this plan.

TRANSIT SERVICE

Several ideas for improving transit service were popular among respondents:

- Increased affordability, including increased access to the Lifeline Fast Pass program for low-income riders
- Real-time bus arrival information
- Strategies to improve the cleanliness and comfort of bus stops, including bus bulbs and more widely available trash receptacles

Another concept was more controversial:

- Consolidation of transit routes onto two-way streets. Arguments for re-routing included:
  - ✧ Reduction of delays caused by circuitous routing
  - ✧ Improved wayfinding

  Arguments against included:
  - ✧ Greater pollution along streets with increased service

STREETSCAPE

Finally, the proposed streetscape improvement most widely supported was:

- Pedestrian-scale lighting

Two proposals, meanwhile, received a mixed response:

- Trees in the parking lane. Concerns included:
  - ✧ Trash collection
  - ✧ Impacts on street cleaning
  - ✧ Removal of parking spaces
- Conventional sidewalk tree-plantings. Concerns included:
  - ✧ Reduction of light reaching the sidewalk
  - ✧ Increased maintenance responsibilities

CHAPTER 5: PRIORITY PROJECTS

TENDERLOIN-LITTLE SAIGON NEIGHBORHOOD TRANSPORTATION PLAN

MARCH 2007

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5.1 Potential Strategies and Projects

This section outlines recommended improvements, categorized by goal area. Projects are further described, prioritized, and priority locations are illustrated in section 5.2, Phasing Strategy.

5.1.1 PEDESTRIAN SAFETY

The community outreach process identified improving pedestrian safety as the primary goal of this transportation plan. Pedestrians in the Tenderloin are involved in collisions at a rate several times higher than the citywide average.

The following list summarizes the improvements proposed, from simple low-cost maintenance issues to larger, transformative improvements.

- Improve Existing Crosswalks
  - ✧ Repair Existing Worn Crosswalks
  - ✧ Install Advance Limit Lines at Crosswalks Where Needed

- ✧ Develop and Install High-Visibility (Non-School Area) Standard Design
- Install Pedestrian Countdown Signals
- Install Permanent or Low-Cost Corner Bulbs
- Traffic Calming (see section 5.1.2)

5.1.2 TRAFFIC CALMING

Much of the auto traffic impacting the Tenderloin is not local traffic. The neighborhood's unique location adjacent downtown results in large volumes of through traffic to and from the Bay Bridge, the Financial District, and other areas of the City. Many of the roads are designed as auto-oriented, high-capacity facilities, with multiple lanes and one-way configurations.

The residents of the area have expressed a strong desire to see the neighborhood's streets become more livable by shifting the balance away from maximizing auto throughput toward an improved environment for pedestrians and public transit. Slowing traffic speeds or "traffic calming" through the neighborhood is one way to achieve this goal.

The following list summarizes the improvements proposed, from relatively low-cost strategies to larger, transformative improvements.

- Red Light Cameras
- Retime Traffic Signals
- Signal Mast Arms
- Comprehensive Traffic Calming and Circulation Study
  - ✧ Study Converting Some Streets to Two-Way Operation. Candidate streets include the one way pairs Ellis / Eddy Streets and Leavenworth / Jones Streets.
  - ✧ Develop Detailed Design for Reconfiguration of Some Intersections, especially McAllister/ Leavenworth and Golden Gate/Taylor/Market/ 6th.
- Sidewalk Widening
- Landscaping/Trees (see section 5.1.4)

Figure 5-1 Potential Two-Way Configurations

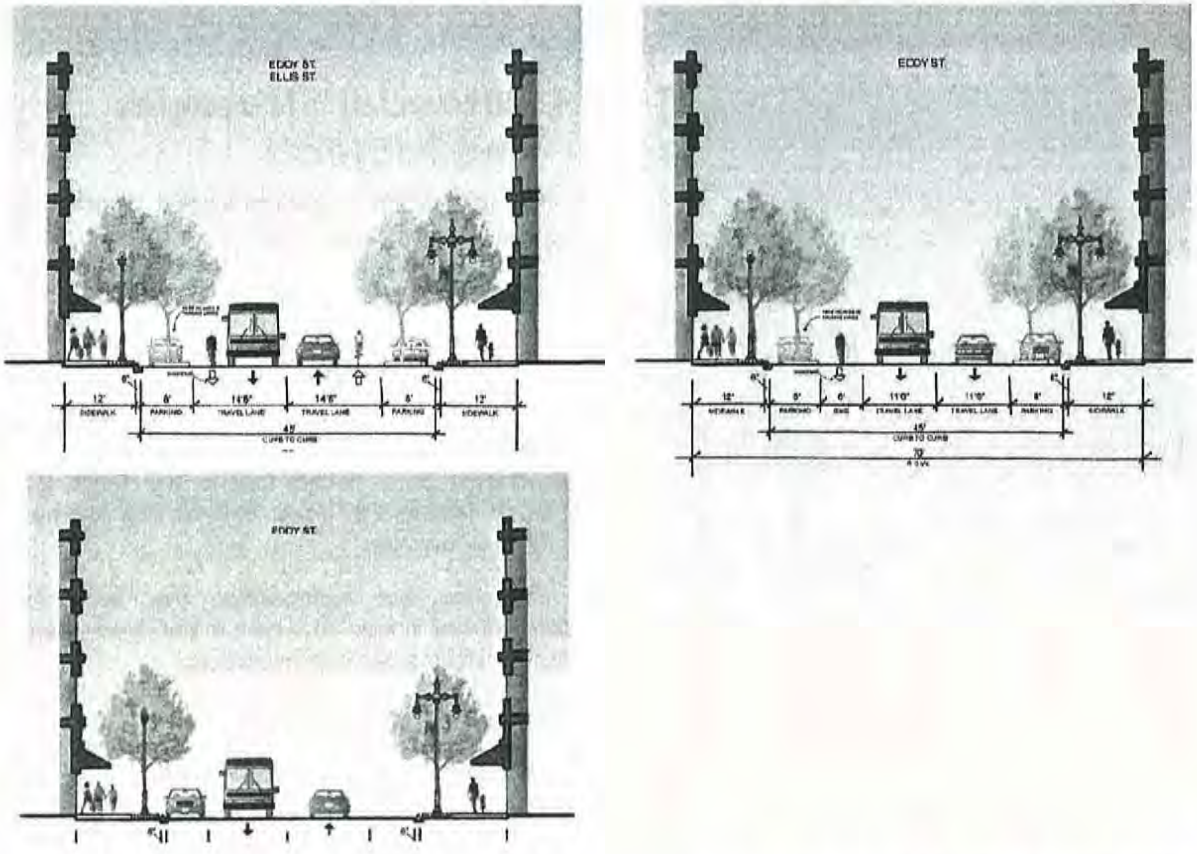


Figure 5-2 Candidate Streets for Two-Way Conversion

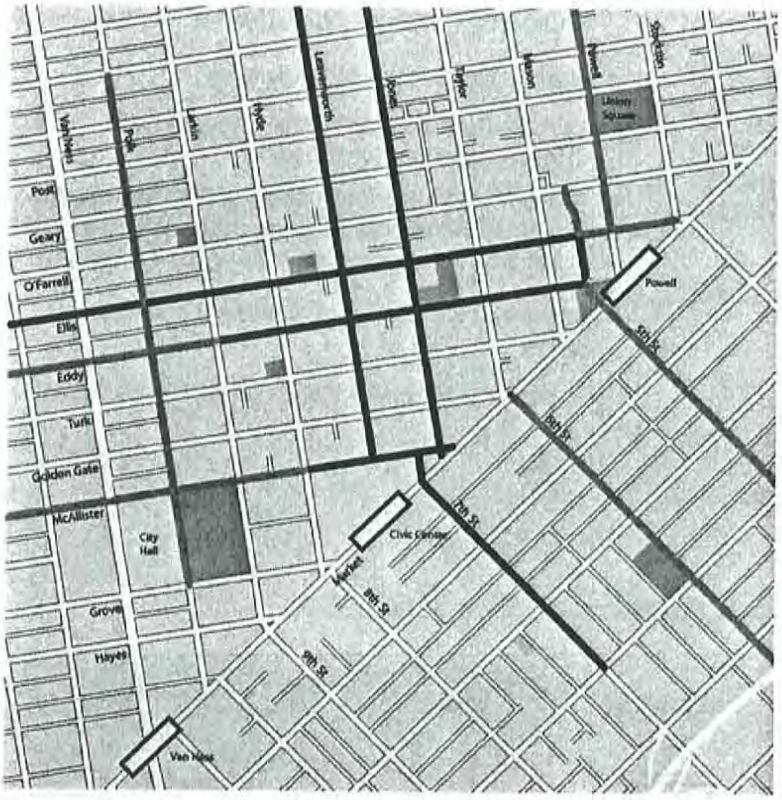
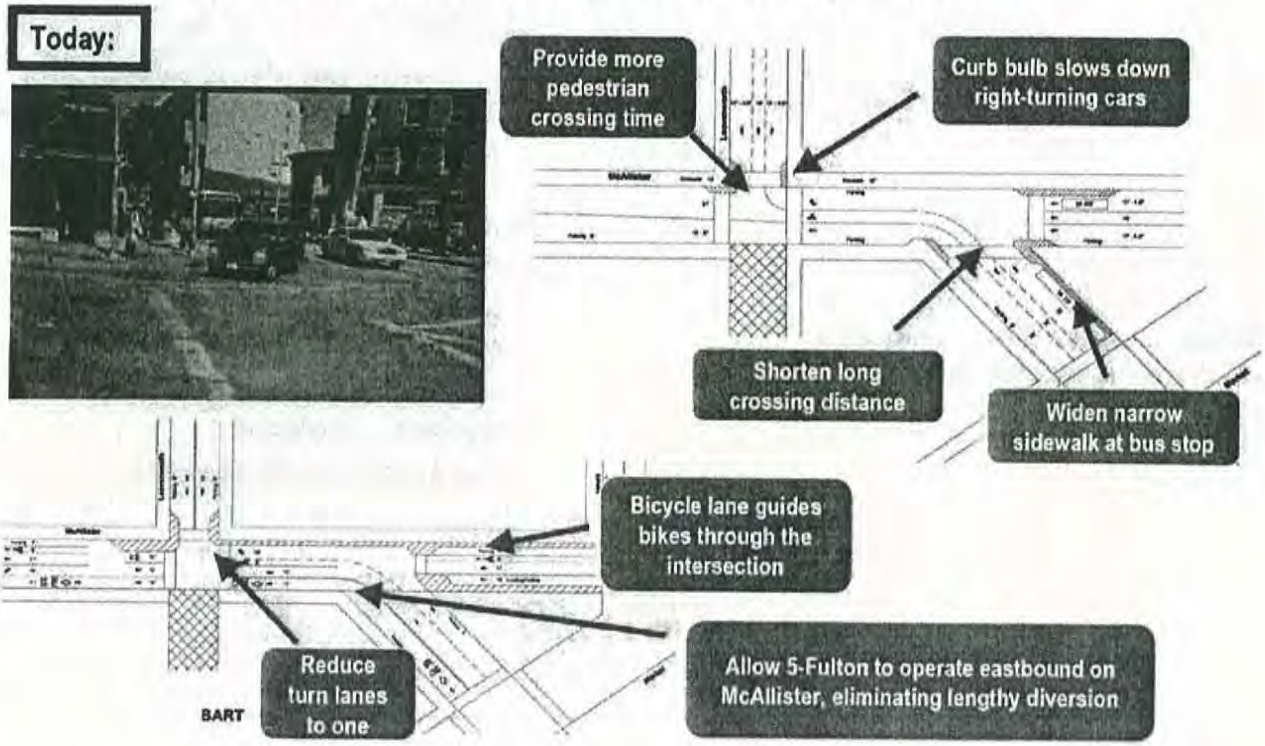


Figure 5-3 Potential Pedestrian Safety Improvements for Key Intersections



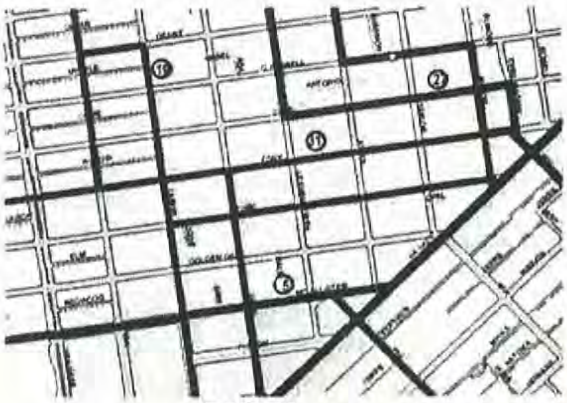
5.1.3 TRANSIT SERVICE

While some of the projects recommended below are related exclusively to transit, others would also serve to improve pedestrian conditions; bus bulbs, for example, would improve Muni reliability, provide additional sidewalk space, and reduce street crossing distances to improve pedestrian safety. Because transit riders begin and end every trip as a pedestrian, recommended pedestrian improvements will also make using transit easier and more pleasant.

The following list summarizes the projects recommended to improve transit service.

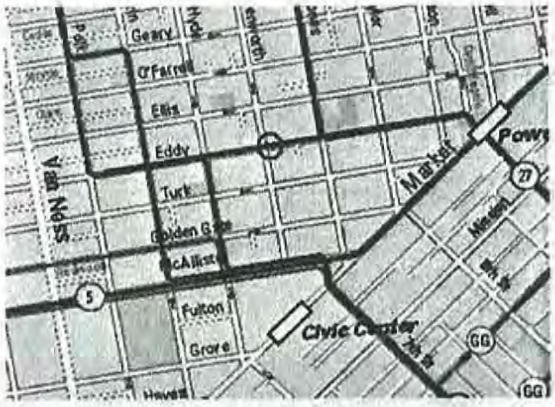
- Improve Muni Performance in Neighborhood
  - ✧ Reduce double parking on transit routes by re-assessing the location of loading zones and of Parking Control Office enforcement patterns.
  - ✧ Bus Bulbs
  - ✧ Colorize Transit-Only Lanes
  - ✧ Consolidate Route Operation on Two-Way Streets
- Improve Experience of Using Muni
  - ✧ Install NextBus Muni Real-Time Arrival Information at Some Stops
  - ✧ Bus Shelter Improvements, including increased maintenance and cleaning, larger shelters, and lighting improvements (see section 5.1.4).
- Improve Affordability of Muni for Low-Income Riders
  - ✧ Improve Access to Muni's Lifeline Fast Passes

Figure 5-4 Potential Consolidation of Transit Routes on Two-Way Streets



TODAY

Two-way street operations provide opportunity to reduce travel times and improve wayfinding.



POTENTIAL

Confusing routing: Current routes must operate on different streets in each direction

Deviations cause delay: One-way street pattern requires awkward deviations to reach Market street (e.g., the 5-Fulton), adding delay

Route 27: Consolidate onto one street; better serve the heart of the Tenderloin.

Route 19: Consolidate onto McAllister. Avoid deviation around Civic Center.

Route 5: Eliminate deviation on Hyde. Consolidate on McAllister.

Route 31: Both directions on Eddy.

5.1.4 STREETSCAPE ENVIRONMENT

The recommended improvements outlined below address specific needs articulated by members of the Tenderloin/Little Saigon community for improving their overall experience and security traveling through the neighborhood: improved lighting, increased sidewalk width and quality, and improved visual appearance of the streetscape. Streetscape components also contribute to broader goals, such as reducing traffic speeds and improving pedestrian safety.

The following list summarizes the projects recommended to improve the streetscape environment.

- Street Furnishings
  - ✧ Trash Receptacles
  - ✧ Corner Bulb Outs
  - ✧ Bus Shelters
- Lighting
  - ✧ Mid-Term Lighting Improvement strategies, such as switching from High-Pressure Sodium to Metal Halide Lamps, or installing building-Mounted fixtures.
  - ✧ Install High-Quality Pedestrian-Oriented Light Fixtures
- Street Trees
  - ✧ Street Trees in Corner Bulbouts (Select Species with Airy Canopies)
  - ✧ Street Trees in Parking Lanes (Select Species with Airy Canopies)
- Sidewalks
  - ✧ Sidewalk Repairs, including notifying property owners of required repairs, and replanting in or filling (e.g., with decomposed granite) empty tree wells.
  - ✧ Sidewalk Widening
  - ✧ Bus Bulbs

Figure 5-5 Pedestrian Scale and Sidewalk Lighting Options

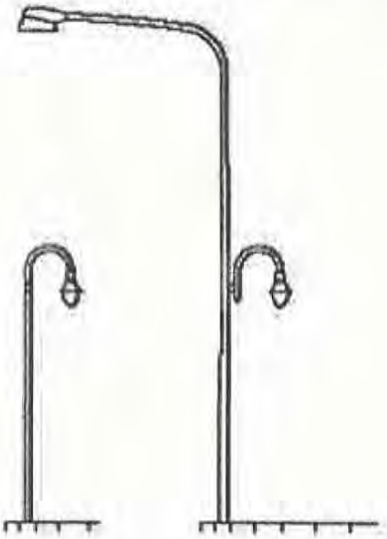
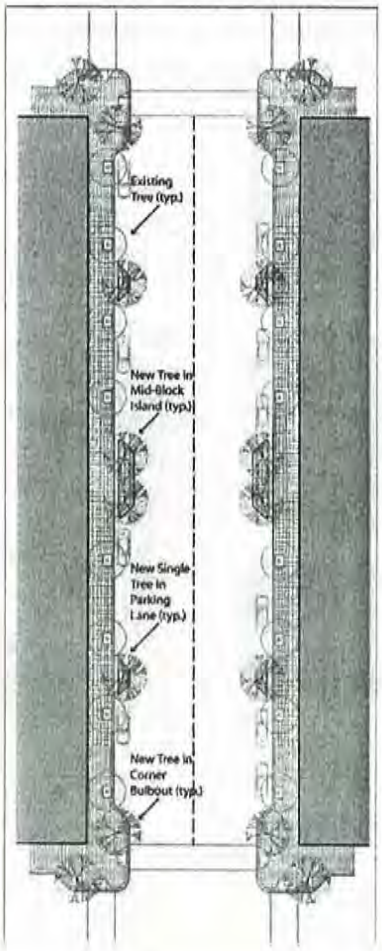


Figure 5-6 Potential Approach to Planting Trees in Parking Lane



5.2 Phasing Strategy

The improvements recommended by the study team have been grouped and phased to achieve visible and meaningful improvements as quickly as possible and to have the right mix of area-wide and location-specific improvements. Some improvements are recommended for the entire neighborhood, while others are focused on primary pedestrian corridors or individual intersections. These short, medium, and long-term phases are summarized below, as well as in a table of improvements (Figure 5-8) and in maps of short, medium, and long-term improvements (Figures 5-9 to 5-11).

Muni performance challenges are system-wide concerns that are being addressed by the City's Transit Effectiveness Project (TEP), which should issue recommendations in mid-2007. The transit improvements recommended as part of this study will make small improvements to Muni performance, but will greatly enhance the experience of using Muni in the Tenderloin. The recommended Traffic Calming and Circulation Study has the potential to alter Muni routing in the neighborhood and could result in a significant net benefit for Muni riders in the area.

Figure 5-7 Streets Recommended for Traffic Calming Study



5.2.1 TIER 1

In order of priority, the short-term phasing strategy is to:

Implement low-cost area-wide improvements as soon as possible. Some area-wide improvements are inexpensive, have dedicated funding sources, and can be done quickly.

Pedestrian safety

- Install pedestrian countdown signals at intersections that do not yet have them

Traffic calming

- Install a red light running camera on a commuter route through the Tenderloin

Transit service

- Increase awareness and availability of subsidized Muni Fast Passes for low income residents
- Install NextBus signs at 38-Geary stops
- Enhance stop maintenance

Streetscape environment

- Require property owners to repair damaged sidewalks and loading elevators
- Fill empty tree wells with decomposed granite or new trees to make level with sidewalks and prevent litter from collecting

Fund and initiate additional studies. Some of the recommended larger-scale and/or more capital-intensive improvements require additional study. These studies should be initiated immediately so that recommendations can be implemented in the mid term. It is important to initiate these relatively small studies while the plan still has momentum within the community and City agencies. Otherwise, new outreach may have to be done, adding to their cost.

Additional studies that are recommended include:

- **Traffic Calming and Circulation Study.** This study recommends several strategies to calm traffic, including conversion of some streets from one-way to two-way operation. Though this planning-level feasibility analysis suggests that such changes are feasible, change of this magnitude to the operation of the downtown street grid will require a more thorough analysis of impacts, benefits, and costs. A new study would also be relevant to MTA's Transit Effectiveness Project (TEP), as changes to the grid could benefit and/or impact Muni service design and quality.
- **Better Streets Master Plan Efforts.** The Better Streets Master Plan (BSP), led by the MTA and the SF Planning Department, is developing standard approaches for a number of the recommendations developed for the Tenderloin. These include visible crosswalks; potential low-cost corner bulbouts; and pedestrian scale lighting treatments.
  - ✧ **Develop visible crosswalk standard.** A new standard for a high-visibility crosswalk to be used in areas without schools will be developed by the BSP.
  - ✧ **Trial low-cost temporary corner bulbs.** Constructing some trial corner bulbs in the first phase would allow them to be evaluated in the near term; if found successful, their design could be replicated throughout the Tenderloin and the City. Low cost corner bulbs could also be implemented more widely throughout the neighborhood in the medium term as a placeholder until funding becomes available for permanent poured concrete construction.
  - ✧ **Pedestrian-scale lighting treatments.** The Better Streets Master Plan is developing an approach for providing more pedestrian scale lighting in neighborhoods.

5.2.2 TIER 2

With the exception of some projects dependent on further study, medium-term recommendations are high-priority improvements that are more capital-intensive. Securing funding for these projects will take time.

Because it is likely that sufficient funding for all desired improvements will not be secured in the medium-term, these recommendations prioritize investment in the Tenderloin's primary pedestrian corridors, leaving similar improvements to other streets as recommendations for the long-term. Medium-term recommendations include:

Implement low-cost improvements recommended by Better Streets Master Plan. The BSP is expected to develop a standard for non-school high-visibility crosswalks, as well as recommendations for providing pedestrian scale lighting. Once standards are adopted, they should be implemented in the Tenderloin at locations per the guidelines of the Better Streets Plan.

Implement recommendations of Traffic Calming and Circulation Study. The cost of these improvements is yet unknown, but traffic calming strategies such as two-way street operations, tree plantings in parking lanes, and a potential east/west bicycle facility should be implemented as soon as possible.

Recommended medium-term transit improvements are also dependent on this study and on the Transit

Effectiveness Project (TEP). Once Muni routings and stop locations in the Tenderloin are finalized, additional NextBus locations should be installed and sidewalk widening can be implemented in the mid term as funding is identified. These circulation changes will require legislative approvals.

Widen sidewalks on core pedestrian corridors. Some sidewalk widening along primary pedestrian corridors is recommended. These widenings should be done in conjunction with the installation of traditional corner bulbs and new pedestrian lighting; these projects will cost less if built simultaneous than if built independently. Opportunities may exist to time these larger-scale improvements to coincide with DPW's scheduled reconstructions of Tenderloin streets, as well as to include their specifications in DPW construction bids, reducing costs.

Concentrating a complete suite of pedestrian improvements on Eddy, Ellis, Jones, and Leavenworth, or at least along the four blocks of Eddy between Leavenworth and the Powell BART/Muni Metro station, is part of a long-term funding strategy. It will be easier for the City to secure more funding for the same "complete" set of improvements for other area streets in the future if there is a concrete example that can be seen and experienced.

Construct permanent corner bulbs. On core pedestrian corridors, traditional poured concrete corner bulbs are recommended. Where appropriate, these should be extended to create bus bulbs. Bulbs would not be designed until the routing recommendations of the TEP and Traffic Calming and Circulation Study are finalized, in order to maximize benefits for pedestrians and Muni riders.

Significantly improve sidewalk lighting. Specific recommendations should be made following the guidelines of the BSP, prioritizing the core pedestrian corridors.

5.2.3 TIER 3

Improvements recommended for the long-term are capital-intensive pedestrian projects such as sidewalk widening, corner bulbs, and tree plantings throughout the neighborhood. These projects could be implemented sooner if significant funding from an unexpected source were to become available.

5.2.4 TABLE AND MAPS

Figures 5-8 to 5-11 clarify the emphasis of the recommended improvements: pedestrian safety and streetscapes. These correspond directly to the needs and goals identified by the Tenderloin community during the outreach process.

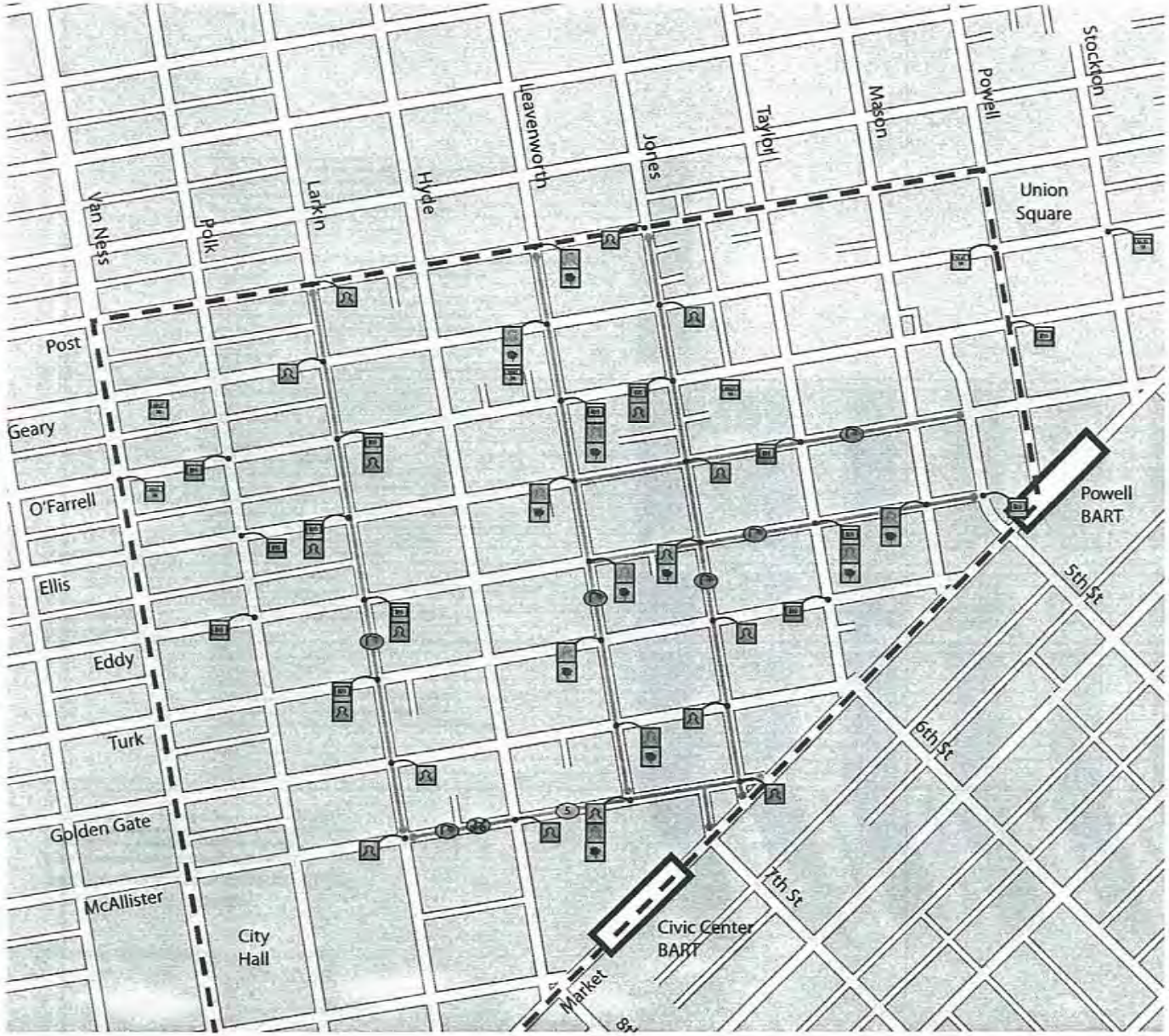
Figure 5-8 Recommended Improvements

Tenderloin - Little Saigon Neighborhood Transportation Study Recommended Improvements

This table reflects all recommended improvements including those being implemented through concurrent efforts
S = within two years M = 2 to 5 years L = 5 to 10 years

		Citywide (w/ focus in project area)	Eddy – Cyril Magnin to Leavenworth	Eddy – Leavenworth to Van Ness	Ellis – Cyril Magnin to Leavenworth	Ellis – Leavenworth to Van Ness	Leavenworth – McAllister to Post	Jones – McAllister to Post	McAllister – Jones to Hyde	Larkin – McAllister to Post	Hyde – McAllister to Post	Golden Gate/ Taylor/ Market	Golden Gate – Taylor to Van Ness Turk – Mason to Van Ness Taylor – Golden Gate to Post Mason – Turk to Post Geary – Mason to Van Ness O'Farrell – Cyril Magnin to Van Ness
Pedestrian Safety	**Crosswalks**												
	Repaint crosswalks (as necessary)	S											
	Develop standard visible crosswalk design	S											
	Signs and Signals												
	Add pedestrian warning signs around schools and senior centers (as necessary)	S											
	Install and/or repaint advance limit lines to encourage cars to stop at intersections	S											
	Install pedestrian countdown signals at the Tenderloin intersections that do not yet have them	S											
	Build corner bulbs												
	Install low cost corner bulbs as a trial			S		S					S		M (Geary and O'Farrell)
	Construct permanent corner and/or bus bulbs		M	L	M	L	M	S	S	S	L	M	
Traffic Calming	**Traffic calming**												
Related to both pedestrian safety and environment	*Install red light running camera on one of the following key commuter routes:*				S	S	S			S	S		S
	Retime traffic signal timing progression for slower speeds	S											
	Traffic calming and circulation study – study traffic calming, circulation, and transit rerouting	S											
	Install mast arms for traffic signals	M											
Pedestrian Environment	**"The basics" – small low-cost improvements**												
	Require property owners to repair major sidewalk holes/issues	S											
	Require property owners to repair dangerous/slippery loading elevators on sidewalks	S											
	Replace and/or add more trash receptacles (two per intersection plus one each at bus stop)	S											
	Improve pedestrian lighting												
	Initiate program to subsidize building mounted pedestrian lighting	S											
	Replace current colorahead lightbulbs with "full-spectrum" lighting		S	M	S	M	S	S	M	S	M		M
	Install high-quality pedestrian-scale sidewalk lighting		M	M	M	M	M	M	M	L			
	Improve pedestrian right of way												
	Widen sidewalks on primary pedestrian corridors		M	L	M	L	M	M		L			
	Bicycle improvements to encourage cyclists to use street, not sidewalk												
	Develop bicycle facility designs for McAllister / 7th Street								S				
	Implement bicycle facility designs for McAllister / 7th Street								M				
Public Transit	**Lifeline access – subsidize monthly pass cost for low income individuals**												
	Increase awareness and availability of Muni Lifeline Fast Pass program	S											
	Improve experience of using Muni												
	Install Next Bus signage at key 38-Geary stops in the Tenderloin (locations TBD)	S											
	Install Next Bus signage at additional locations in the Tenderloin (locations TBD)	M											
	Improve lighting near highest use shelters (coordinate w/ overall lighting improvements)	S											
	Reduce double parking to improve Muni reliability												
	Rethink Parking Control Officer enforcement beats to become more effective	S											
	Review loading (yellow) zones to ensure they are well-placed, long enough, metered, and have right schedules	S											
	Improve Muni performance												
	Add bus bulbs (locations TBD)	M											
	Improvements for 38-Geary												
	Install larger "Market Street" transit shelters on Geary Limited stops	M											
	Colorize Geary/O'Farrell transit-only lanes (between Market and Gough)	M											
	Re-Route transit to reduce travel time and improve legibility												
	As part of traffic calming study, consider re-routing 5-Fulton, 27-Bryant, 19-Polk, and 31-Turk to eliminate unnecessary detours and route both directions of travel on the same street	M											

Figure 5-9 Near-Term Improvements



Near-term Improvements

January 2007

Location-specific Improvements

Pedestrian Safety
- Install Pedestrian Countdown Signals (where missing)
- Construct Permanent Corner and/or Bus Bulbs
- Trial Low-Cost Corner Bulbs

Pedestrian Environment
- Replace Current Cobrahead Bulbs with Full-spectrum Lighting
- Develop/Implement Bicycle Facility Designs for McAllister/7th

Traffic Calming
- Install Trees

Public Transit
- Install NextBus Signage at key 38-Geary Stops
- Develop/Implement Transit Rerouting the 5-Fulton for McAllister

Area-wide Improvements (not graphically represented)

Pedestrian Environment
- Require Property Owners to Repair Major Sidewalk Holes/Issues
- Require Property Owners to Repair Dangerous/Slippery Loading Elevators
- Subsidize Building Mounted Pedestrian Lighting
- Retime Traffic Signals to Calm Traffic

Traffic Calming
- Install Red Light-running Cameras

Public Transit
- Increase Awareness/Availability of MUNI Lifeline Fast Pass
- Improve Lighting Near Highest Use Transit Shelters
- Enhance Bus Stop Maintenance
- Review Loading (yellow) Zones
- Improve Parking Enforcement to Reduce Double Parking

Linear Improvement
Intersection Improvement

N
NOT TO SCALE

Tenderloin/Little Saigon Neighborhood Transportation Study

Figure 5-10 Mid-Term Improvements

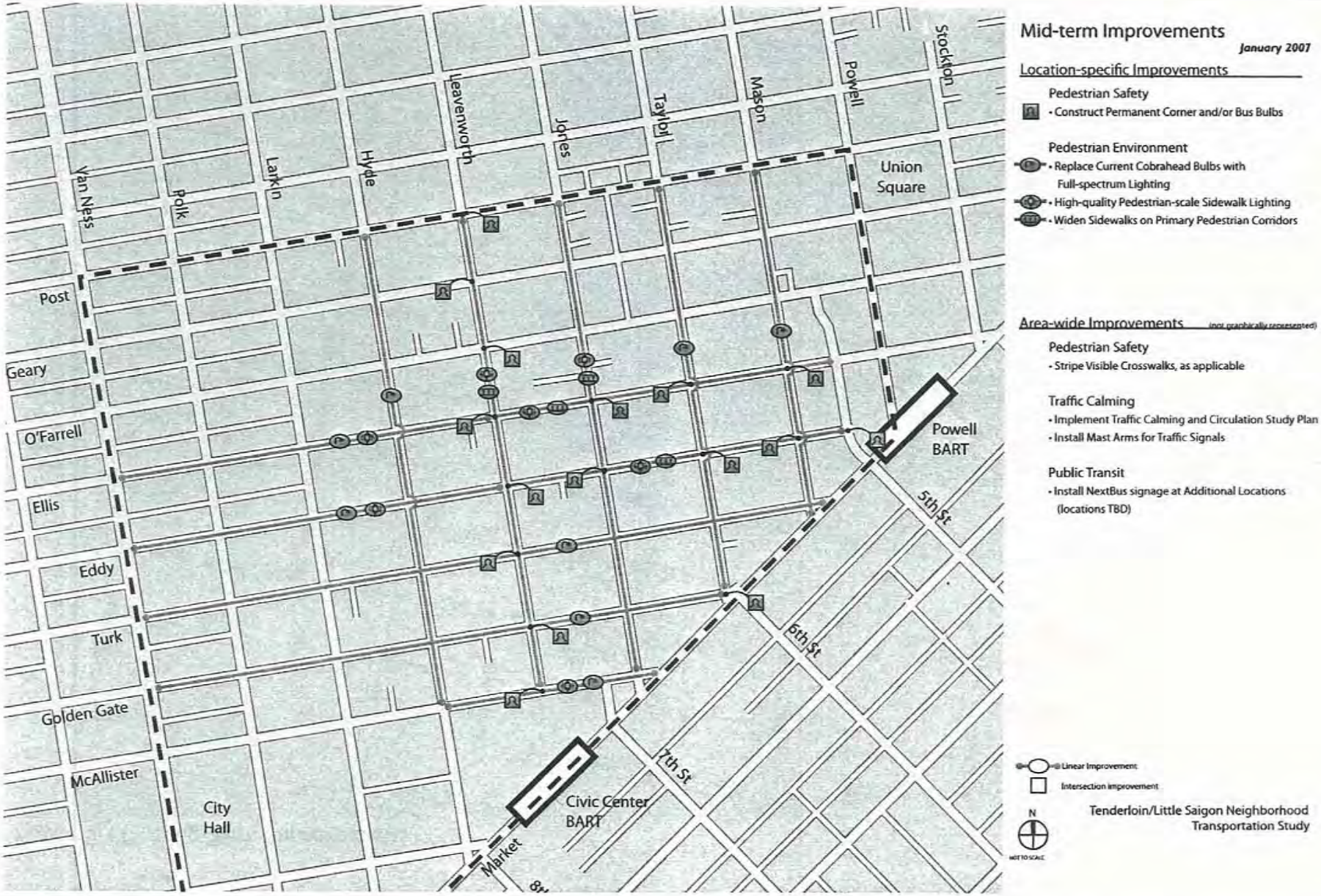
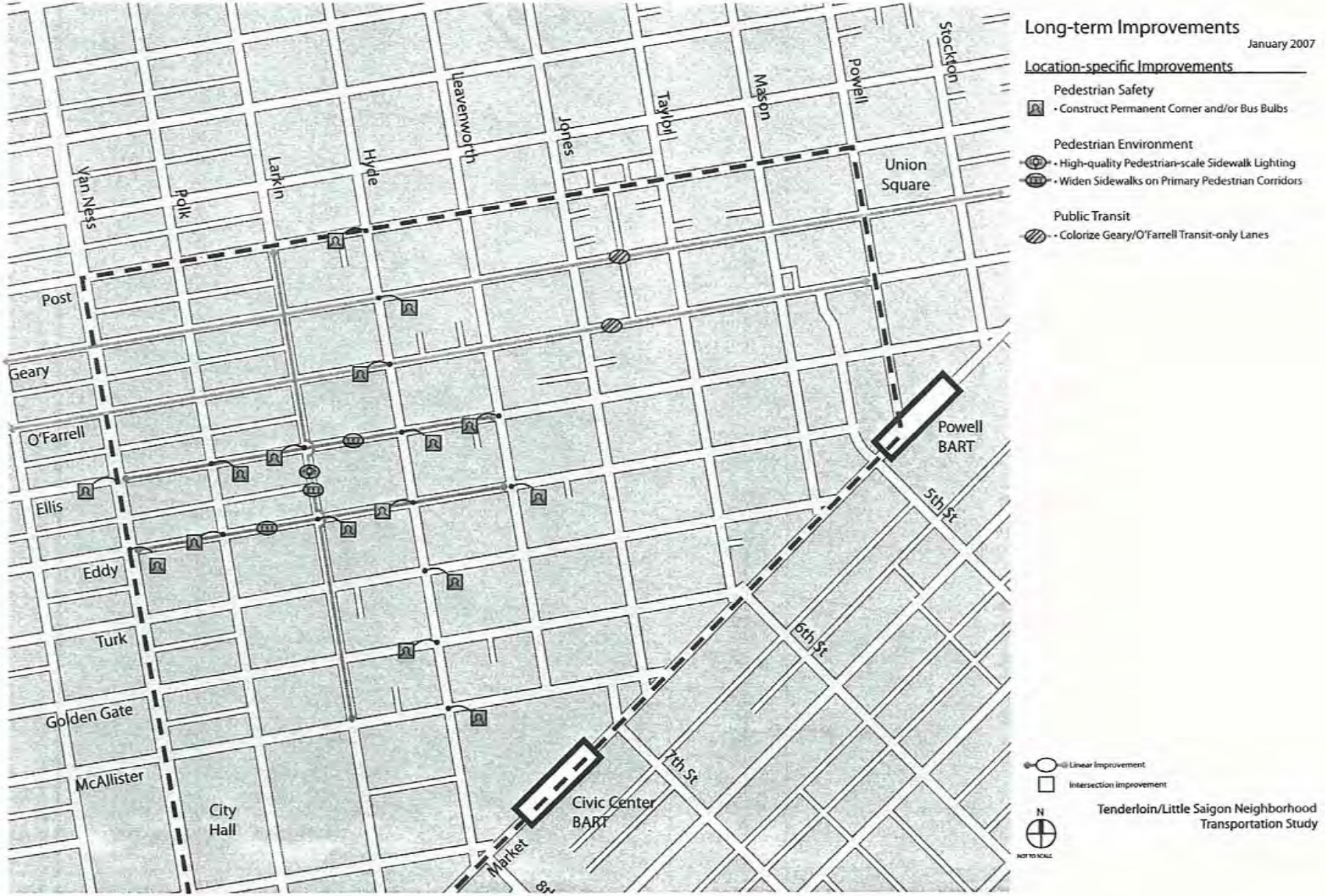


Figure 5-11 Long-Term Improvements



CHAPTER 6: IMPLEMENTATION AND FUNDING PLAN

TENDERLOIN-LITTLE SAIGON NEIGHBORHOOD TRANSPORTATION PLAN

MARCH 2007

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This Chapter describes the next steps for funding and implementing the top priority projects discussed in Chapter 5. The detailed Funding and Implementation Plan is shown in Figure 6.1.

STEPS IN PROJECT IMPLEMENTATION

Typically transportation improvements go through the following steps:

- Seek funding for conceptual study and conduct conceptual study;
- seek funding for engineering and design and conduct engineering and design;
- seek construction funding; and
- construct project.

The funding and implementation plan identifies the stage of each improvement and next steps. For many projects, the next step is to be prioritized for design and construction funding. For others, further study is needed before the improvements are ready for design and construction funding. The best news, though, is that many of the projects identified as community priorities are already underway.

PROJECTS CURRENTLY UNDERWAY

At this writing, a number of recommendations have already obtained funding for their relevant next steps.

Pedestrian Safety. The key pedestrian safety improvement underway at this time focuses on the neighborhood's top priority intersection: McAllister at Leavenworth and 7th Streets. As described in previous chapters of this study, these intersections and stretch of McAllister between Market and Hyde have a number of multimodal transportation needs, pedestrian safety top among them.

In fall of 2006, the MTA worked with the Authority and DPW to submit an application for funding of near-term pedestrian improvements at these locations, as well as some supplemental locations on Jones Street. This funding was awarded in February 2007. This means that the first set of pedestrian safety improvements, primarily encompassing corner bulb outs, has secured design and construction funding. Those activities will begin this year and the improvements will be completed by 2009.

However, there remain additional needs beyond pedestrian safety on McAllister between Market and Hyde. Transit improvements and bicycle improvements are needed at this intersection as well. MTA, with the Authority, is developing designs for the 5-Fulton on McAllister east of Hyde, such as a contraflow lane on 7th street or two-way circulation along the full length of McAllister. This work can be funded by the Prop K TPS category. Improvements to transit are intended to be implemented along with the rehabilitation to the 5-Fulton overhead contact system, scheduled for 2008.

Transit Reliability and Access. One of the key early successes of the planning effort is action to improve access to Muni for low income individuals. The implementation and funding strategy for this issue encompassed using regional transportation funds, called the Lifeline Transportation grant program, to fund expanded outreach to raise awareness of the Muni Lifeline Fast Pass available to low-income individuals. The Tenderloin Housing Clinic applied for a grant for this purpose and was awarded funding to conduct outreach in Fall 2006.

Other transit improvements include NextBus signs to be installed on the 38-Geary and 31-Balboa Muni routes, funded by Regional Measure 2. MTA will install 8 NextBus signs in the Tenderloin by August 2007.

Streetscape. Sidewalk repairs are the responsibility of property owners, and are enforced by DPW based on public request. Tenderloin community members can contact Cliff Wong of the DPW Bureau of Street-use and Mapping at 415.554.5762 to report repair issues and request enforcement. Repairs are the responsibility of the property owner.

As part of the Inner Geary TPS study implementation in 2005-6, advance limit lines and fresh crosswalks were striped throughout the Tenderloin at locations where they had become worn. This effort also encompassed adding Senior X-ing warning signs at key locations and re-planting trees in vacant tree wells. The tree re-planting element is expected to be completed in early 2007.

Traffic Calming. The Authority has initiated the search for funding for the next key step in implementing traffic calming improvements in the Tenderloin - obtaining additional conceptual planning funds. The Authority submitted an application for a Caltrans Planning Grant to fund this work in October of 2006. This effort will fund additional technical analysis and community outreach to determine the most appropriate traffic calming measures for the Tenderloin, including a fuller analysis of impacts and benefits of measures such as one-way to two-way street conversion. The grant awards will be announced by June 2007.

If the grant application is not awarded to the Tenderloin, then traffic calming improvements for the neighborhood should be studied through the city's ongoing traffic calming program. MTA manages a traffic calming program for neighborhoods citywide. The next set of neighborhoods to undertake a traffic calming study will be prioritized through the Prop K Prioritization Program for the traffic calming funding category. This Prioritization Plan will be developed this Fall 2007. The Tenderloin area can be included as a priority for Traffic Calming funds in the Prop K Five Year Prioritization Plans (FYPPs).

NEAR TERM PROJECTS

There are two key strategies for funding and implementing the other near-term recommendations of the Tenderloin-Little Saigon Neighborhood Transportation Plan:

- Establishing a path for project implementation by prioritizing them in the Prop K FYPPs, which prioritize the categories of Prop K funding for 5-year periods; and
- developing specific design guidance for a number of improvements through the Better Streets Master Plan, currently underway.

Many of the near-term projects need either design/construction funding (such as countdown signals or curb bulbs), or additional conceptual study (such as to establish a pedestrian scale lighting fixture). The design and construction of the majority of the near-term improvements will come from Prop K or other grants, and the majority of the conceptual study is already

underway through the Better Streets Master Plan.

The City's Better Streets Master Planning (BSP) effort, currently underway, will provide the tools necessary to implement many of the Tenderloin priorities for improving the streetscape. First, the BSP will provide the roadmap and funding sources for providing pedestrian scale lighting on the sidewalks. This will include identifying the responsible agency (DPW or PUC), fixture types, and criteria for prioritizing areas around the city to receive pedestrian scale lighting. The BSP will also develop a visible crosswalk design and standards for its implementation, and evaluate the efficacy of a low-cost curb bulb design such as the one described in previous chapters.

These types of projects can begin to be implemented upon completion of the BSP, or after initial recommendations are identified. The Tenderloin could also request to serve as a trial location for testing some of these concepts such as the low-cost corner bulbs.

Secondly, the FYPPs for all Prop K categories will be updated this summer and fall, 2007. A number of Tenderloin recommendations can be prioritized in these FYPPs:

- Pedestrian Circulation / Safety
- Traffic Signal Rehabilitation
- Traffic Calming

Pedestrian Safety. Countdown signals are one of the key improvements that can happen in the near term. Countdown signals for the remaining locations in the Tenderloin that lack them can be installed by MTA as part of their ongoing Traffic Signal Rehabilitation Program, funded in part by Prop K. Installation of the remaining 28 crossings without pedestrian countdowns in the Tenderloin can be prioritized in the FYPP for the Traffic Signal Rehabilitation category of Prop K. This FYPP, like all Prop K FYPPs, will be updated this summer and fall, 2007. Corner bulbs at these locations, particularly the Little Saigon corner bulbs, could be wrapped into the funding.

The community should follow up with MTA staff to ensure that these locations are included in the FYPP for the relevant Prop K category. Community members can also speak or write to the Authority board urging TMA to include these locations in the FYPP.

Installation of visible crosswalks will be guided by the Better Streets Master Plan. As noted in previous chapters, the City does not have a standard design for visible crosswalks other than at school areas. The BSP is the vehicle to develop and perhaps trial test such a design. Additionally, the BSP is considering designs for low-cost corner bulbs, which can also be trial tested in the Tenderloin. The community should track the BSP development process to ensure that these issues a addressed.

Transit Reliability and Access. In the near- to mid-term, a number of additional transit improvements will be made in the Tenderloin. Chief among them is that colored bus lanes and larger shelters with more amenities will be implemented along Geary and O'Farrell as part of the Geary Bus Rapid Transit (BRT) study recommendations.

Streetscape. The BSP will set forth pedestrian scale lighting designs and identify funding sources and agency responsibilities. The guidelines from the Better Streets Master Plan will direct how pedestrian scale lighting is implemented in the Tenderloin.

Additionally, the Tenderloin can seek to participate in the Mayor's Office of Economic and Workforce Development (MOEWD) existing Façade Improvement Program to obtain pedestrian scale lighting. The San Francisco Neighborhood Marketplace Initiative (NMI) is a program led by the Mayor's Office of Economic and Workforce Development's Neighborhood Commercial Revitalization division, designed to strengthen neighborhood commercial districts serving San Francisco's low and moderate-income neighborhoods. Each year, the Mayor's Office issues grants to non-profit entities that will further the goals of the program including neighborhood commerci revitalization, and the façade improvement progra is one of those initiatives. The Façade Improvement Program provides grants for businesses and property owners to install pedestrian scale lighting on business façades (among other façade improvements).

Unfortunately, these grants are very competitive. Each year, MOEWD has a limited amount of funding for grants to non-profit entities that will further the goals of the NMI program. Historically, grants issued by MOEWD have been less than $50,000 annually.

Nonprofit organizations may submit written proposals to MOEWD seeking grant funding. Applications are reviewed by MOEWD on an ongoing basis and selected based on the above objectives and fund availability. Grant applications and questions should be directed to:

Mayor's Office of Economic
and Workforce Development
Attn: Rich Hillis or Lisa Pagan
City Hall, Room 448
San Francisco, CA 94102
415.554.4082

Traffic Calming. The MTA has an existing Red-Light Running Camera program. About 10 cameras throughout the city are positioned for rotating periods at intersection with historic levels of red-light running citations. T program is commencing a new cycle, starting with MTA

review of intersections citywide to develop a list of new locations for cameras. Tenderloin intersections will be included in this screening. The camera program is self-funded through citation revenues, so no additional funding is needed to participate. The community should follow up with MTA Program Manager Tabin Chung as the screening for the next cycle of camera locations continues this summer and fall, 2007.

Figure 6-1 Funding and Implementation Plan

	Potential Project	Phase	Project Description	Status/Next Steps	Project Cost	Funding Source(s)	Implementation Timeframe	Community Role	Agency Contact
Tier 1 – Projects Underway									
1	Muni Lifeline Access	Outreach	Conduct outreach to increase awareness of Muni Lifeline Fast Pass for low income individuals	Program underway	$219,000	Lifeline Transportation Program	Program underway	Letters of support (completed)	Randy Shaw, THC
2	McAllister / Leavenworth Pedestrian Improvements	Construction	Provide pedestrian access and safety, especially connecting to Civic Center BART, through: • Corner bulbs • Sidewalk widening • Bus stop upgrades	• Conceptual design completed • Final design and construction funds awarded	$1.5 M	• Regional Bicycle and Pedestrian Program, county share	• Funds available 07/2007 • Construction can be complete by 2009	Letters of support (completed))	Sam Fielding, MTA
3	Jones Street Corner Bulbs	Construction	Improve pedestrian access and safety through corner bulbs at Jones and Geary, Turk, Eddy, and Golden Gate (NE and SE corners)						
4	McAllister / Leavenworth Multimodal Improvements	Design and Construction	Design and construct multimodal circulation improvements including: • Transit re-routing to improve travel time, reliability, wayfinding, and convenience • Bicycle facility to increase safety	• Design and evaluation of alternative engineering configurations underway	Under study	• TFCA (bicycle designs) • Prop K • Prop 1B local streets and roads funds (construction)	• Concurrent with Overhead Wire Rehabilitation in 2008 • Bicycle implementation on hold	Express support to the Authority and MTA Boards	Javad Mirabdal, MTA Matt Lee, MTA
5	Tenderloin Traffic Calming and Circulation Study	Study	Evaluate, and recommend traffic calming techniques, circulation changes, and transit routing changes, particularly focusing on Ellis / Eddy, Jones / Leavenworth, and McAllister Sts.	• Detailed traffic analysis needed • Prioritize in Traffic Calming FYPP to be updated staring in 07/2007	$250,000	• Caltrans planning grant (applied Oct 2006) • Prop K Traffic Calming	• Announcement of Caltrans planning grant awards in 07/2007	Letters of support (completed)	Manito Velasco, MTA
6	Next Bus	Construction	Provide real time transit arrival information with 8 Next Bus signs to be installed in the Tenderloin area for the 38-Geary (various locations) and for the 31-Balboa (Eddy / Leav.)	• Funds awarded • Construction scheduled.	N/A	Regional Measure 2	Construction complete in August 2007	Express support to the MTA Board	Jim Lowe, MTA
Tier 2 – Near Term Projects									

	Potential Project	Phase	Project Description	Status/Next Steps	Project Cost	Funding Source(s)	Implementation Timeframe	Community Role	Agency Contact
8	Pedestrian Scale Lights	Program	Improve pedestrian access, safety, connectivity, and security, particularly on routes connecting to regional transit, by establishing a standard street light fixture with a pedestrian element as part of routine street lighting infrastructure	Better Streets Master Plan working with PUC to develop standard lighting design, policies for implementation, and funding sources	TBD through BSP	To be identified through BSP. May include Transportation Enhancements.	BSP underway	Track Better Streets Plan	Adam Varat, Planning Dept
9	Pedestrian Countdown Signals	Construction	Pedestrian countdown signals at 28 crossings to be implemented through MTA's ongoing Pedestrian Countdown installation program. Includes upgraded curb ramps and signal infrastructure as applicable.	Include in Pedestrian Circulation / Safety or Traffic Signal Rehabilitation FYPP to be updated starting in 07/2007	$100,000 total for O'Farrell locations, $150K each other locations	Prop K	Within 3 years of FYPP completion	Track FYPP development	Cristina Olea or Brian Dusseault, MTA
10	Visible Crosswalk design and policy	Program	Improve pedestrian safety by establishing a visible crosswalk design (greater visibility than standard crosswalk but distinct from yellow ladder school crosswalk) and policies for implementation	To be evaluated through the Better Streets Master Plan.	TBD through BSP	To be identified through Better Streets Plan. May include: • Prop K • Transportation Enhancement	BSP underway	Track Better Streets Plan	Britt Thesen, MTA
11	Low Cost Curb Bulb Design Trial	Design & Trial	Test a design for a low cost (e.g., bollard or striping based) corner bulb.	Work with the Better Streets Master Plan to develop a trial design for low cost corner bulbs. Consider the Tenderloin as a trial location.	TBD through BSP	To be identified through Better Streets Plan. May include: • Prop 1B local streets & roads funds • Transportation Enhancement • Prop K	BSP underway	Track Better Streets Plan	Adam Varat, SF Planning Dept
12	Red Light Running Cameras	Construction	Improve pedestrian safety by installing a red light running camera at a location with frequent red-light running. Camera installation program is managed by MTA.	Program manager is currently screening intersections citywide to prioritize for next round of camera installation.	N/A	MTA's red light running camera program is funded through citation revenues.	Intersections to be selected by late 2007	Follow up with MTA program manager	Tabin Chung, MTA
14	Little Saigon Pedestrian Improvements	Construction	Improve pedestrian access, connectivity, and safety in the Little Saigon business district through: • corner bulbs on Larkin Street at Ellis and Turk Streets • pedestrian countdowns where missing – O'Farrell, Ellis, Eddy, and Turk Streets	• Design and engineering of curb bulbs needed • include in Pedestrian Circulation / Safety FYPP update in 07/2007	Requires location specific design; up to $100,000 per corner	• Prop K • Prop 1B local streets & roads funds	Corner bulbs at the northeast and northwest corners of Larkin and Eddy Streets (entry to Little Saigon) underway	Track FYPP development	Cristina Olea, MTA

Attachment to Letter 104

Tenderloin – Little Saigon Area Study

Summary of past studies

Nelson\Nygaard Consulting Associates
785 Market Street, Suite 1300
San Francisco, CA 94103

October 2005

Introduction

Since 1997 there have been at least eight studies in the Tenderloin area that identified pedestrian safety as an important issue in the neighborhood and made improving pedestrian safety and conditions an explicit goal. Half of the studies were sponsored by city agencies with the other half of the studies by community organizations.

In preparation for the upcoming San Francisco County Transportation Authority (SFCTA) community based transportation plan for the area, this memo summarizes and condenses the findings of previous studies of the area. The first section of this memo condenses the previous studies by distilling their key findings (including area issues and problems) and recommendations. The second section of this memo contains a summary of each study.

Highlights from Previous Studies

Virtually all of the previous studies done in the Tenderloin in the past decade have come to a common conclusion: transportation issues are a major safety and quality of life issue for Tenderloin residents. For these transportation issues, the common conclusion was that pedestrian conditions and safety are substandard in the Tenderloin, and conflicts with auto traffic in the area are the main cause. Almost all of the studies attempted to document the severity and location of the problems, explain their causes, and recommend solutions. To summarize the key findings about the Tenderloin's transportation issues and problems from previous studies:

Summary of issues identified

- **Mobility of cars through the Tenderloin takes precedence over the accessibility, comfort, and convenience of pedestrians.** Previous studies documented a widespread community concern that most car traffic in the area is from people who are only passing through to somewhere else, and that the mobility of these passing cars often take precedence over the needs and desires of area residents.
- **The existing pedestrian environment is at certain times and places dangerous, uncomfortable, and hostile.** This is intimately related to the preceding issues. Factors in the pedestrian environment (all based on anecdotal evidence/perception):
    - Insufficient enforcement and respect for traffic laws
    - High quantity of through traffic
    - High speed of cars on the street
    - Some bicyclists ride on sidewalk instead of the street, presumably to avoid unsafe conditions on the streets.
    - Street vendors or criminal activity on sidewalks can be threatening, which at times pushes pedestrians into the streets or to cross the street at an intersection before they receive a "walk" signal.
    - Lack of enforcement of parking and driving violations
    - Pedestrians feel a constant threat or menace from cars

- **Transportation concerns overlap with significantly with security concerns.** Several studies reported that criminal activity on sidewalks degrades pedestrian conditions (e.g., if the sidewalk is blocked or threatening). Studies reported that these conditions cause some pedestrians to walk in the street rather than sidewalk, or to cross a street when it is inappropriate (either jaywalking or crossing at an intersection against a traffic signal).
- **The limited amount of public space in the Tenderloin puts pressure on sidewalks that can push pedestrians into the streets.** Previous studies have identified the perceived lack of parks in the Tenderloin pushing "public" activities onto the street. This includes children playing and adults congregating.
- **Car drivers cause most, but not all, of the problem; behavior of area pedestrians also plays a part.** The Department of Public Health study in 1997 found that pedestrians in the area cause a large number of pedestrian collisions (e.g., by walking into traffic midblock).
- **The Tenderloin has a high number of pedestrian injuries and fatalities.** Many of the previous studies use Statewide Integrated Traffic Records System (SWITRS) data[1] to document the number of pedestrian injuries and/or fatalities.
- **The Tenderloin has high concentration of non-auto users with a higher than average risk of involvement in pedestrian collisions.** These groups include: children, recent immigrants, seniors, disabled, and the mentally ill. This conclusion was based on anecdote and/or perception.
- **Transit performance.** There is a high amount of transit service in the area, but service quality could be higher in terms of travel times and headway adherence (i.e., buses being evenly spaced). This conclusion is based on both anecdote and transit data from the Inner Geary TPS plan.

As a rough indication of the most problematic intersections, the map at the end of this document summarizes the number of times a particular intersection is mentioned specifically in previous studies.

Summary of Recommendations

Most of the studies focused on similar recommendations, varying in their scope and amount of detail. To summarize (*italicized entries are those recommendations that were repeatedly recommended):*

- **Infrastructure**
  - **Pedestrian crossing**
    - *Build corner bulb outs at many intersections*
    - *Upgrade crosswalks, especially near schools and senior centers*
    - Build more ramps to improve disabled accessibility on sidewalks
    - Add advance limit lines near crosswalks to encourage cars to make complete stops

[1] SWITRS data processes all reported fatal and injury collisions which occurred on California's state highways and all other roadways, excluding private property.

- **Pedestrian conditions**
  - *Add pedestrian scale lighting*
  - *Plant trees midblock and on the far side of intersections (so they would not interfere with drivers' line of sight)*
  - *Widen sidewalks*
  - Add more transit shelters
  - *Add more trash cans in area*
  - *Improve sidewalk surface*
  - Improve amount and quality of street lighting
- **Bicyclists**
  - *Add bicycle lanes to some streets*
- **Signals and signs**
  - *Increase pedestrian crossing time at some intersections for at least part of the day to give seniors enough time to comfortably cross the street*
  - *Add four-way "ped scramble" phases at traffic signals*
  - *Give pedestrians a head start when crossing street*
  - *Install more pedestrian count down traffic signals*
  - *Add more signs: near senior centers, parks, yield to pedestrians, pedestrians have right of way*
  - Desynchronize signals to slow traffic progression
- **Roadway design**
  - *Convert some or all one-way streets into two-way streets*
  - *On new two way streets, implement 30 degree parking to increase number of on-street parking spaces*
  - *Close off some streets to cars altogether*
- **Traffic calming**
  - Install speed bumps
  - *Plant trees*
  - *Bulb outs to slow traffic and turning cars*

- **Legislative**
  - *Prohibit right and left turns on red at some or all intersections in the area*
- **Increase enforcement**
  - *Speeding*
  - *Right turn on red*
  - *Install red light cameras*
  - *Criminal activity on sidewalks*
  - Jaywalking
  - Bicycle riding on sidewalks
- **Education**
  - *Add signs to alert drivers that they are in a residential community that has many children*

- Educate Tenderloin residents about their rights as pedestrians
- Neighborhood campaign to teach children, recent immigrants, and seniors safe practices as pedestrians
- *Create signs and brochures for car rental agencies to inform tourists of how to drive appropriately in San Francisco.*

- **Other**
  - *More crossing guards for children at schools*
  - Improve DPT maintenance of white parking spaces and signage

Summary of Past Studies

In the following pages each previous study in the area is summarized. Each summary includes a brief written description of the study that highlights the most important points for understanding the study (whether study goals, agencies involved, methodology, etc), a description of the data used or gathered, key findings, and recommendations.

North of Market Planning Coalition Tenderloin 2000 Survey and Plan – 1992

Study sponsor: North of Market Planning Coalition
Data: none used; all conclusions based on community outreach
Description: This wide-ranging study examined public safety, housing, economic development, human services, and community facilities in the Tenderloin. Its emphasis was not transportation, but it made recommendations in this area. These recommendations were based on extensive meetings with the community, not quantitative data.

Findings:

- Drivers treat Tenderloin corridors as high-speed freeways
- One-way streets encourage drug trafficking, raise noise and pollution levels, and discourage visitors from stopping and shopping.
- Lack of parking permit program and parking garages harm Tenderloin residents and merchants.
- Sidewalks and streets are in poor condition and look run down.

Recommendations:

- Reduce traffic speeds
  - De-synchronize traffic signals to slow traffic
  - Install speed bumps
  - Install signs to alert drivers to presence of children
  - Convert north-south streets between Mason and Polk and east-west streets between Golden Gate and O'Farrell to local two-way streets
- Improve lighting
  - Install "old Tenderloin" style pedestrian scale sidewalk lamp posts throughout the neighborhood
  - Improve maintenance and brightness of existing lights

- Improve safety
  - Increase pedestrian crossing time
  - Prohibit right and left turns on red
  - Increase enforcement of speed limits and illegal turn restrictions
  - Hire more crossing guards for children
- Other
  - Install more transit shelters
  - Widen sidewalks
  - Add more trash cans in area
  - Create diagonal parking on converted two way streets to increase parking supply

Department of Public Health

Tenderloin Pedestrian Safety Assessment – 1997

Study sponsor: San Francisco Healthy Cities Project
Data: none used; all conclusions based on outreach
Description: Community residents and representatives asked staff at the San Francisco Healthy Cities Project to examine pedestrian safety in the Tenderloin in terms of who was affected, how they were affected, perceived "hot spots", and to recommend improvements. As part of this Tenderloin Pedestrian Safety Project, staff gathered a large range of community input from an advisory committee, eleven public discussion groups (in seven languages) with 119 participants, a written survey (translated into six languages) was distributed (134 responses), and a different written survey (translated into six languages) for on-site responses at five problematic intersections (49 responses).

Findings

- High amount of car traffic in and through Tenderloin
- Cars move too quickly, menacing pedestrians
- Cars dominate public street space
- Traffic signals do not give enough time for seniors to cross street
- High incidence of jaywalking
- Analysis of pedestrian accident data shows that many are caused by pedestrians (e.g., crossing against the light, walking into traffic midblock)
- Turning cars (right or left on red) disregard pedestrians; pedestrians can't trust that cars will stop
- Bicycles and skateboards ridden on sidewalks
- High numbers of residents that have higher risk of traffic collisions (children, seniors, recent immigrants, disabled, alcohol/drug impaired)
- Limited play areas
- High volume of street vendors
- Criminal activity on sidewalks make for threatening pedestrian environment, sometimes causing pedestrians to try to cross the street when conditions are not safe rather than waiting for traffic signals to change on corners that feel dangerous.
- Personal safety

- Prostitutes cause some congestion on street
- Taxis reluctant to pick up residents
- Intersections identified as being particularly difficult to cross or that are avoided altogether
    - Eddy and Leavenworth – fast vehicles, red light running, not enough pedestrian crossing time, vehicles turning right on red while pedestrians are in crosswalk
    - Turk and Leavenworth – South to north auto corridor where cars move quickly. Half block from North of Market Senior Center, so high numbers of seniors
    - Turk and Hyde – High use by seniors visiting the North of Market Senior Center. Sidewalks obstructed by sidewalk activity, and can force pedestrians to walk in the street.
    - Golden Gate and Jones – fast car traffic on this through route to the freeway. For several hours each day, people waiting for lunch at St. Anthony's force pedestrians into the street.
    - Eddy and Jones – sidewalk activity forces pedestrians into the street.

Recommendations

- Improve enforcement
    - Enforce speed limit laws
    - Increase police presence to reduce drug activity and thereby create safer streets
    - Enforce bicycle riding laws for riding on sidewalks and stopping at red lights
- Change laws – prohibit right or left turns on red in San Francisco
- Education
    - Educate Tenderloin area pedestrians of their rights
    - Improve drivers education classes to emphasize pedestrian rights.
    - Create signage to post prominently in car rental agencies so tourists are informed of local laws
- Infrastructure –
    - Install push-button crossing lights on streets near senior centers that would allow for longer pedestrian crossing time (especially on Turk at Leavenworth and Hyde)
    - Create four way pedestrian scramble crossing times on streets so pedestrians can confidently cross in any direction
    - Delay green lights to give pedestrians a head start on crossing street
    - Install pedestrian count down signals at all intersections so people know how much time they have to cross
    - Create bicycle lanes on Tenderloin streets
    - Consider traffic calming measures
    - Close off some streets to cars
    - Maintain signage for motorists more frequently at heavily used intersections

St. Anthony's Foundation Community Plan – 2001

Study sponsor: Tenderloin Safe Community Coalition
Data: Pedestrian collision data

- SWITRS pedestrian intersection data for 1998
- San Francisco Police Department summary of traffic collision data for area from 1/2000—6/2000. Data includes all traffic collisions, collisions involving pedestrians, and collisions involving pedestrians because of a pedestrian violation.
- DPT analysis of SWITRS data from 1995—1999 for collisions at intersections and midblock. Included is a more detailed table of factors for three intersections and four midblock locations with high numbers of pedestrian collisions.

Description: The Tenderloin Safe Community Coalition developed this plan, and was a collaboration between the Departments of Public Health and Parking and Traffic, the Neighborhood Safety Partnership, Adopt-A-Block, and residents. As part of the development of this plan, the Coalition gathered and analyzed substantial amounts of pedestrian accident data between 1995—1999, and from the first six months of 2000. This data was combined with community input to identify problem areas in the community.

Findings (based on community outreach, SWITRS data, and Police Dept. summary of accidents in area):

- High numbers of pedestrian injuries and fatalities in Tenderloin
- Intersections identified as being particularly problematic
  - Jones and Turk
  - O'Farrell and Larkin
  - Ellis and Leavenworth
  - McAllister and Leavenworth
  - Market and 7th
  - Hyde and Turk
  - O'Farrell and Leavenworth
  - Geary and Larkin
  - Jones and Golden Gate

Recommendations

- Education – this plan recommends targeted education campaigns for different populations in the Tenderloin based on surveys of each group. These populations include:
  - Children and youth
    - Work with children/youth providers to produce a children/youth initiated video project for neighborhood children that emphasizes the pedestrian's role in remaining safe.
    - Neighborhood campaign to teach children and youth safe pedestrian practices
  - Seniors -- Develop public information campaign to improve the pedestrian skills of seniors.
  - Drivers

        - Create and disseminate pedestrian safety information to neighborhood car rental agencies
        - Install pole banners in neighborhood (about four per block) that stress to drivers that the Tenderloin is a residential neighborhood and the home to many children.

- Infrastructure – The plan identifies changes to the physical environment for different populations in the neighborhood.
    - Children
        - Upgrade crosswalks by schools
        - Ensure school bus loading zones are properly marked and signed
    - Seniors
        - Install countdown pedestrian crossing signals at all intersections in neighborhood.
        - Reexamine pedestrian crossing time to ensure that it is adequate for seniors.
        - Make the McAllister and Leavenworth intersection a four way pedestrian scramble.
        - Upgrade existing senior signs
        - Increase number of senior signs on Jones and Geary.
        - Examine prohibiting right turns along Jones and Geary, two important senior corridors.
    - Disabled
        - Assess sidewalk accessibility and ramps in Tenderloin.
        - Develop capital plan to improve disabled accessibility, prioritizing corridors that are heavily used by the disabled.
        - Identify corridors that are heavily used by the sight-impaired. Install audible pedestrian signals.
        - Improve maintenance and signage for white parking zones, which are often used for transporting those with disabilities.
        - Improve accessibility at all Muni stops.
    - General
        - Install signs that inform drivers about the pedestrian right of way

- Improve enforcement
    - Install speed limit signs
    - Create additional crossing guard zone for schools on Eddy and Jones.
    - Increase traffic enforcement during the kick off of plan
    - Improve enforcement of white and handicapped zone violations
    - Install temporary red-light running cameras at most dangerous intersections
    - Police should reduce amount of activities that obstruct the sidewalk and force people into the street.

Tenderloin Housing Clinic Paths to Safer Streets – 2002

Study sponsor: Tenderloin Housing Clinic
Data: Resident survey

- Quantifies residents safety concerns

- Quantifies resident jaywalking

Description: The Tenderloin Housing Clinic conducted a community survey (250 respondents from the Tenderloin) and hosted community forums about pedestrian safety in the area. The information was used to create a prioritized action plan to address the top traffic safety concerns identified by the community.

Findings (based on community survey):

- Speeding cars
- Red light running
- Reckless driving
- Pedestrian signals are not long enough
- Cars challenge pedestrians in crosswalk
- Children, seniors, and the disabled are particularly at risk as pedestrians
- Many residents unaware of their rights as pedestrians
- Drugs and urban issues of crime, fear, and disorder
- Intersections identified by Tenderloin residents as dangerous
  - Turk and Taylor
  - Jones and Golden Gate
  - 5th and Market
  - 6th and Market
  - 7th and Market
  - Jones and Ellis
  - Jones and Eddy
  - Geary and Larkin
  - Leavenworth and Turk

Recommendations

- For Tenderloin
  - Turk and Taylor: repaint crosswalk, upgrade pedestrian signal, install red light photo enforcement
  - Taylor and Ellis: Restrict left turns on red, install pedestrian signals
  - 300 block of Eddy (Jones) and 100 block of McAllister (Golden Gate): install signage for schools
  - Golden Gate and Jones: Change signal timing to include a pedestrian head start
  - 500 block of Ellis: Install "children at play" signage near playground
  - Geary and Larkin: install pedestrian signals, change traffic signal timing for an all red interval
  - Golden Gate and Taylor: install "yield to ped" sign for dedicated turn lane onto Taylor
  - Turk and Hyde: Change signal timing to an all red interval; add red light photo enforcement camera
- For city policy
  - Implement Proposition Q (2000 ballot measure) – though approved, this ballot measure was not implemented. It was intended to create a Pedestrian Safety Fund to provided dedicated funding for pedestrian safety improvements throughout the city.

- Establish traffic unit details in district station – expand amount of traffic enforcement in city and improve its coordination.
- Rotate "dummy" red light enforcement cameras at intersections – increase the number of "dummy" red light cameras in the city.
- Do public information campaign about speed limit in the city.

Department of Public Health Tenderloin Pedestrian Safety Plan – 2003

Department of Parking and Traffic Pedestrian Safety Plan – 2005

Study sponsor: Department of Public Health, Department of Parking and Traffic
Data:

- Utilized the Tenderloin Housing Clinic survey of residents
- Maps of SWITRS data for Tenderloin from 1997—2001 of pedestrian collisions by age, number, severity, time of day (8pm to 5am), and movement of driver prior to pedestrian collision.

Description: DPH and DPT received an environmental justice grant from Caltrans to develop a pedestrian safety plan for the Tenderloin. The Tenderloin Safety Plan was aimed at improving walking safety in the Tenderloin, focusing primarily on Geary, Hyde, Jones, and O'Farrell Streets. DPH conducted the outreach, meeting with various community and agency groups. Fliers for these meetings were also posted in the community. After the outreach, the DPT conducted their technical analysis and developed the safety plan. This plan was approved by the Interdepartmental Staff Committee on Traffic and Transportation (ISCOTT) in 2005, but deferred by the MTA Board.

Findings (based on community outreach, agency observation, SWITRS data, Tenderloin Housing Clinic resident survey):

- Traffic signs, striping, and signals
  - Faded pedestrian crosswalks need ladder crosswalks at Jones and Turk St.
  - Lack of signage near playgrounds, schools, and senior centers (especially on Jones at Eddy)
  - Right turn on red (especially at Jones/Ellis, Hyde/Eddy, and Hyde/Turk)
  - Crossing time at signalized intersections
  - Signal progression on Golden Gate promotes speeding
- Driver behavior
  - Speeding on Jones Street during rush hour to stay with signal progression
  - Drivers are very aggressive when turning right on red lights
- Roadway design
  - High volumes of cars from Jones to Golden Gate make it hard to cross safely
  - Fast traffic on Ellis and Hyde
  - Pick up and drop off around schools and senior centers cause traffic congestion

- Enforcement
  - Red light running is not enforced
  - Jaywalking not enforced
  - Double parking not enforced, which creates dangerous pedestrian conditions
  - Autos in bus zones not enforced, making people board bus in street
- Other
  - Not enough crossing guards
  - Bicycles and skateboards on sidewalks
  - Sidewalk surface

Recommendations

- Geary – add bulb out on NE corner of Geary and Hyde
- O'Farrell
  - Add bulb outs on SW corner of O'Farrell and Polk, and on the SE corner of O'Farrell and Larkin
  - Add street trees mid-block to make street feel narrower and more residential (does not specify if this necessitates tree bulb-outs).
- Jones
  - Remove one of three traffic lanes on Jones Street between Geary and Golden Gate Avenue (Note that this recommendation would have to be reconsidered if Muni reroutes the 27 line on Jones to Eddy.
  - Add 30 degree angle parking on east side of the street, to be flanked by sidewalk bulb outs at the corners on Eddy, Ellis, Turk, and Golden Gate
  - Move bus stop – relocate nearside bus zone at NW corner of Jones to the southside as a bus bulb
  - Replace double turn lane from Jones to Golden Gate with single turn lane
  - Add school zone signs and ladder-style crosswalks at Jones and Eddy for the Christian Academy
  - Add advance limit lines for selected approaches to reduce driver encroachment into the crosswalk and encourage complete stopping for right turns on red
- Hyde
  - After observing impacts of the proposed lane removal on Jones, consider removing a lane of traffic on Hyde and adding angle parking
  - Add bulb outs at Ellis (SW and NE corners) and Eddy (NW and SE corners)
- Leavenworth
  - Remove lane of traffic on Leavenworth between Turk and Eddy streets, and add angle parking. Reinforce with sidewalk extensions at the corners.
  - Add bulb outs at NE and SW corners of Eddy Street
  - Add bulb outs at NW and SE corners of Ellis Street
- Eddy-Ellis
  - Subsequently, study possible lane removal, angle parking, and bike lanes in separate study
- Larkin
  - Add "Little Saigon" gateway treatment at Eddy

  - Add corner bulb outs at NW and NE corner of Eddy
  - Add bulb outs at NW and SE corners of Geary, NW and SE corners of Ellis, and SW corner of O'Farrell.
- General measures recommended for the project area
  - Improve one way signage on one-way streets
  - Study possible conversion of some one-way streets to two-way (did not specify which streets)
  - Retime signals to increase pedestrian crossing times.
  - Consider shorter signal cycle lengths from some off-peak periods, especially late at night
  - At intersections with high numbers of pedestrian injuries due to driver failure to yield, consider pedestrian head starts (leading pedestrian phases of 2-5 seconds)
  - Prohibit right turns on red at intersections with high numbers of pedestrian injuries involving turning vehicles
  - Add street trees to far-side corner bulb outs where they would not interfere with drivers' views of intersections
  - Survey street lighting in the area to identify and address deficiencies (did not identify specific deficiencies)
  - Add pedestrian-scale lighting throughout area
  - Consider traffic engineering measures that would reduce the usage of air horns by emergency vehicles

San Francisco PedSafe Phase 1 Report – 2003

Study sponsor: Department of Parking and Traffic
Data: This study has large amounts of citywide data on pedestrian collision, but nothing for the Tenderloin area specifically.

- Maps of SWITRS data for City from 1990—2001 of pedestrian collisions
- Number of pedestrian injury collision (1973—2001)
- Data on primary collision factor (1996—2001) for both pedestrians and vehicles
- Collisions by time of day
- Collisions by amount and type of ambient light
- Collisions by day of week
- Collisions by weather
- Correction factor for SWITRS underreporting of pedestrian injuries (using data from San Francisco General Hospital)
- Injury density scoring for Tenderloin area (compared to other areas in City)

Description: This is a large federally funded project led by the DPT to develop, implement, and evaluate the effectiveness of a comprehensive citywide program to reduce pedestrian fatalities and other injuries using the most advanced techniques available. Phase 1 presents the planned improvements, while the upcoming phase 2 of the report will contain additional analysis of policies, environmental review, and a study of engineering feasibility.

The study first identified areas of the city that have high "injury density" – the density of injuries in a particular area – as a way to identify the most promising and cost-effective locations for pedestrian improvements.

MTA Inner Geary TPS Phase 1 Plan — 2003

The MTA developed a plan to upgrade transit operations on Geary and O'Farrell between Van Ness and Stockton to precede development of BRT plans for approximately 2010. Apart from many measures to improve transit performance, the plan was also expected to improve pedestrian safety and walking conditions on these streets, reduce emissions in the area, and improve emergency vehicle access. As approved and implemented in 2005, the plan included:

- Remove lane of traffic on Geary between Mason and Polk Streets; improving transit operations and calming traffic.
- Remove lane of traffic on O'Farrell between Polk and Hyde streets
- Add double length bus bulbs on Geary at Leavenworth and on O'Farrell between Jones and Taylor to improve bus operations and improve sidewalk conditions
- Add more yellow parking zones to reduce double parking
- Add right and left turn pockets at some intersections, which removed parking. Pedestrian impact is unclear; at these corners, visibility for drivers is improved, but parked cars no longer protect pedestrians.
- Add school area signs and yellow ladder crosswalks at Christian Academy near Jones & Eddy Streets
- Add advance limit (stop) lines and restripe crosswalks at 25 to 29 intersections (not specified), total number dependent on cost per intersection
- Add street trees
- Add two senior crossing signs at 350 Golden Gate

Lessons for the SFCTA Tenderloin-Little Saigon Study

A survey of previous studies of the Tenderloin area offers some lessons for the upcoming Tenderloin-Little Saigon community based transportation plan. These include:

- **Effective and inclusive outreach is a challenge** – several previous studies, especially those by governmental agencies, described the difficulty in conducting effective outreach. Attempts to attract people to public meetings sponsored by the city agencies were relatively unsuccessful if measured by attendance.
- **No study has effectively determined the rate of accidents in the Tenderloin –** The previous studies claim that pedestrian safety is a problem that is particularly pronounced in the Tenderloin, but only offer absolute numbers to substantiate this claim. Absolute numbers can be misleading and do not offer meaningful points of comparison. This upcoming study could establish a *rate* of pedestrian injuries and fatalities that could be

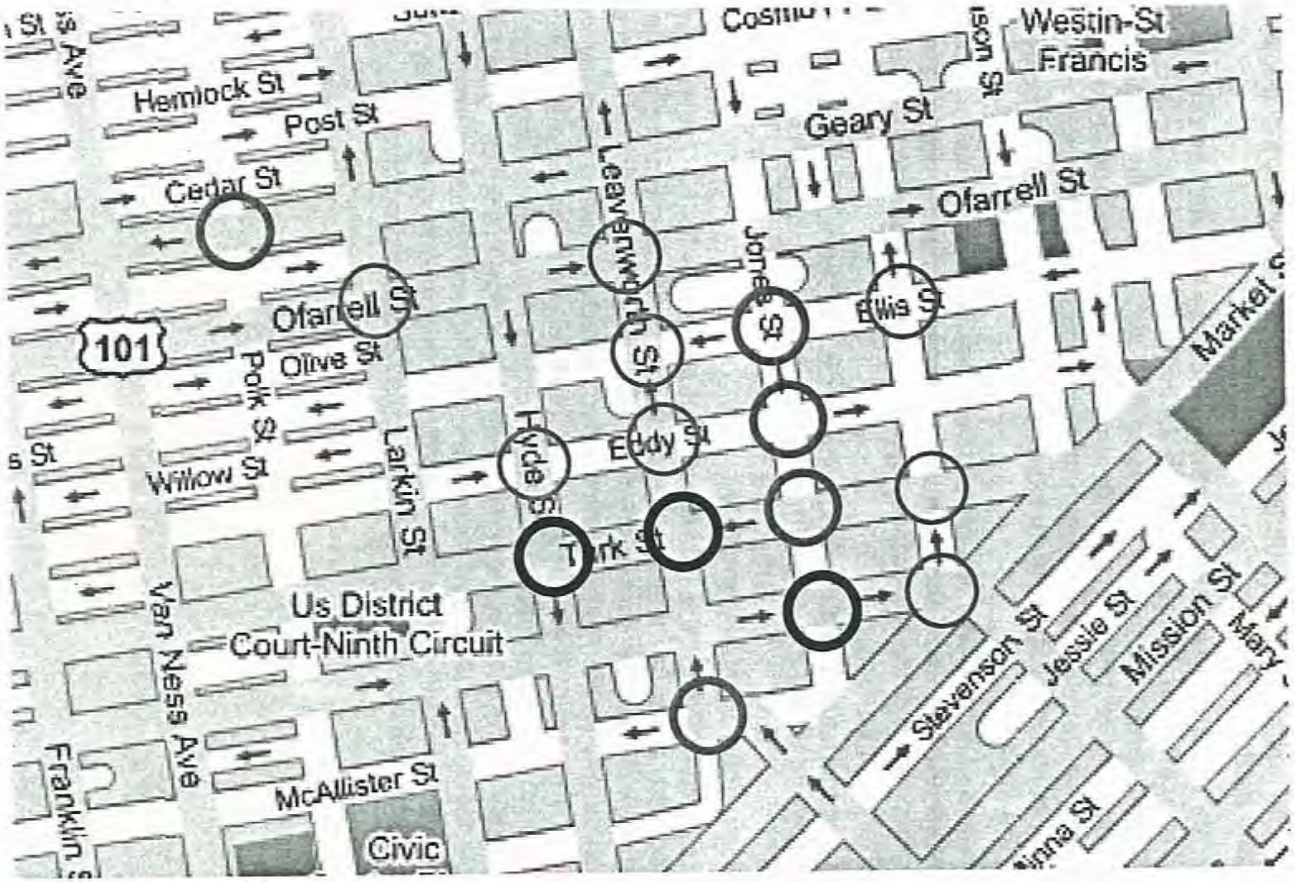
meaningfully compared with other parts of the city. Once the comparison is made, then the perception that pedestrian safety is worse in the Tenderloin supported by data. A meaningful pedestrian accident rate will also allow accidents rates within the Tenderloin to be compared from year to year; this will allow the amount of accident reduction to be quantified in a way that is independent of changes in population or other factors.

- **The Tenderloin is commonly perceived to have higher proportion of seniors, recent immigrants, and disabled residents.** No study has used Census data to substantiate this perception. This is particularly relevant because some recommendations may be tailored to the needs of certain populations, especially if there is a disproportionate number in a particular area.
- **Opportunity to frame the transportation problems and recommended solutions in terms of allocation of street space.** Space in San Francisco is limited, and different modes of transportation compete for this space. As the previous studies have identified, there is much tension between the different modes of transportation in the Tenderloin, the need for city residents to pass through this residential neighborhood, and the allocation of right of way between buildings is an expression of the balance the city has chosen between the modes.

  The allocation of right-of-way is a physical expression of these issues. In the 1950s and 60s sidewalk widths in the Tenderloin were reduced and some double turn lanes were implemented. Most of the right of way in the area is dedicated to the automobile (either for travel lanes or parking).

  Framing transportation problems and solutions in the Tenderloin in terms of allocation of street space and balance between the modes may be helpful as a way for residents to understand the issues, frame proposed solutions, and for the plan to reflect the priorities and values of the community and City.
- **Opportunity to highlight the transportation strengths in the Tenderloin that can be leveraged** – No previous study has identified the Tenderloin's strengths. In terms of transportation, the Tenderloin has the foundation that many areas strive to achieve: high residential density located to high employment density (allowing for many walking trips), fine grained urban grid, lively street culture, proximity to some bicycle routes, and very frequent transit service on each of its three borders (Van Ness, Geary, and Market Streets), likely the most transit rich neighborhood in San Francisco. The Tenderloin has much potential to be one kind of pedestrian, bicycle, and transit-oriented paradise. As part of the documentation of existing conditions, the upcoming study may want to emphasize strengths to build on just as much as problems to solve.

Specific locations in Tenderloin identified by name as problem areas in previous studies



Number of times identified

1

2

3 to 5

Attachment to Letter 104

FILE NO. ORDINANCE NO.

[Health Care Services Master Plan.]

Ordinance amending the San Francisco Planning Code by adding Sections 342 to 342.10 requiring the preparation of a Health Care Services Master Plan identifying the current and projected needs for, and locations of, health care services within San Francisco and recommending how to achieve and maintain appropriate distribution of, and equitable access to, such services; requiring that medical institutions applying for land use approvals obtain a consistency determination from the Planning Commission determining that the proposed use promotes the goals recommended in the Master Plan; providing fees for the consistency determination, and making findings, including findings of consistency with the General Plan and the eight priority policies of Planning Code Section 101.1 and environmental findings.

NOTE: Additions are *single-underline italics Times New Roman*; deletions are ~~*strike-through italics Times New Roman*~~. Board amendment additions are double-underlined; Board amendment deletions are ~~strikethrough normal~~.

Be it ordained by the People of the City and County of San Francisco:

Section 1. Findings. The Board of Supervisors of the City and County of San Francisco hereby finds and determines that:

(a) Pursuant to Planning Code Section 302, the Board of Supervisors finds that this ordinance will serve the public necessity, convenience and welfare, for the reasons set forth in Planning Commission Resolution No. _____, and incorporates such reasons by this reference thereto. A copy of said resolution is on file with the Clerk of the Board of Supervisors in File No. _____.

(b) The Board of Supervisors finds that this ordinance is in conformity with the Priority Policies of Section 101.1 of the Planning Code and with the General Plan, and hereby

Supervisors Campos, Mar, Maxwell, Mirkarimi, Avalos, Chiu

adopts the findings set forth in Planning Commission Resolution No. _____ and incorporates such findings by reference as if fully set forth herein. A copy of said resolution is on file with the Clerk of the Board of Supervisors in File No. _____.

(c) The Planning Department concluded environmental review of this ordinance pursuant to the California Environmental Quality Act, Public Resources Code Section 2100 et seq. Documentation of that review is on file with the Clerk of the Board of Supervisors in File No. _____.

Section 2. The San Francisco Planning Code is hereby amended by adding Sections 342 to 342.10, to read as follows:

SEC. 342 . HEALTH CARE SERVICES MASTER PLAN FINDINGS.

1. On March 23, 2010, President Barack Obama signed into law the "Patient Protection and Affordable Care Act," thereby initiating the most significant change to the health care delivery system that the United States has experienced in forty years. As the City and County of San Francis ("City") works to implement this monumental law, it is an opportune moment to engage in a comprehensive planning effort for health care services in the City.

2. Section 4.110 of the City Charter ("Charter") provides that the Department of Public Health and Health Commission shall provide for the preservation, promotion and protection of the physical and mental health of the inhabitants of the City and County of San Francisco.

3. Section 4.105 of the Charter provides that the Planning Commission create and maintain a General Plan consisting of goals, policies and programs for the future development of the City and County that take into consideration social, economic and environmental factors.

4. Section 127340(a) of the California Health and Safety Code provides that "private not-for-profit hospitals meet certain needs of their communities through the provision of essential healthcare and other services. Public recognition of their unique status has led to favorable tax

treatment by the government. In exchange, nonprofit hospitals assume a social obligation to provide community benefits in the public interests."

5. The elimination of the Bay Area Health Systems Agency in 1981 and the establishment of a competitive marketplace for health services as state policy through state legislation resulted in the loss of routine and comprehensive analysis of health service resources, needs, trends, local impacts and related information in the City to guide decisions by medical institutions and governmental land use decisions. This loss of information promoted decisions, both private and public, that could favor short term individual developments over long term, City-wide public policy goals.

6. The attempt by the City to fill the policy gap by passing Ordinance Number 279-07, requiring submission of Institutional Master Plans, revealed the need to balance individual institutional planning with a city-wide plan within which plans of individual institutions can be assessed for their relation to city-wide public policy goals and the impacts in neighborhoods and the City as a whole.

7. A Health Care Services Master Plan will provide the Health Commission, the Planning Commission and Board of Supervisors with information and public policy recommendations to guide their decisions to promote the City's land use and policy goals developed in such Plan, such as distribution and access to health care services.

8. A Health Care Services Master Plan will also provide the Health Commission, the Planning Commission and Board of Supervisors with information essential to disaster planning for the City.

9. The San Francisco Department of Public Health is particularly well situated to create a Health Care Services Master Plan, as it can draw upon the innovative work of Building a Healthier San Francisco, including "The Living Community Needs Assessment" which is an up-to-date, web-based, compilation of data about community health in neighborhoods throughout the City.

SEC. 342.1. DEFINITIONS.

As used in these sections 342 to 342.10, the following terms shall have the following meanings:

(a) "Application" shall mean an application submitted by an owner or operator of a medical institution for any City land use approval, including but not limited to a conditional use permit, variance, or other entitlement requiring Planning Commission or Zoning Administrator action.

(b) "Applicant" shall mean an owner or operator of a medical institution submitting an application for a land use approval described in section (a) above.

(c) "Medical Institution" shall mean providers of healthcare services, such as hospitals, nursing homes, skilled nursing facilities, in-patient hospices, mental and behavioral health facilities, substance abuse and chemical dependency treatment centers, ambulatory care centers, rehabilitation facilities, free standing imaging centers, surgical centers, birthing centers, clinics, and medical office buildings.

SEC. 342.2. HEALTH CARE SERVICES MASTER PLAN: COMPONENTS

(a) The Department of Public Health and the Planning Department shall prepare a Health Care Services Master Plan that displays and analyzes information concerning the geography (including natural features of land, weather, and water supply), demography, epidemiology, economics/finance, neighborhood characteristics, intensity of use, workforce, technology, and governmental policy pertinent to distribution, access, quality and cost of health care services in the City, including the use of the health care services by patients from outside the City, and referral of patients from the City to medical institutions located outside the City limits. Based on this information, the Health Care Services Master Plan will identify existing and anticipated future needs for health care services compared to available and anticipated resources and potential impacts on neighborhoods, and make recommendations for improving the match between needs and resources, as well as where health care services may be located within an area of the City without a significant land use burden on particular neighborhoods. The Health Care Services Master Plan shall consider neighborhood density, uses, transit and infrastructure availability, traffic characteristics, including mode split among cars, public transit, bicycles and pedestrians.

(b) The Health Care Services Master Plan shall contain all of the following components:

(1) Health System Trends Assessment: The Health Care Services Master Plan shall describe and analyze trends in health care services with respect to the City, including but not limited to: disease and population health status; governmental policy (at the national, state, regional levels); disaster planning; clinical technology; communications technology; payment for services; sources and uses of capital for investment in services; organization and delivery of services; workforce; community obligations of providers, and any other trends that, in the discretion of the Department of Public Health, may affect availability, location, access and use of services in the City.

(2) Capacity Assessment: The Health Care Services Master Plan shall quantify the current and projected capacities of existing medical institutions in San Francisco, including public and private facilities and community-based organizations. The capacity assessment shall describe, analyze, and project resources available for emergency services, including trauma services; acute hospital services, including beds and services that require specialized facility accommodations; ambulatory care services including primary care; specialty physician services; hospital-based and free-standing urgent care services; rehabilitation, long term care and home health services; and behavioral health services including psychiatric emergency, mental health and substance abuse services. In addition, the capacity assessment shall quantify "surge capacity" needs in the event of a disaster.

(3) Land Use Assessment: The Health Care Services Master Plan shall assess the supply, need and demand for medical institutions in the different neighborhoods of the City; the potential effects or land use burdens of locating such services in particular neighborhoods; and the potential for displacement of other neighborhood-serving uses that may occur as a result of the placement of medical institutions.

(4) Gap Assessment: The Health Care Services Master Plan shall identify medical service gaps across the City and medically underserved areas for particular services with reference to geography, transportation/communication options, and unique barriers to accessing care, including

but not limited to language, race, immigration status, gender identity, substance abuse, and public assistance.

(5) Recommendations: The Health Care Services Master Plan shall include policy recommendations to promote an equitable and efficient distribution of healthcare services in the City; the elimination of healthcare service gaps and medically underserved areas; and the placement of medical institutions within the City in a manner that is consistent with the character, needs and infrastructure of the different neighborhoods, and that promotes and protects the public health, safety, convenience and general welfare.

SEC. 342.3. HEALTH CARE SERVICES MASTER PLAN PROCESS:

(a) Timing for Health Care Services Master Plan Completion: The Department of Public Health, or its designated consultant, shall work with the Planning Department to complete a draft Health Care Services Master Plan within nine (9) months of the effective date of this ordinance, which time may be extended upon request and by approval of the Board of Supervisors.

(b) Preparation of the Health Care Services Master Plan: The Department of Public Health shall hold at least two publicly-noticed informational hearings and/or workshops during the course of the preparation of the draft Health Care Services Master Plan. The Planning Department shall participate in all hearings and/or workshops.

(c) Upon completion of a draft Health Care Services Master Plan, the Department of Public Health shall provide public notice of the availability of the Health Care Services Master Plan draft for public review. The notice shall specify a period of no less than thirty (30) days during which written comments will be received by the Department of Public Health and the Planning Department on the draft Health Care Services Master Plan.

(d) Public Hearing: After the close of the written public comment period, the Health Commission and Planning Commission shall hold a joint public hearing on the draft Health Care Services Master Plan. The Commissions shall set the time and date for the hearing within a reasonable

period, but in no event shall the hearing date be more than thirty (30) days after the close of the written public comment period. The Commissions may recommend approval or may request additional information or revisions in the Health Care Services Master Plan. If the Health Commission or Planning Commission requests significant or material additional information or revisions for the Health Care Services Master Plan, then the Health Commission and Planning Commission shall hold additional public hearings to consider such changes, either jointly or separately.

(e) The Health Commission and the Planning Commission may recommend approval or disapproval of the Health Care Services Master Plan. Following such recommendations, the Board of Supervisors shall schedule a hearing to consider adoption of the Health Care Services Master Plan.

(f) Plan Update. The Department of Public Health and Planning Department shall update the Health Care Services Master Plan every three (3) years including a summary of changes since the prior Health Care Services Master Plan was approved. If the departments are unable to update the Health Care Services Master Plan within three (3) years of the prior update, they must seek an extension of time from the Board of Supervisors. The Health Commission, the Planning Commission, and the Board of Supervisors shall consider and approve periodic Health Care Services Master Plan updates based upon the same procedures described in sub sections (a)-(e) above.

SEC. 342.4. CONSISTENCY DETERMINATION FEE.

The Planning Department may charge and collect from the medical institution seeking a land use approval subject to these sections 342 to 342.10 a fee for the preparation of the required Consistency Determination, in an amount that does not exceed the actual cost of preparation. This fee shall be payable at the time the application for such land use approval is submitted.

SEC. 342.5. CONSISTENCY DETERMINATION.

(a) Upon adoption of the Health Care Services Master Plan, the Planning Department shall

review any application for or by a medical institution for a land use approval, in order to make findings that a proposed use is consistent with the most recently updated Health Care Services Master Plan's recommendations.

(b) Consistent Applications. If the Planning Department finds that an application appears to be consistent with the recommendations of the Health Care Services Master Plan, the Planning Department shall issue a Consistency Determination to the applicant, and shall immediately post it on the department's website, inviting interested persons to provide public comment on the Consistency Determination. The Planning Department shall not take any action on the land use application for a minimum of fifteen (15) days following the issuance and notice of the Consistency Determination. If the Planning Department receives no written objections to the Consistency Determination within fifteen (15) days, the Consistency Determination is final. If the Planning Department receives written objections setting forth substantive arguments that the application is not consistent with the recommendations of the Health Care Services Master Plan it shall follow the procedures set forth below for inconsistent applications.

(c) Inconsistent Applications. If the Planning Department finds that an application appears to be inconsistent with the recommendations of the Health Care Services Master Plan, it shall submit the application to the Health Commission. The Health Commission shall review the application at a public hearing and issue written recommendations concerning whether the applicant's proposal is consistent with the recommendations of the Health Care Services Master Plan. If the Health Commission finds that the application is inconsistent with the Health Care Services Master Plan, the Health Commission shall make recommendations to achieve consistency. If the Health Commission finds that the application is consistent with the Health Care Services Master Plan, it shall make written findings to this effect. The Health Commission shall submit its recommendations or written findings to the Planning Commission within thirty (30) days after receipt of the application. Prior to the Planning

Commission's consideration of the Health Commission's recommendation, the applicant may amend its application in an effort to achieve consistency with the Health Care Services Master Plan.

(d) Public Hearing. The Planning Commission shall hold a public hearing to consider public testimony regarding whether the application is consistent with the recommendations of the Health Care Services Master Plan at the same time that it considers the application as a whole. The Planning Commission shall consider the recommendations of the Health Commission when making a final decision whether or not to issue a Consistency Determination, and shall make written findings to this effect. The Planning Commission may only approve an application for which it did not issue a Consistency Determination if countervailing public policy considerations justify approval of the project.

(e) City Consideration of Consistency Determination. The Planning Department, the Zoning Administrator and all other involved city agencies shall not approve any permit or entitlements for a medical institution unless the applicant obtained a Consistency Determination from the Planning Department or the Planning Commission, or the Planning Commission found that countervailing public policy considerations justify approval of the application despite its inconsistency with the Health Care Services Master Plan.

SEC. 342.6. APPEALS.

(a) Within thirty (30) days of the issuance or denial of a Consistency Determination by the Planning Commission, any person may file an appeal. If the Board of Supervisors has authority to review the underlying land use approval, the appeal shall be filed with the Board of Supervisors. If the Board of Supervisors does not have authority to review the underlying land use approval, the appeal shall be filed with the Board of Appeals.

(b) Appeal to the Board of Supervisors: The Board of Supervisors shall hold a public hearing on an appeal of a Consistency Determination. If the Board of Supervisors, based on all of the information before it, disagrees with the Planning Commission's decision to grant or deny a

Consistency Determination, the Board of Supervisors may reverse such decision. The Board of Supervisor's decision shall be final.

(c) Appeal to the Board of Appeals: The Board of Appeals shall hold a public hearing on an appeal of a Consistency Determination. The Board of Appeals may, based on all of the information before it and on the affirmative vote of four of its members (or, if a vacancy exists, by a vote of three members), disagree with the Planning Commission's decision to grant or deny a Consistency Determination. In such cases the Board of Appeals may overrule the Planning Commission's decision and shall state in writing the reasons for its action. The Board of Appeals' decision shall be final.

SEC. 342.7. AUTHORITY TO ADOPT RULES AND REGULATIONS.

The Planning Director, in consultation with the Department of Public Health, may prepare rules, regulations, or guidelines to implement and enforce these sections 342 to 342.10. Rules or regulations prepared pursuant to this Section shall be adopted at a regular meeting of the Planning Commission, by a majority vote following a public hearing, provided that the amendment has been calendared for hearing for at least ten days.

SEC. 342.8 PREEMPTION.

In adopting sections 342 to 342.10, the Board of Supervisors does not intend to regulate or affect the rights or authority of the State to take any actions that are required, directed, or expressly authorized by Federal or State law. This ordinance shall not apply to prohibit conduct that is prohibited by Federal and State law. The ordinance does not intend to supplant or supersede any state or local land use or environmental laws or regulations, including but not limited to the City's land use planning and zoning ordinances and the California Environmental Quality Act.

SEC. 342.9. CITY UNDERTAKING LIMITED TO PROMOTION OF GENERAL WELFARE.

In undertaking the adoption and enforcement of these sections 342 to 342.10, the City is assuming an undertaking only to promote the general welfare. The City does not intend to impose the

type of obligation that would allow a person to sue for money damages for an injury that the person claims to suffer as a result of a City officer or employee taking or failing to take an action with respect to any matter covered by these sections.

SEC. 342.10. SEVERABILITY.

If any of the provisions of these sections 342 to 342.10 or the application thereof to any person or circumstance is held invalid, the remainder of these sections, including the application of such part or provisions to persons or circumstances other than those to which it is held invalid, shall not be affected thereby and shall continue in full force and effect. To this end, the provisions of these sections are severable.

Section 3. This Section is uncodified.

The Board of Supervisors hereby urges the Planning Commission to initiate a General Plan Amendment pursuant to Section 340 of the Planning Code, to bring the Health Care Services Master Plan within the General Plan.

APPROVED AS TO FORM:

DENNIS J. HERRERA, City Attorney

By: _____
ANDREA RUIZ-ESQUIDE
Deputy City Attorney

LETTER 105

Devyani Jain/CTYPLN/SFGOV
10/20/2010 02:50 PM

To Chelsea Fordham/CTYPLN/SFGOV@SFGOV
cc
bcc
Subject Fw: CPMC EIR Comments

DEVYANI JAIN, *Senior Planner*
Major Environmental Analysis

San Francisco Planning Department
1650 Mission Street, Suite 400
San Francisco, CA 94103

P: 415.575.9051 | F: 415.558.6409

----- Forwarded by Devyani Jain/CTYPLN/SFGOV on 10/20/2010 02:50 PM -----

Bill Wycko/CTYPLN/SFGOV
10/20/2010 02:25 PM

To Devyani Jain/CTYPLN/SFGOV@SFGOV
cc
Subject Fw: CPMC EIR Comments

----- Forwarded by Bill Wycko/CTYPLN/SFGOV on 10/20/2010 02:25 PM -----

chris schulman <chris.schulman@gmail.com>
10/19/2010 04:10 PM

To bill.wycko@sfgov.org
cc
Subject CPMC EIR Comments

Mr. Wyko,

Please see my attached comments to the draft EIR for CPMC. Thank you.

Chris Schulman DOC245.PDF

Chris Schulman
1156 Sutter Street #304
San Francisco, Ca 94109

Mr. Bill Wycko
Environmental Review Officer
San Francisco Planning Department
1650 Mission Street, Suite 400
San Francisco, Ca 94103

October 19, 2010

Re: Public Comment for the CPMC draft EIR

Mr. Wyko:

My comments are limited to the recreation component of the EIR as it relates to the Cathedral Hill Campus. I would also like to express my support for comments made by Lower Polk Neighbors. 105-1 RE

The recreation component of the draft EIR is significantly flawed due to the assumption that no housing will be built as part of the project. The Van Ness housing master plan, re-enforced recently by the Board of Supervisors requires a 3-1 ratio for housing. While this will likely be reduced as part of a compromise, significant housing will be built as part of this project within the half mile radius of the Cathedral Hill campus identified in figure 4.10-2 either directly, or through in lieu payments. The smallest environment impact and greatest public benefit will be realized if neighborhood serving recreation and open space is provided for as part of the mitigation plans for this project. Multiple common open space within buildings constructed or renovated as part of this project will not provide necessary open space. 105-2 RE

School yards should not be included as part of the list of facilities (Table 4.10-1 and Figure 4.10-2) as they are either not open to the public or are restricted to weekend use. This adds to the park acres listed and leads the table to be misleading. Furthermore, several park facilities have severe restrictions, including open only children (Turk and Hyde Mini Park) or are open only several hours per week (Boedeker Park.) 105-3 RE

The ½ mile radius used in the dEIR for "acceptable walking distance" (Page 4.10-4) is extremely misleading and does not account for hills and grades. For example, walking from Van Ness and Geary to Lafayette Park takes approximately 20 minutes due to the steep hills. This time is reflected in Google Maps and in my experiences. Seniors and families may find that this time is increased. Tenderloin park facilities are also more than a 20 minute walk due to traffic lights and congested sidewalks. Updating the proximity map is necessary to reflect the circumstances of the area surrounding the proposed campus. The updated proximity map will show an even more severe lack of recreation space which must be updated in related charts and in the evaluations made. Additionally, 105-4 RE

the impact to nearby intersections identified in the traffic component of the dEIR (further exasperated by necessary updated projections) will lead to further pedestrian delays in accessing recreation and open space.

105-4 RE

The Near-Term projects for the Cathedral Hill campus on page 4.10-42 indicate that a "privately owned, publicly accessible outdoor courtyard" will be created at this campus. It is followed by a statement that "the courtyard will be available for use by patients, visitors, and personnel of CPMC." This indicates that the general public, including homeless and other socially and economically challenged persons who can most benefit from open space will not be welcome or will need to go through a visitor check in process. This is not publically available space- it will be for private use. The open space included in this project, while still significantly undeserving the community and not mitigating the effects to the neighborhood must be accessible from the street.

105-5 RE

I am pleased to see that the dEIR noted that the Cathedral Hill campus is located in a part of the City that has been recognized for decades as a high need area. The reference however, that the campus sites are not located within areas that are desirable for conversion to public open space (page 4.10-28) is misleading. The proposed update to the open space component of the general plan clearly states that private properties are not identified for open space transition as a policy decision. There is no reason while open space could not be designated on significant parts of the campus and this reference must be struck.

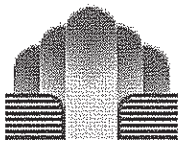
105-6 RE

I look forward to the EIR being updated to property reflect the above and other recreation related issues that are identified.

Regards,

Chris Schulman

LETTER 106



Devyani Jain/CTYPLN/SFGOV
10/20/2010 02:50 PM

To Chelsea Fordham/CTYPLN/SFGOV@SFGOV
cc
bcc
Subject Fw: EIR-Case 2005.0555E - CPMC Long Range Development Plan

For Follow Up: Normal Priority



DEVYANI JAIN, *Senior Planner*
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Bill Wycko/CTYPLN/SFGOV
10/20/2010 02:24 PM

To Devyani Jain/CTYPLN/SFGOV@SFGOV
cc
Subject Fw: EIR-Case 2005.0555E - CPMC Long Range Development Plan

----- Forwarded by Bill Wycko/CTYPLN/SFGOV on 10/20/2010 02:24 PM -----



Paulett Taggart <pt@ptarc.com>
10/19/2010 04:41 PM

To Bill.Wycko@sfgov.org
cc
Subject EIR-Case 2005.0555E - CPMC Long Range Development Plan

Dear Mr Wyco,
Attached is a letter regarding the EIR for CPMC.
Thank you.
Paulett Taggart

Paulett Taggart, FAIA, LEED AP
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CPMC-letter-pt.pdf

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PAULETT TAGGART
ARCHITECTS

October 18, 2010

Mr. Bill Wyco
Environmental Review Officer
San Francisco Planning Department
1650 Mission Street, Suite 400
San Francisco, CA 94103

Re. Case 2005.0555E – CPMC Long Range Development Plan

Dear Mr. Wyco:

I do support quality health care for all San Franciscans. However, I have serious concerns about the environmental impacts of the Long Range Development Plan. The proposal for CPMC as described will have a significant environmental impact effect with regard air quality as well as wind and shadow.

106-1 AQ

I do believe there is a better option presented in the EIR, and that is Alternative 3A. Alternative 3A helps distribute healthcare throughout the City while significantly reducing some of the negative environmental impacts on Cathedral Hill. Alternative 3A reduces the height of the new hospital on Cathedral Hill, keeping the height within the current zoning height limit of 130 feet. This reduction in height decreases the negative effects of increased wind and shadow in the area. Alternative 3A is the environmentally superior solution; it reduces many negative environmental impacts on Cathedral Hill including hazardous waste, traffic with its related pedestrian safety issues, other noise intrusions, and air quality.

106-2 ALT3A

At this point, we ask that the Draft Environmental Impact Report be considered a work in progress. There need to be additional and stronger mitigations along with further review of Alternative 3A.
Thank you.

Sincerely yours,

Paulett Taggart

LETTER 107

Devyani Jain /CTYPLN/SFGOV
10/20/2010 02:50 PM

To Chelsea Fordham/CTYPLN/SFGOV@SFGOV
cc
bcc
Subject Fw: CPMC hospital- DEIR

For Follow Up: Normal Priority

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Bill Wycko /CTYPLN/SFGOV
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To Devyani Jain/CTYPLN/SFGOV@SFGOV
cc
Subject Fw: CPMC hospital- DEIR

----- Forwarded by Bill Wycko/CTYPLN/SFGOV on 10/20/2010 02:23 PM -----

"Nick Wilson " <hamiltonassoc @sbcglobal .net>
10/19/2010 04:58 PM

To <Bill.Wycko@sfgov.org>
cc
Subject CPMC hospital- DEIR

Dear Mr. Wycko and S.F. Planning Commissioners,

Re: Case 2005.0555E –CPMC Long Range Development Plan

Attached are comments regarding CPMC's draft EIR.

Too much concentration of medical care in one area:

Alternate 3A of the DEIR, concludes that the "*least amount of negative environmental impact*" would come from "*reducing*" the size of the Cathedral Hill project to 400 beds and *increasing* the size of the St. Luke's Hospital in the Mission by 160 beds. Please have them go in that direction and submit a plan which explores and improves upon that idea. 107-1 ALT3A

CMPC's proposes to consolidate many services from its five campuses into one new site on Cathedral Hill and downgrade several of their other properties. St. Luke's should be increased over what CPMC proposes and Cathedral Hill hospital should be decreased. They should be more in alignment in regard to the number of beds. A high concentration of hospital beds in one part of town and a lower number in other parts cannot be a good plan. We need more balance. CPMC says it is good for their business operation to consolidate services and since they provide a public service they should be allowed to do so, if PG&E, Pac Bell (AT&T), any bank or other private corporation which "provides a public service" were to suggest the same logic to have a larger building they would be laughed out of town. Heaven help anyone who has a heart attack or other serious problem who has to take an ambulance all the way to Cathedral Hill; they might die on the way to the hospital in the enormous traffic jams in the already congested Van Ness Avenue, Gough, and Franklin corridor. It is not fair to the people of the Mission to lower the services and bed count at St. Luke's Hospital and make those CPMC patients go all the way to Van Ness and Geary. 107-2 HC

Cathedral Hill already has the huge Mt Zion and Kaiser campus' nearby and ambulances are non stop, to have a huge hospital at Geary & Van Ness when Geary & Divisadero (a few blocks away) is already the home of major medical facilities is just too much medical care in a small area. Plus there is St. Francis Hospital a few blocks to the east; there is simply too high concentration of medical care in one area to the detriment and other parts of San Francisco.

Wind:

It is too windy on Cathedral Hill and the Van Ness area below it now; it will become even windier after the construction of such a large hospital. The draft E.I.R states: *"In San Francisco, wind strength is generally greater along streets that run approximately east-west because buildings along those streets tend to act as a channel for winds."* That is certainly true of Geary and O'Farrell Streets, the west-east wind is already very strong, and coming down from the top of Cathedral Hill it is even stronger. It is sometimes difficult to walk down Geary or Starr King now with the strong winds swirling around the existing high rises; it will be even worse if the hospital is built to the mass they propose. The draft EIR also states that wind speeds at many points *"around the campus site and vicinity are currently in exceedance of the pedestrian-comfort value …as established by Section 148 of the San Francisco Planning Code (Planning Code)".* 107-3 WS

Traffic:

Traffic is already grid locked on Van Ness. Gough and Franklin are not much better. It will not be easy to get there quickly when traffic is frequently at a stand still. O'Farrell already has a great deal of traffic to the point it is often a standstill (especially with the new 38 Geary dedicated traffic lane) and more than its share of ambulance noise. 107-4 TR

Noise:
Concentrating so many medical services in one are will have a huge impact on noise in an already noisy area. The dense residential corridor surrounding the Geary/O'Farrell corridor is already very noisy, as is the Van Ness, Franklin, Gough corridor. These areas take more than their fair share of noise from ambulances traveling back and forth. 107-5 NO

Nick Wilson
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Letter 108

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October 19, 2010

Via E-mail and U.S. Mail

Bill Wycko, Environmental Review Officer
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City and County of San Francisco
1650 Mission Street, Suite 400
San Francisco, CA 94103
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RE: DRAFT ENVIRONMENTAL IMPACT REPORT – CALIFORNIA PACIFIC MEDICAL CENTER (CPMC) LONG RANGE DEVELOPMENT PLAN (Planning Case No. 2005.0555E)

Dear Mr. Wycko:

This letter transmits the comments of our clients, the Cathedral Hill Neighbors Association (CHNA) and the Bernal Heights Neighborhood Center (Bernal) regarding the Draft Environmental Impact Report (DEIR) prepared by the City of and County of San Francisco for the proposed California Pacific Medical Center (CPMC) Long Range Development Plan. CHNA supports sustainable urban development in the 36-square block neighborhood bounded by Grove, Sacramento, Polk, and Fillmore Streets that includes over 44,000 dwellings, churches, schools, and many large and small businesses. Bernal is a membership based, nonprofit public benefit corporation formed in 1978 with an all-volunteer board of directors elected from its membership base of over 1,000 and works to preserve and enhance the ethnic, cultural, and economic diversity of Bernal Heights and surrounding neighborhoods, promoting community action to build a just and equitable community for all and focusing on the needs of people with low and moderate incomes. Despite their diverse geographical locations and missions, CHNA and Bernal are united in their view of the proposed Long Range Development Plan and the deficiencies of the DEIR.

108-1 OTH

In our view, the DEIR is seriously deficient, fundamentally flawed, and fails to comply with long-established principles relating to review under the California Environmental Quality Act (Public Resources Code §§ 21000 – 21177) (CEQA) and adopted implementing regulations (14 California Code of Regulations §§ 15000 – 15387) (CEQA Guidelines). The DEIR is "so fundamentally and basically inadequate and conclusory" as to preclude meaningful public review and comments. It should be redrafted in conformance with CEQA and recirculated so that the public may have the opportunity to understand the environmental impacts of the CPMC Long Range Plan and, in particular, to develop serious mitigation measures and alternatives that will

108-2 INTRO

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mitigate *devastating impacts on health care* provided to underserved communities located south of Market Street and *devastating impacts on the communities* near the proposed monster Cathedral Hill hospital.

108-2 HC

The DEIR's most serious deficiencies can be summarized as follows:

1. The DEIR contains such a detailed and constrained list of project objectives that only CPMC's proposed project could possibly satisfy those objectives, effectively precluding any project alternatives.

108-3 PD

2. The DEIR contains no substantial evidence to support its findings that the environmentally superior alternatives to CPMC's project are infeasible, or fail to comply with project objectives.

108-4 ALT

3. The DEIR does not consider public health impacts of the Long Range Plan.

108-5 HC

4. The DEIR's analysis of the consistency of CPMC's plans with existing planning and zoning makes a mockery of CEQA by finding that a proposal to amend the plans eliminates the inconsistencies.

108-6 LU

5. The DEIR does not adequately analyze many environmental impacts. In particular, its analysis of transportation impacts does not meet the requirements of CEQA.

108-7 TR

6. Mitigation measures contained in the DEIR often do not actually mitigate project impacts.

108-8 INTRO

7. The DEIR limits its consideration of significant impacts to City-defined "criteria of significance," which in many cases omit potentially significant impacts or permit significant impacts to occur.

108-9 INTRO

CEQA requires that EIRs be redrafted and recirculated when a DEIR is "so fundamentally and basically inadequate and conclusory in nature that meaningful public review and comments were precluded" (CEQA Guidelines section 15088.5(a)(4)). Despite the length of the DEIR, its analysis of the project impacts is inadequate and does not provide an opportunity for meaningful public review of the *CPMC Long Range Plan*. The DEIR should be redrafted in conformance with CEQA and recirculated so that the public may have the opportunity to understand the environmental impacts of the CPMC Long Range Plan.

108-10 INTRO

Detailed Comments on the DEIR

A. The Defined Project Objectives Are Too Narrow and Seek to Preclude the Consideration of Environmentally Superior Projects.

The DEIR on pages 2-7 to 2-9 (repeated on pages 6-5 to 6-7) contains such a detailed list of project objectives as to preclude any project alternatives inconsistent with the Long Range Plan proposed by CPMC. While the "Overarching Objectives," to construct seismically safe hospital facilities and provide the highest quality of patient care, may be appropriate, many of the "Specific Objectives" simply describe the plan that CPMC is proposing, such as:

108-11 PD

- Consolidating a long list of specialty services with the Women's and Children's Center.
- Rebuilding St. Luke's as a "community hospital" with limited defined specialties.
- Locating facilities on sites owned or easily purchased by CPMC consistent with the mandates of SB 1953. (Note that SB 608, effective January 1, 2011, will extend the former SB 1953 limits by up to five additional years.)
- Locating facilities on a site big enough to accommodate the consolidation of services proposed by CPMC.

When a project and its objectives are defined too narrowly, the EIR may fail to examine a reasonable range of alternatives. (*See City of Santee v. County of San Diego* (1989) 214 Cal. App. 3d 1438, 1455 (alternatives inadequate and unduly narrow because project objectives inaccurate)). A project sponsor like CPMC may not seek to limit the scope of environmental review by proceeding with investments in a project (such as the purchase of land) and then declaring that any change in its proposal is infeasible. " 'The CEQA reporting process is not designed to freeze the ultimate proposal in the precise mold of the initial project . . .' Otherwise, CEQA's mandate to consider alternatives would be meaningless." (*Kings County Farm Bureau v. City of Hanford* (1990) 221 Cal. App. 3d 692, 736-37 (citing *County of Inyo v. City of Los Angeles* (1977) 71 Cal. App.3d 185, 199)).

108-11 PD

The constrained nature of these objectives severely limits the consideration of alternatives. No objectives are included relating to access to health services by target populations, the highest priority in the Public Health Department's strategic plan. The project objectives should be redefined in the EIR so that they do not "freeze the ultimate proposal in the precise mold" of the proposed CPMC Long Range Plan and include broader community objectives for the provision of health services.

B. <u>No Substantial Evidence is Provided to Support the DEIR's Conclusions that the Environmentally Superior Alternative, Alternative 3A, Does Not Meet Project Objectives</u>.

Alternative 3A is identified in the DEIR as the environmentally superior alternative. As proposed, it would relocate Women's and Children's Services to St Luke's. The DEIR concludes (pages. 6-399 – 6-400) that Alternative 3A does not meet project objectives because, if Women's and Children's Services are relocated, the project:

108-12 ALT3A

- Will not provide "the most high-quality, cost-effective, and efficient patient care."
- Will not "efficiently consolidat[e] specialized services."
- Will not be "appropriately located."
- Will not rebuild St. Luke's as a "community hospital" (i.e., St. Luke's will be larger than CPMC wants).

- Will not "optimize patient safety and clinical outcomes."
- Will not "minimize redundancies."

The rejection of Alternative 3A can be summarized as: unless the Cathedral Hill Hospital is as large as proposed in the Long Range Plan, and St. Luke's is as small as proposed in the Long Range Plan, project objectives are not met. Yet no evidence is included in the DEIR to demonstrate that the combination of a 555-bed hospital and an 80-bed hospital would maximize patient outcomes; improve quality of care; provide greater patient access; be more centrally located; provide greater efficiencies; or achieve other benefits to a greater extent than the combination of a 400-bed hospital at Cathedral Hill and a 240-bed hospital at St Luke's. Although the DEIR repeatedly states that the Cathedral Hill campus is more "centrally located" and "more accessible," no data is provided to support these contentions.

108-12 ALT3A

Clearly, achieving high-quality care does not require that all specialties be located at one campus. Even CPMC itself proposes to locate neuroscience-related treatment at the proposed 201-bed Davies Medical Center. Within the Kaiser Permanente system, an integrated health maintenance organization which includes numerous specialized centers, no hospital in the Bay Area has more than 398 licensed beds.[1] None of Kaiser's hospitals have fewer than 117-120 licensed beds, and those are located in much less densely populated Sonoma and Marin Counties.

108-13 HC

In addition, the constrained nature of the project objectives analyzed in the DEIR eliminates all consideration of equitable provision of health services. If added to the project objectives, Alternative 3A would be far more consistent with the project objectives than the proposed Long Range Plan.

108-14 PD

Under the CEQA Guidelines, "[s]ubstantial evidence shall include facts, reasonable assumptions predicated upon facts, and expert opinion supported by facts." (§ 15384(b)) The conclusions regarding the feasibility of Alternative 3A in the DEIR are "at best. . . an irrelevant generalization, too vague and nonspecific to amount to substantial evidence of anything." (*See Lucas Valley Homeowners Assn. v. County of Marin* (1991) 233 Cal.App.3d 130, 157.)

C. Modifications to Alternative 3A Consistent with the Recommendations of the Blue Ribbon Panel Should Be Reviewed in the FEIR

Alternative 3A, as proposed, relocated the Women's and Children's Center to St. Luke's. The Blue Ribbon Panel, however, which completed its study in 2008, recommended that a different mix of services be located at St. Luke's, including:

- Center of Excellence in gynecology and low-intervention obstetrics
- Medical/Surgical Services (e.g., cardiology, respiratory)
- Emergency Department

108-15 ALT3A

[1] California Hospital Association, 2008 Member Hospitals (January 2008). That facility is the Oakland Medical Center, which is being replaced and will include only 349 licensed beds upon completion.

- ICU
- Urgent Care
- Pediatrics
- Center of Excellence in Senior Health Care (e.g., orthopedics, diabetology, oncology, rehab)
- Skilled Nursing beds to serve orthopedics, Senior Health, and Med/Surg

Alternative 3A is environmentally superior primarily because the number of licensed beds is reduced at the proposed Cathedral Hill Hospital and is increased at St. Luke's. It is also environmentally superior because it will provide substantial benefits to the public by distributing services more equitably and making more services available in underserved neighborhoods. However, these benefits can be obtained with a different distribution of services than proposed in Alternative 3A. If the DEIR concludes that relocating the Women's and Children's Center to St. Luke's may not meet the constrained and limited project objectives listed in the DEIR, then an alternative must be proposed that both reduces environmental impacts *and* meets project objectives, so that the examination of alternatives is not an empty exercise. One alternative may be to provide services at St. Luke's that are consistent with the recommendations of the Blue Ribbon Panel. (A broader list of project objectives may well demonstrate that Alternative 3A better meets those objectives than the proposed Long Range Plan.)

108-15 ALT3A

D. The DEIR Does Not Examine Physical Public Health Impacts Created by the Proposed Project.

The DEIR does not examine foreseeable public health impacts created by the proposed Long Range Plan, many of which Bernal and CHNA asked to have reviewed in their letter submitted in September 2009 in response to the Notice of Preparation:

108-16 HC

- Reduction in access to medical care from underserved neighborhoods near St. Luke's Hospital, including increased travel time to emergency and hospital rooms, caused by a reduction in licensed beds at St. Luke's from 229 to 80 and removal of all obstetric and skilled nursing services from the campus.

108-17 HC

- Effects of overall reductions of licensed inpatient beds (from 1,273 to 854) on emergency services, including the ability to respond to epidemics or disasters such as earthquakes.

108-18 HC

- Reasonably foreseeable need for construction of additional public health facilities caused by reductions in licensed skilled nursing beds (from 218 to 38), while demand for these services is increasing in the City. *San Francisco's Strategy for Excellence in Dementia Care*[2] found that San Francisco is "facing a crisis in dementia care," and estimated that, in the next 20 years, there will be a 49 percent increase in the number of people with Alzheimer's related dementia. Yet, the *Strategy* also found that there is now a shortage of skilled nursing

[2] Department of Aging and Adult Services, Alzheimer's/Dementia Expert Panel (December 2009).

facilities (SNFs), especially those with specialized Alzheimer's units that accept Medi-Cal, and no new SNF facility has been built in San Francisco in the last 25 years. Further, the new Laguna Honda, another SNF, will have fewer licensed beds than the existing facility. The loss of an additional 180 beds as proposed in the Long Range Plan creates a foreseeable need for the construction of additional skilled nursing facilities.

108-18 HC

- Reasonably foreseeable need for construction of additional public health facilities caused by reductions in inpatient psychiatric beds (from 40 to 18). The number of inpatient psychiatric beds in San Francisco has steadily declined, from 87 to 42 at San Francisco General, for example, and mentally ills persons are four times as likely to be housed in jails as in inpatient facilities.[3] The loss of additional inpatient psychiatric beds creates a foreseeable need for the construction of additional facilities to serve this population.

108-19 HC

E. The DEIR's Analysis of the Consistency of CPMC's Plans With Existing Planning and Zoning Makes a Mockery Of CEQA by Finding That a Proposal to Amend the Plans Eliminates the Inconsistencies.

The proposed CPMC Long Range Plan is entirely inconsistent with current planning and zoning provisions applicable to the Cathedral Hill site, including the Van Ness Avenue Area Plan and the Planning Code. Among the significant inconsistencies are these (Table 2-3; pages 3-10 to 3-11; 3-15 to 3-16; 4.1-47 to 4.1-48):

- Proposed height more than double that permitted, 265 feet where 130 feet are permitted.
- 30% increase in permitted floor area ratio, from 7:1 to 9:1.
- Maximum permitted parking for Cathedral Hill Hospital increased from 96 spaces to 1,055 spaces.
- Bulk limits increased by a factor of 3, from 110 to 140 feet, to 265 to 405 feet.
- Exemption from requirement that residential uses be developed at a ratio of 35 sq. ft. of residential uses for each 15 sq. ft. of nonresidential uses.[4]
- Zoning code amendments allowing numerous additional exemptions.

108-20 LU

Yet, the DEIR concludes that the project would *not* conflict with any applicable plan or policy because, *if all of these changes are approved*, the project would then be consistent.

Such a finding makes a mockery of the requirement in CEQA Guidelines § 15125(d) that the EIR discuss any inconsistencies between the proposed project and applicable

---

[3] "Mentally Ill Californians Most Likely Jailed, Not Hospitalized," Treatment Advocacy Center (June 2, 2010).

[4] The DEIR does not even calculate the amount of housing that would be provided by a conforming project as opposed to the absence of any housing in the proposed Long Range Plan, so that the effects of this inconsistency cannot be examined

plans, since no inconsistency would ever be found where the project proposed to amend the applicable plans. Consistency with approved plans, like all environmental impacts is to be determined based on comparing the project with conditions existing *at the time the Notice of Preparation is issued.* (CEQA Guidelines § 15125(a), (d), and (e).) To meet the requirements of CEQA, the DEIR must acknowledge those inconsistencies and then examine the environmental effects of each inconsistency in the appropriate section of the DEIR. Inconsistency of the plan's height and bulk limits would be examined in the land use section; inconsistencies with parking limitations in the transportation section; reduced housing production in the population and housing section. By not providing this analysis, the DEIR fails completely to evaluate the environmental effects of the project's inconsistency with adopted plans.

108-20 PP

F. The DEIR's Analysis of Transportation Impacts Is Incomplete and Not Supported by Substantial Evidence.

1. Incomplete Peak Hour Analysis.

The DEIR analyzes traffic impacts only during the evening peak hour (5-6 pm), except at the proposed Cathedral Hill Hospital, where traffic impacts are also analyzed during the morning peak hour (8-9 am) (Page 4.5-15). Yet nothing in the DEIR identifies the daily pattern of traffic generated by hospitals and medical office buildings (MOBs) to determine whether higher levels of traffic generated by the hospitals and MOBs at other times may also have significant effects. The examined "peak" hours do not coincide with the pattern of hospital traffic, which peaks at shift changes (7 am, 3 pm, 11 pm; see page 4.5-73), or MOB traffic, which peaks at key appointment times (mid-morning and mid-afternoon). The effect of this differential pattern of peak traffic may be to extend periods of congestion, or, on some streets, to reduce traffic levels of service at periods other than those studied. The analysis of traffic impacts needs to extend to periods that coincide with the peak periods of the medical facilities and extends beyond the limited peak periods identified.

108-21 TR

2. Outdated Data.

The key surveys of employees, patients, and visitors were completed in 2001. Travel surveys and counts were completed in 2002 and 2003. (Page 4.5-72). Pedestrian and bicycle counts were taken in 2006. Numerous changes in street configurations, transit service, bicycle access, etc. have occurred since this outdated data was generated, and all need to be redone.

108-22 TR

3. Baseline for Analysis Inconsistent with CEQA.

Rather than determining traffic and transportation impacts based on existing conditions, the DEIR determined these impacts using an illusory "Modified Baseline" *projected* for 2015, 2020, and/or 2030. This "Modified Baseline" also assumed the implementation of the Cesar Chavez Street Streetscape Plan and the SF Muni Transit Effectiveness Project (pp. 4.5-61-67), despite evidence in the DEIR itself regarding Muni cuts to *existing* service, let alone Muni's ability to implement the Effectiveness Project (page 4.5-17).

108-23 TR

Section 15125(a) the CEQA Guidelines provides: "An EIR must include a description of the physical environmental conditions in the vicinity of the project, *as they exist at the time the notice of preparation is published,* . . This environmental setting will normally constitute the baseline physical conditions by which a lead agency determines whether an impact is significant." As stated by the California Supreme Court, "a long line of Court of Appeal decisions holds. . . that the impacts of a proposed project are ordinarily to be compared to the actual environmental conditions existing at the time of CEQA analysis, rather than to allowable conditions defined by a plan or regulatory framework. . . .[T]he baseline for CEQA analysis must be the 'existing physical conditions in the affected area,' that is, the 'real conditions on the ground'. . .An approach using hypothetical allowable conditions as the baseline results in 'illusory' comparisons that 'can only mislead the public as to the reality of the impacts and subvert full consideration of the actual environmental impacts,' a result at direct odds with CEQA's intent." *Communities for a Better Environment v. South Coast Air Quality Management Dist.* (2010) 48 Cal. 4th 310, 320-322 (citations omitted).

108-23 TR

By using *projected* rather than *existing* traffic as the baseline, the DEIR minimizes the actual impacts of the Long Range Plan. For instance, traffic generated by the Long Range Plan, if added to existing traffic, may cause intersection levels of service to deteriorate from D to E or F, a significant impact. But if both Long Range Plan traffic and projected 2015 traffic (which may or may not occur) are added to existing traffic, the effect of Long Range Plan traffic may be masked by projected traffic. Hence, the analysis provides only the "illusory" comparisons that the Supreme Court found unacceptable.

108-24 TR

Similarly, the DEIR cannot include proposals for *future* improvements in transit service or street design as part of the baseline. Only conditions *existing* when the Notice of Preparation was issued can be used to determine project impacts.

108-25 TR

4. No Effort to Identify Feasible Mitigation Measures.

The DEIR identifies numerous significant traffic and transportation effects yet makes no effort to identify feasible mitigation measures for these impacts. For instance, pages 4 4.5-93 to 4.5-116 identify 26 significant impacts yet identify only *one* mitigation measure, declaring the rest of the impacts to be "significant and unavoidable." There is no serious discussion of potential mitigation. Instead, the same language is repeated throughout: that physical modifications would require narrowing of sidewalks or demolition of buildings, which is infeasible; and that changes in signal timing would "likely" be infeasible. No analysis whatsoever of either of these mitigations is included in the DEIR, nor of any other typical measures to mitigate traffic impacts, such as changes in lane configurations, removal of on-street parking, etc. More importantly, the DEIR utterly fails to consider mitigations that would reduce trip generation—additional shuttles provided by CPMC, reduced parking, greater incentives for transit use, etc.

108-26 TR

108-27 TR

The failure to identify any serious mitigation for traffic impacts carries over into the analysis of impacts on transit. Numerous significant and unavoidable transit impacts are related to the increased traffic congestion created by the Long Range Plan; yet, the

108-28 TR

DEIR identifies no mitigation measures that could reduce traffic generation from the project.

108-28 TR

A fundamental purpose of an EIR is to identify how significant effects can be mitigated or avoided. (Public Resources Code § 21001.1(a).) The DEIR makes no effort to do this. "A gloomy forecast of environmental degradation is of little or no value without pragmatic, concrete means to minimize the impacts." *Environmental Council of Sacramento v. City of Sacramento* (2006) 142 Cal. App. 4th 1018, 1039.

108-29 INTRO

5. No Substantial Evidence to Support Conclusions Regarding Pedestrian Impacts.

The DEIR states that the proposed project would have no significant impacts on pedestrians or pedestrian safety, yet the evidence in the DEIR belies those conclusions. The DEIR reveals that:

- Virtually the entire street frontage along Franklin and Post Streets adjacent to the proposed Cathedral Hill Hospital will be used for loading docks, passenger drop-offs, ambulance bays, parking garage entrances, and shuttle drop-offs. A large drive-through extends from Geary Blvd. to Post St.
- The proposed Cathedral Hill MOB proposes to convert virtually its entire Van Ness frontage to a passenger drop-off, extending around the corner to Cedar Street.

108-30 TR

The DEIR's conclusion that these obvious conflicts between pedestrians and vehicles create no conflicts or safety hazards is unsupported by any analysis. It is also contrary to the numerous letters sent to the City regarding the number of seniors in the Cathedral Hill area and existing pedestrian hazards. CPMC proposes an underground pedestrian tunnel between its proposed MOB and the Cathedral Hill Hospital. Clearly CPMC itself recognizes that even crossing Van Ness Avenue poses a significant obstacle to pedestrians, made worse by the increasing congestion and traffic created by the proposed Hospital.

This absence of any substantial evidence to support conclusions regarding pedestrian safety and the pedestrian environment is repeated throughout in the analysis of pedestrian impacts at other facilities. For instance, at the Pacific Campus, although street frontage would be converted to a new shuttle stop, new driveway, and new parking garage entrance, the DEIR simply states that there will be no effects on pedestrians, without analysis.

108-31 TR

6. No Adequate Analysis or Mitigation of Loading Impacts.

At each proposed CPMC campus, there will be extensive loading and unloading activities on busy streets. At the proposed Cathedral Hill campus, during the peak loading period, up to 19 trucks will be loading and unloading at one time; at the Pacific campus, up to 9 trucks. However, these projections are based on implementation of a proposed master delivery plan designed to reduce the number of trucks that would otherwise enter the sites based on current use patterns. Such a plan has not been implemented by CPMC, and its success cannot be accurately predicted. A more

108-32 TR

conservative analysis should be provided indicating the impacts if delivery patterns mirror existing conditions at CPMC's existing campuses. 108-32 TR

Even assuming that these reductions in truck deliveries can be achieved, the analysis does not fully analyze all potential impacts. At the Cathedral Hill site, for instance, the DEIR indicates that trucks longer than 46 feet entering the loading dock from Franklin Street have the potential to significantly disrupt traffic, but provides no analysis of the impacts of smaller trucks, which undoubtedly will also slow down traffic considerably, especially during the peak demand when 19 trucks at one time will be loading and unloading. No analysis is provided of delays when trucks must wait for other trucks to enter or leave the facility. Mitigation Measure MM-TR-44 both creates new impacts and improperly defers mitigation. It requires only that CPMC submit a report on deliveries by large vehicles to the City, and neither provides a commitment to mitigation nor any performance standards that the mitigation must meet; nor does it provide alternative approaches to mitigation. Requiring that deliveries by large trucks occur between 10 pm to 5 am creates additional noise impacts, which are not analyzed in the DEIR. 108-33 TR

G. The DEIR Does Not Adequately Analyze Other Potentially Significant Impacts.

The DEIR either fails to analyze other significant impacts or concludes that impacts are insignificant when that conclusion is not supported by substantial evidence. Examples include the following. 108-34 PH

1. Population and Housing

The DEIR concludes that all housing and population impacts–those due to the removal of housing, those due to failure to comply with the 3:1 housing requirements of the Van Ness Specific Plan, and those due to increased employment—are mitigated by 17,000 vacant units and the availability of sites for 34,000 housing units. *Neither of these facts adequately mitigates the impact, because neither implies any commitment to actually providing housing.* Having sites available for housing construction does not guarantee that housing will be built, nor does it guarantee that the housing that will be built will be affordable to CPMC's employees or to those displaced by housing construction. There is no analysis of vacant units to determine if they are actually available for rent at all, or with rents that are affordable to the needs created by the project. CPMC has proposed no plan for replacing the rent-controlled housing that will be demolished if the Long Range Plan is implemented. 108-35 PH 108-36 PH 108-37 PH

2. Indirect Land Use Changes.

A large hospital, such as is proposed at Cathedral Hill, typically attracts numerous similar uses, such as additional medical and medical-related uses (as at "Pill Hill" in Oakland). Also, the increases in traffic, loading, noise, and disruptions to the pedestrian environment can all be expected to combine to make the area less desirable for pedestrians, residents, local-serving retail businesses, and nearby churches and schools. Community members have expressed concern about the viability of nearby St. Francis Medical Center. None of these potential land use changes induced by the Long Range Plan have been addressed in the DEIR. 108-38 PH 108-39 TR 108-40 HC 108-41 PH

3. Neighborhood Character.

The DEIR's conclusion that the Cathedral Hill Hospital would not be out of character with the neighborhood is not supported by substantial evidence. The discussion on page 4.1-57 considers only the number of stories of nearby buildings, not their *height.* Because *each* hospital story is much taller than stories in typical office buildings and high-rise residences, a 15-story hospital is much taller than a 15-story residence. Additionally, the discussion of scale does not include the substantial increases in bulk requested by CPMC. This discussion should include a map showing actual building *heights* (not the number of stories) in the surrounding area, as well as building bulk, to determine whether the Hospital is in character with the surrounding area. 108-42 LU 108-43 AE

Further, the DEIR does not analyze the project's inconsistency with the intended character of Van Ness Avenue as discussed in the Van Ness Avenue Area Plan. For example, the intent of the Plan was to have dense residential development over a podium of commercial uses (Policy 1.1) and to maximize the number of housing units (Policy 1.4); the proposed Long Range Plan includes no residential development and converts a large block to neither residential nor commercial development. The adopted height and bulk controls were intended to provide a "good proportion between [Van Ness Avenue] and that of its buildings," so that the street would be an interesting and pleasant place, to encourage definition of the 93-foot wide Avenue, and to create a coherent street wall along the Avenue through property line development at approximately the same height (Policies 5-3 and 5-4). However, the proposed Long Range Plan would double the building height limit and substantially increase the bulk limits adopted to meet these goals. 108-44 LU 108-45 LU 108-46 LU 108-47 LU

Objective 8 includes a variety of policies designed to turn Van Ness Avenue into a residential boulevard. The Cathedral Hill MOB, however, would utilize its entire Van Ness Avenue frontage for loading and unloading. The Cathedral Hill Hospital is at a scale and use that is not consistent with a residential boulevard. Finally, the Van Ness Area Plan requires that the east-west minor streets should provide safe and attractive pathways for pedestrian travel (Policy 9.11). Instead, the proposed Cathedral Hill Hospital would convert Post Street almost entirely to passenger and vehicle loading and unloading, while a large portion of Cedar Street would similarly be converted to passenger loading. 108-48 LU 108-49 LU

4. Stationary Noise Sources.

The analysis of noise generated by loading docks in Chapter 4.6 considers only loading docks at the proposed hospital facilities. Yet, the discussion of the need for loading docks on pages 4.5-80-83 reveals substantial use of loading docks at the MOBs and, in fact, a plan to use the loading docks at the Cathedral Hill MOB and the 1375 Sutter MOB 24 hours a day, with deliveries from CPMC's Burlingame facility purposefully scheduled *between 9:30 pm and 4:00 am* and numerous other deliveries scheduled before 7 am and after 7 pm. Trash pickup would occur between 4 am and 5 am. Vehicles longer than 55 feet would be prohibited from entering the hospital's loading dock and so would idle on the street and block traffic. 108-50 NO

Traffic impacts due to these policies and increases in night noise generation at sensitive receptors are nowhere discussed in Chapter 4.6. 108-51 NO

5. Impacts on Cultural Resources.

The DEIR does not analyze the impacts of the Cathedral Hill Hospital on the Unitarian Universalist Church, a locally significant historic resource, in particular, the effects of increased noise and traffic and reduced parking on the viability of the Church. The DEIR also has not analyzed impacts on Japantown, as referenced in the e-mail sent to the City on October 8, 2010 by the Japantown BNP Organizing Committee. 108-52 CP 108-53 PH

H. The DEIR Improperly Defers Mitigation of Numerous Impacts or Proposes Mitigation that Does Not Mitigate Project Impacts to a Level of Insignificance.

Mitigation measures must be fully enforceable or incorporated into a project (CEQA Guidelines section 15126.4(a)(2)). A DEIR can defer providing precise mitigation measures only when it: (1) commits itself to mitigation; (2) provides performance standards that the mitigation must meet; and (3) provides alternative approaches to mitigation (*Endangered Habitats League, Inc. v. County of Orange,* 131 Cal. App. 4th 777, 793-94 (2005)). Numerous mitigation measures in the DEIR do not meet these standards or rely on adopted plans that lack any commitment to implementation. 108-54 INTRO

We provide examples here.

1. Construction Noise.

The noisiest phase of construction includes site preparation, demolition, and excavation (page 4.6-41). During this period, CPMC proposes two shifts of construction, extending from 7 am to midnight on all work days, plus Saturday construction from 7 am to 5 pm (page 4.6-43). The DEIR accurately states that noise from construction would exceed the City's standard of 80 dB during the day at sensitive receptors, but provides no analysis of noise increases in the evening or on weekends. Mitigation Measure M-NO-N1a is proposed to mitigate this impact. Although, as discussed below, even the 80 dB standard is too high for sensitive receptors, the proposed mitigation measure *does not even require that noise levels be reduced to the City's 80 dB standard, or to the standard of 5 dB above ambient levels at night.* Reduction of construction noise is required only "where feasible." The "construction noise management plan" requires only that *nighttime* construction noise be evaluated, and even this plan for nighttime noise does not *require* that noise levels be reduced to 5 dB above ambient levels. An obvious mitigation measure—limiting construction exceeding noise standards to 7 am to 5 pm Monday through Friday—is not even examined. Unless the mitigation requires *actual* reduction of construction noise, rather than *attempts* to mitigate noise, the impact is not mitigated. 108-55 NO

2. Noise from Stationary Sources.

The City's standards for stationary sources require both that noise increases not exceed 8 dB (a standard we believe is too high; see below) and that interior spaces in sensitive receptors, such as nearby churches and residences, not exceed -specified standards. Yet, 108-56 NO

proposed Mitigation M- NO-N3a proposes only that noise generated by mechanical equipment be measured, not that noise within those sensitive receptors be verified. The impact is not mitigated to a level of insignificance unless it is sufficiently reduced in *all* sensitive receptors.

108-56 NO

Further, the DEIR reviews stationary noise sources at the proposed Cathedral Hill Hospital separately, rather than examining the cumulative noise environment from all sources. It fails to consider alternative mitigation measures to further reduce impacts, such as: building larger oxygen tanks so that deliveries may take place less frequently;[5] restricting oxygen deliveries to Monday through Friday from 9 am to 5 pm; designing the loading dock with revolving turnarounds for trucks (as at the downtown Nordstrom's dock), eliminating beeping; constructing sound walls around the Aduromed equipment; relocating the loading dock to a less sensitive location. Given the size of the facility and peak hour loading demand of 19 delivery trucks at one time (Table 4.5-14), realistically the bay doors will be open most of the time, and mitigation measures should not assume that the bay doors will be closed.

108-57 NO

I. The DEIR Improperly Limits Its Consideration of Significant Impacts to City-Defined "Criteria of Significance," Thereby Failing to Consider Actual Impacts

The DEIR confines its evaluation of potential environmental impacts to City-defined "criteria of significance," which are often the same as the questions asked in Appendix G of the CEQA Guidelines. A threshold of significance, however, is not conclusive evidence of the level of impact (*Mejia v. City of Los Angeles,* 130 Cal. App. 4th 322, 342 (2005)); and Appendix G states specifically that the "sample questions *do not necessarily represent thresholds of significance*" (emphasis added). Nonetheless, the DEIR uses the Appendix G criteria and other City-defined criteria to limit its discussion of significant impacts. Examples follow.

108-58 INTRO

1. Construction Noise.

The City's adopted threshold of significance for daytime construction noise is 80 dB. Yet, for sensitive receptors such as churches and residences, noise levels above 65 dB are normally unacceptable. The 80 dB threshold does not recognize the significant increases in noise levels that would occur during construction, especially given that the noisiest phase of construction is intended to be done in two shifts, between 7 am and midnight, and on Saturdays between 7 am and 5 pm.

108-59 NO

2. Noise from Emergency Vehicles.

The DEIR (pages 4.6-70-71) states that ambulance sirens could generate up to 106 dB, but does not include any consideration of noise due to emergency sirens and horns in its calculations of traffic noise impacts because this noise is exempt from the noise provisions of the San Francisco Municipal Code (page 4.6-57 to 58). However, this exclusion does not mean that these noise sources have no physical impact! The analysis

108-60 NO

[5] The proposed Oakland Kaiser facility anticipates oxygen deliveries only every 3 weeks due to use of larger tanks.

of traffic noise increases due to the Long Range Plan cannot accurately reflect future conditions unless it includes these significant sources of future noise. 108-60 NO

The DEIR should also indicate whether a helipad is proposed at any of the hospitals included in the Long Range Plan. 108-61 PD

3. Noise from Stationary Sources.

The DEIR assumes that a noise increase of 8 dB due to stationary equipment is acceptable and "insignificant" because that is the standard in the City's noise ordinance. However, Table 4.6-1 shows that an increase of 8 dB is somewhere between "clearly noticeable" and "twice as loud." For traffic noise, an increase of only 3 dB is sufficient to create a significant impact. From the viewpoint of an affected person, there is no justification for allowing greater increases in noise levels from mechanical equipment than from traffic, especially since the mechanical equipment and other stationary sources at the hospital will operate 24 hours per day. 108-62 NO 108-63 NO

4. Aesthetics.

The discussion of aesthetics considers only the loss of scenic vistas and not impacts on views from existing residences. As can be seen in Figure 4.2-2, the proposed Cathedral Hill Hospital would be substantially taller than existing nearby structures, more than double the height currently allowed, and would block views from existing nearby residences and other structures. CEQA requires that impacts to private views be reviewed as a potentially significant effect. (*See Ocean View Estates Homeowners Ass'n, Inc. v. Montecito Water Dist.* (2004) 116 Cal. App. 4th 396.) 108-64 AE

Conclusion

CEQA requires that EIRs be redrafted and recirculated when a DEIR is "so fundamentally and basically inadequate and conclusory in nature that meaningful public review and comments were precluded." The DEIR prepared for the CPMC Long Range Plan is fatally flawed. It rejects the environmentally superior alternative without substantial evidence, fails to analyze many impacts at all, defers mitigation, and fails to develop mitigation measures. It should be redrafted in conformance with CEQA and recirculated so that the public may have the opportunity to understand the environmental impacts of the CPMC Long Range Plan and be able to respond to the proposal as fully informed citizens. 108-65 INTRO

Sincerely,

Barbara E. Kautz

Letter 109

BAY AREA AIR QUALITY MANAGEMENT DISTRICT SINCE 1955

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EXECUTIVE OFFICER/APCO

October 19, 2010

Bill Wycko
Environmental Review Officer
San Francisco Planning Department
1650 Mission Street, Suite 400
San Francisco, CA 94103

Subject: California Pacific Medical Center (CPMC) Long Range Development Plan Draft Environmental Impact Report

Dear Mr. Wycko:

Bay Area Air Quality Management District (District) staff reviewed your agency's Draft Environmental Impact Report (DEIR) for the California Pacific Medical Center (CPMC) Long Range Development Plan (Project). The proposed Project is the multi-phased strategy to meet State seismic safety requirements for hospitals (SB1953) and create a 20-year plan for CPMC's four existing medical campuses and a proposed new medical campus at Van Ness Avenue and Geary Boulevard. Major Project components include:

109-1 AQ

- At the Cathedral Hill Campus site (Van Ness Avenue and Geary Boulevard): Demolition of the existing Cathedral Hill Hotel and 1255 Post Street Office Building, construction of the proposed Cathedral Hill Hospital, a medical office building (MOB) and an underground pedestrian tunnel connecting the two, and renovation of an existing MOB.

- At the Pacific Campus (Sacramento and Buchanan Streets): Construction of a new building and parking structure, and renovation of other existing buildings.

- At the Davies Campus (Castro and 14th Streets) and St. Luke's Campus (Cesar Chavez and Valencia Street): Demolition of existing structures at each campus, and construction of medical facilities, a MOB and parking improvements.

District staff is concerned about the significant and unavoidable air quality impacts identified in the DEIR that are associated with Project construction and operation emissions. The San Francisco Bay Area region is currently in non-attainment for state and federal ozone standards and fine particulate matter (PM2.5) standards, and for state PM10 standards. The emissions associated with this Project need to be mitigated to the maximum extent feasible to ensure the Project does not adversely affect the region's ability to attain heath-based ambient air quality standards.

109-2 AQ

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Impact AQ-9

The DEIR states that construction activities would exceed BAAQMD 2010 CEQA thresholds for criteria pollutants and contribute to existing air quality violations. In response, the DEIR refers to Mitigation N-2, which states that CPMC would:

> Implement Accelerated Emission Control Device Installation on Construction Equipment…[and] CPMC shall *make reasonable efforts* to ensure that all construction equipment used at these campuses would use equipment that meets the EPA Tier 4 engine standards for PM and NOx control (or equivalent) throughout the entire duration of construction activities, to the extent that equipment meeting the EPA Tier 4 engine standards is available to the contractor at the time construction activities requiring the use of such equipment occur. (DEIR p. 4.7-36) (emphasis added)

109-3 AQ

Staff realizes that there is uncertainty about when specific types of equipment will be available with Tier 4 engines. Our understanding is that as of year 2011, Tier 4 Interim engines will be available for all off-road equipment, with the exception of equipment engines with 75 to 175 horsepower, and that by 2015, Tier 4 engines will be available for all off-road engines, regardless of horsepower.

District staff supports the objective of using the cleanest available construction equipment, and believes it should be a requirement. District staff recommends "make reasonable efforts" be stricken from the clause above and Mitigation N-2 be revised to require Tier 4 or equivalent equipment for all uses where such equipment is available.

Staff also recommends that diesel generators for construction activity be prohibited as a condition of Project approval. Where it is not possible to plug into the electric grid for construction purposes, the City should require use of solar powered generation, and only as a last resort, the City should require the cleanest diesel generators and control technology available. In addition, the City should require all on-road haul trucks utilized during construction be model year 2007 engines equipped with DPFs or newer engines.

109-4 AQ

Impact GH-3

District staff understands that the Project will comply with the City's measures to help reach climate projection goals, including the Transit First Policy, Sustainability Plan, Climate Action Plan and Green Building Ordinance. We also support CPMC's additional commitments to energy efficiency, reduced water consumption, green roofs, construction waste recycling, and reduction in use of steel building materials.

109-5 GH

The Project's GHG's emissions are reported at 5.9 metric tons of CO2-e per service person per year (MTCO2e/SP/yr). This is above the threshold of 4.6 MTCO2e/SP/yr established by the BAAQMD's 2010 CEQA Guidelines and therefore the DEIR finds that Impact GH-3 is significant. District staff considers additional measures to be feasible and recommends that the following measures be required as a condition of Project approval:

- Adjusting parking prices to further discourage vehicle trips to the Project.

- Providing an alternative-fueled shuttle service with the cleanest technology available for employees traveling between the campuses and transit centers.
- Adding on-site renewable energy sources, such as wind turbines or solar panels, and committing to powering a specific percentage of the Project with this renewable energy source.
- Meeting LEED for Heathcare green building standards.
- Instead of increasing energy efficiency 14% beyond Title 24 as stated in the DEIR, committing to a percentage reduction greater that 14% beyond Title 24.
- Electrifying loading docks and prohibiting idling of all trucks.

109-5 GH

In addition to the specific measures above, the City could establish an offsite mitigation program to fund emission reductions projects if on-site construction and/or operation emission reductions cannot lower emissions to the less-than-significant level.

District staff is available to assist the City in addressing these comments. If you have any questions, please contact Alison Kirk, Senior Environmental Planner, at (415) 749-5169.

Sincerely,

Jean Roggenkamp
Deputy Air Pollution Control Officer

cc: BAAQMD Director Chris Daly
BAAQMD Director Eric Mar
BAAQMD Director Gavin Newsom

Letter 110

Devyani Jain /CTYPLN/SFGOV
10/20/2010 01:40 PM

To Chelsea Fordham/CTYPLN/SFGOV@SFGOV
cc
bcc
Subject Fw: CNA Comments on CPMC DEIR: Email 8

For Follow Up: Normal Priority

DEVYANI JAIN, *Senior Planner*
Major Environmental Analysis

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----- Forwarded by Devyani Jain/CTYPLN/SFGOV on 10/20/2010 01:40 PM -----

Gloria D Smith <gloria@gsmithlaw.com>
10/20/2010 12:33 PM
Please respond to gloria@gsmithlaw.com

To bill wycko <bill.wycko@sfgov.org>, Devyani Jain <Devyani.Jain@sfgov.org>
cc ngreen@calnurses.org
Subject CNA Comments on CPMC DEIR: Email 8

Please find attached Mr. Lighty's signed, final letter. Please delete the prior draft version sent yesterday, and include this copy in the administrative record. Thank you for your help in this matter.

The Law Offices of Gloria D. Smith

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copies.

--- On **Wed, 10/20/10, Nato Green <*NGreen@CalNurses.Org*>** wrote:

From: Nato Green <NGreen@CalNurses.Org>
Subject: FW: CPMC Letter and ML resume
To: "Gloria" <gloria@gsmithlaw.com>
Date: Wednesday, October 20, 2010, 3:12 PM

Nato Green, Labor Representative

California Nurses Association/National Nurses Organizing Committee, AFL-CIO

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www.calnurses.org

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From: Sheila Ibanez
Sent: Wednesday, October 20, 2010 10:42 AM
To: Nato Green
Subject: CPMC Letter and ML resume
Importance: High

Hi Nato,

Please let me know if you need anything else.

Thank you,

Sheila



Ricoh550ex113[1].pdf

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October 19, 2010

Environmental Review Officer
San Francisco Planning Department
1650 Mission Street, Suite 400
San Francisco, CA 94103

Re: Preliminary Comments on the Draft Environmental Impact Report for the California Pacific Medical Center Long Range Development Plan

Dear Review Officer:

I have reviewed the Draft Environmental Impact Report ("Draft EIR") for the California Pacific Medical Center ("CMPC") Long Range Development Plan ("LRDP"). The Draft EIR was published by the City of San Francisco ("City") as the lead agency under the California Environmental Quality Act ("CEQA") for public review on July 21, 2010.[1] My comments below pertain to health care issues and environmental impacts that would result from implementation of the LRDP.

It is my opinion that the Draft Environmental Impact Report to implement California Pacific Medical Center's Long-Range Development Plan is critically flawed in deciding to ignore healthcare in its impact analyses, particularly in its cumulative impact analyses. All of the land use arguments are in their essence cost-benefit arguments about health care. Therefore, an analysis of the CEQA impacts of the LRDP, possible mitigation measures, and alternatives is incomplete and meaningless without an analysis of its health care implications. 110-1 HC

My qualifications as a health expert include Director of Public Policy for the California Nurses Association/National Nurses United, former Oakland Planning Commissioner, and member of the San Francisco Blue Ribbon Panel for the St. Luke's Campus. My résumé is attached to this letter.

Background

CPMC consists of four hospitals in San Francisco, CA, and is affiliated with Sutter Health ("Sutter"). The LRDP is CPMC's multi-phased strategy to meet state seismic safety requirements for its hospitals and create a 20-year framework and institutional master plan for CPMC's four existing medical campuses and one proposed new medical campus, the Cathedral Hill Campus. The four existing 110-2 PD

[1] City of San Francisco, California Pacific Medical Center (CPMC) Long Range Development Plan, Draft Environmental Impact Report, SCH No. 2006062157, July 21, 2010.

CPMC medical campuses are the Pacific Campus in the Pacific Heights area, the California Campus in the Presidio Heights area, the Davies Campus in the Duboce Triangle area, and the St. Luke's Campus in the Mission District.

110-2 PD

I. Elimination of Services and Patient Transfers in the Bay Area Resulting from Sutter's Regionalization

Sutter is going through a process of "regionalization," in which its twenty-six affiliate hospitals are collapsed into five regional structures. As a result, the corporate entity of CPMC has ceased to exist, while all CPMC operations, finance, and governance have dissolved into Sutter West Bay. Sutter West Bay is the region covering Sutter operations from San Francisco north to Clear Lake.[2]

Historically, Sutter has tied together its affiliate networks with shared purchasing, compliance, contracting, treasurer, government relations, legal, pensions, employee benefits, etc. However, each affiliate also had relative autonomy in the pursuit of its own business plans. Sutter's major leverage over its affiliates was their participation in the Sutter Health Obligated Group. By affiliating with Sutter, previously independent hospitals agreed to keep only two weeks of operating cash on hand, while transferring all excess cash to Sutter Corporate. In practice, cash transfers through the Obligated Group have been inconsistent, and apparently political among the Sutter affiliates. (It is this inconsistency that is in part the basis of the current lawsuit by Marin General Hospital to recover the over $120 million Sutter transferred out of the Marin Healthcare District in the years leading up to the restoration of local governance.)[3]

110-3 HC

As Sutter regionalizes its hospitals, it is engaged in a parallel regionalization of all its affiliated physician foundations. It appears that in the next five years, assuming the regionalization process is successful, Sutter intends to roll out a commercial insurance product to make it competitive with Kaiser Permanente ("Kaiser"). It can be assumed that Sutter has been imposing this insurance, named "Sutter Select," on its employees as a captive patient population to seed the launch of the product.

More important for CEQA review, Sutter's regionalization entails large-scale closures of services and increased transfer of patients between cities in the Bay Area. CNA has now been involved in CEQA review regarding Sutter's construction plans in Castro Valley, Oakland, Santa Rosa, San Mateo County, and San Francisco. In each instance, Sutter presents the respective plan in a vacuum, isolated from the simultaneous rebuilds the next town over.

Over the years, Sutter has drastically reduced the number of licensed hospital beds both at CMPC campuses and regionally. Specifically, if all of Sutter's plans in the Bay Area were approved, would entail eliminating 881 licensed hospital beds in the Bay Area between the CPMC campuses, Alta Bates Summit Medical Center in Berkeley and Oakland (Herrick

110-4 HC

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[2] San Francisco Business Times, Cal Pacific Chief Takes on Regional Role, March 6, 2009; North Bay Business Journal, Sutter hospital CAO has history of managing quality, change, October 26, 2009.

[3] Sacramento Bee, Marin Hospital District Sues Sutter, August 27, 2010

Campus and Summit Campus), San Leandro Medical Campus (complete closure proposed), Eden Medical Center in Castro Valley, Sutter Medical Center of Santa Rosa, and Mills-Peninsula Health Services ("Mills Peninsula") in Burlingame and San Mateo.

The planned consolidation of by Sutter across the Bay Area assumes increased transfer of patients between cities. For example, earlier this spring a stroke patient in Novato was transferred to CPMC in San Francisco rather than to the nearest stroke center in Greenbrae in Marin County.[4] Traffic burdens (and associated air quality and greenhouse gas emissions) caused by additional patient transports to and from San Francisco as a result of regionalization are not addressed in the Draft EIR.

Table 1 below summarizes the past and planned future loss of licensed beds in the Bay Area.

Table 1: Reduction in number of licensed beds at Sutter-affiliated campuses in the Bay Area

Sutter Facility	2010 licensed beds	Rebuild plans	Recent past cuts	Future cuts outside rebuild plans	Total loss of licensed beds
Alta Bates Summit (Summit Campus, Oakland[a]	(345)	(309)	0	0	(36)
Alta Bates Summit (Herrick Campus, Berkeley)[b]	(180)	unknown	(18)	(77)	(95)
California Pacific Medical Center (San Francisco)[c]	(1,042)	(854)	(231)	0	(419)
Eden Medical Center (Castro Valley)[d]	(178)	(130)	(31)	0	(79)
San Leandro Hospital (San Leandro)[e]	(122)	0	0	(122)	(122)
Santa Rosa Medical Center (Santa Rosa)[f]	(135)	(70)	0	0	(65)
Mills Peninsula (San Mateo/Burlingame)[g]	(288)	(243)	(20)	0	(65)
				TOTAL	(881)

a Phase I of the rebuild at Summit Campus only

b 18 beds eliminated from adolescent psychiatric care in 2007; further cuts planned when Herrick Campus moves to Summit Campus include: closure of 40-unit pulmonary sub-acute care and reduction of adult/adolescent psychiatric care from 105 to 68 beds

c Based on Draft EIR, Table 2-2, *see* Table below

d 31-bed acute rehabilitation unit closed in 2010

e Sutter intends to close the San Leandro Hospital; currently lawsuits are pending with hospital district, community, doctors, nurses, and other health care workers fighting to maintain San Leandro Hospital as a full-service acute care hospital

f Sutter recently obtained approval to rebuild Sutter Medical Center of Santa Rosa at a much smaller size; a lawsuit has been filed challenging the EIR

g 20-bed acute rehabilitation unit closed in 2010; cuts in addition to those listed in the table would result from closures of pediatrics and skilled nursing facility beds as announced by Mills-Peninsula in the past week

As Table 1 shows, almost half of the licensed beds eliminated by Sutter region-wide (881 beds) are removed at the CPMC campuses (419 beds) in San Francisco. Table 2 below shows a summary of licensed beds at the CPMC campuses for the time period from 2006 through 2010 and the future reductions proposed under the LRDP.

110-4 HC

[4] Marin Independent Journal, Doctors Criticize Sutter Handling of Stroke Patient, May 18, 2010

Table 2: CPMC historic and proposed licensed hospital beds under LRDP by bed type[a,b]

Bed Type	2006	2007	2008	2009	2010	LRPD	A Δ (2010 - 2006)	B Δ (LRDP - 2010)
Cathedral Hill Campus								
Acute care	-	-	-	-	-	555	-	555
Rehabilitation	-	-	-	-	-	-	-	-
Psychiatric care	-	-	-	-	-	-	-	-
Skilled nursing	-	-	-	-	-	-	-	-
TOTAL	**-**	**-**	**-**	**-**	**-**	555	**-**	555
Pacific Campus								
Acute care	295	295	295	295	295	-	-	(295)
Rehabilitation	-	-	-	-	-	-	-	-
Psychiatric care	18	18	18	18	18	18	-	-
Skilled nursing	-	-	-	-	-	-	-	-
TOTAL	**313**	**313**	**313**	**313**	**313**	**18**	**-**	**(295)**
California Campus								
Acute care	319	299	299	299	299	-	(20)	(299)
Rehabilitation	-	-	-	-	-	-	-	-
Psychiatric care	-	-	-	-	-	-	-	-
Skilled nursing	101	101	101	101	-	-	(101)	-
TOTAL	**420**	**400**	**400**	**400**	**299**	**-**	**(121)**	**(299)**
Davies Campus								
Acute care	219	219	219	115	115	115	(104)	-
Rehabilitation	32	32	32	48	48	48	16	-
Psychiatric care	22	22	22	-	-	-	(22)	-
Skilled nursing	38	38	38	38	38	38	-	-
TOTAL	**311**	**311**	**311**	**201**	**201**	**201**	**(110)**	**-**
St. Luke's Campus								
Acute care	150	150	150	150	150	80	-	(70)
Rehabilitation	-	-	-	-	-	-	-	-
Psychiatric care	-	-	-	-	-	-	-	-
Skilled nursing	79	79	79	79	79	-	-	(79)
TOTAL	**229**	**229**	**229**	**229**	**229**	**80**	**-**	**(149)**
All Campuses								
Acute care	983	963	963	859[c]	859[c]	750	(124)	(109)
Rehabilitation	32	32	32	48	48	48	16	-
Psychiatric care	40	40	40	18	18	18	(22)	-
Skilled nursing	218	218	218	218	117	38	(101)	(79)
TOTAL	**1,273**	**1,253**	**1,253**	**1,143[c]**	**1,042[c]**	**854**	**(231)**	**(188)**

a Data from Draft EIR, Table 2-2, page 2-10

b Shaded cells indicate years in which the number of licensed beds were reduced compared to the prior year(s)

c The Draft EIR, Table 2-2, incorrectly adds up the number of existing acute care beds for all campuses and, consequently, the total number of beds for 2009 and 2010

This summary table shows that from 2006 to 2010, Sutter eliminated a total of 231 licensed beds at the CPMC campuses: 124 acute care beds, 22 psychiatric care beds, and 101 skilled nursing beds; only the number of rehabilitation beds increased by 16 (*see* Column A). Now, even though the LRDP would include construction of a brand-new 555-bed hospital at the Cathedral Hill Campus, Sutter proposes to further eliminate another 188 licensed beds: 109 acute care beds and 79 skilled nursing beds (*see* Column B). Thus, between the year 2006 and the proposed LRDP at total of 419 licensed beds are removed from service including 233

110-4 HC

acute care beds, 22 psychiatric care beds, and 180 skilled nursing beds. And, on November 1, 2010, CPMC will sell its dialysis program at the Pacific and Davies Campuses.[5]

110-4 HC

II. Impacts on Health Care Access and Quality Resulting from Citywide and Regional Reduction of Licensed Beds

In addition to the drastic reduction of acute care, psychiatric care and skilled nursing facility ("SNF") beds under the LRDP as shown in Table 2, several other hospitals in the region are or have been reducing their services. The Sutter-affiliate Mills Peninsula recently closed their acute rehabilitation unit in Burlingame, San Mateo County,[6] advising patients to come to acute rehabilitation units at CMPC campuses in the City, specifically the Davies Campus. Sutter also plans on closing the SNF and dialysis unit at the Mills-Peninsula campus[7] and the SNF at the Santa Rosa Hospital. Now, CPMC plans to close the only sub-acute unit in San Francisco, forcing patients and their families to leave San Francisco for care. Combined with the recent closure of the SNF and sub-acute care at the Seton Medical Center in Daly City[8] and reductions at the Laguna Honda Hospital and Rehabilitation Center, the elimination of SNF beds and acute care beds under the LRDP further compounds the existing regional shortage.

In San Francisco, the proposed closure of the SNF at the St. Luke's Hospital in addition to the recent reductions in SNF beds at the California Campus in 2009/2010 represents an 83% reduction in CPMC's SNF bed capacity. SNF is the state licensing category for nursing homes, but historically a number of hospitals have opened licensed SNFs for patients who were too sick to be transferred to free-standing nursing homes. The only additional SNF services planned in San Francisco are 22 extra SNF beds part of the proposed rebuild of the Chinese Hospital. Patients will be put at risk if the patient population currently treated by the 178 historically offered by CPMC is simply placed in lower-level care SNFs. Worse still, if the need for SNFs is not met, these patients will need to be shipped out of San Francisco. SNF patients tend to have stays from three days to several weeks, which will result in multiple additional trips by their family members out of the City to visit them.

110-5a HC

The CPMC LRDP is part of Sutter's business plan for the Bay Area and must be analyzed in the context of the cumulative effects of those plans. This includes: transfer of stroke patients from the Novato Community Hospital in Marin County to CPMC; transfer of sub-acute

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[5] San Francisco Business Times, CPMC Will Sell Dialysis Unit to DaVita, September 3, 2010; http://www.bizjournals.com/sanfrancisco/stories/2010/09/06/story12.html.

[6] San Mateo Daily Journal, Nurses Oppose Acute Rehab Move, September 24, 2009; http://www.smdailyjournal.com/article_preview.php?type=lnews&id=117024; and San Jose Mercury News, Nurses, Mills-Peninsula Square Off Over Rehab Care in San Mateo County, September 23, 2009.

[7] San Francisco Business Times, Mills-Peninsula Taking Scalpel to Money-Losers, October 15, 2010; http://www.bizjournals.com/sanfrancisco/stories/2010/10/18/story3.html?b=1287374400%255E4103181 *or* http://snipurl.com/1bdg6v [www_bizjournals_com].

[8] Silicon Valley Mercury News, Seton Medical Center to Close Skilled-Nursing Unit, October 7, 2010; http://www.mercurynews.com/ci_16283420?source=most_emailed.

patients and psychiatric patients out of San Francisco; transfer of SNF patients out of San Francisco; transfer of pediatric and acute rehabilitation patients into San Francisco from San Mateo County; and potential closure of the San Leandro Hospital. The Draft EIR fails entirely to analyze those cumulative impacts.

110-5a HC

A report by the Lewin Group that analyzed changes to inpatient services proposed by the CPMC 2008 Institutional Master Plan ("2008 IMP") within the context of citywide health needs, including emergency department capacity, transitional care, urgent care services, and behavioral health services,[9] anticipates a citywide shortage of 30% above available skilled nursing bed capacity in the next ten years based on the City's aging baby boomer population.[10] The Lewin Group Report did not distinguish among different types of SNF beds. The complexity of care for patients in SNFs connected to an acute care is much higher. Patients in units licensed as SNFs that are connected to acute care hospitals need a higher level of care than patients in freestanding SNFs. Hospital-based SNFs, often called Post-Acute units, can provide peripherally inserted central catheters (PICC or PIC lines), multiple IV medications, complex wound care, daily labs, daily diagnostic services, easy transfer to more critical units, and on-site hospitalists. CPMC claims not to track re-admissions from SNFs back to acute care or from freestanding facilities back to acute care. However, there have been pilot programs in which patients died or were readmitted because they were prematurely discharged to lower acute care facilities.

110-5b HC

CPMC has stated publicly that it will restore 62 SNF beds to the LRDP, however, these additional beds are not reflected anywhere in the Draft EIR. Making this change requires either new construction or modification to the proposed uses of the existing sites. The Draft EIR will be incomplete if it does not make clear where and when SNF beds will be provided. Patients will be at risk if those SNF beds are not on an acute care campus. CPMC has argued that it is cost-prohibitive to build SNFs into an acute care building, because SNFs are not required to meet the same standards of seismic compliance (although the Chinese Hospital is doing just that). CPMC could easily locate 62 SNF beds on two to three floors of a non-acute care building or medical office building adjoining an acute care hospital.

The Lewin Group Report found that the CPMC IMP "does not address a potential city-wide shortage of transitional and skilled nursing service capacity, nor does it aim to improve access to mental health services..."[11] Many of the licensed beds proposed to be reduced by the 2008 IMP have already been eliminated, as shown in Table 2. For example, the Davies Campus has eliminated 104 acute care beds and 22 psychiatric care beds in 2008/2009. (*See* Table 2.)

110-6 HC

The Lewin Group Report also found that "full execution of the IMP will further stress the system's capacity to treat and care for patients requiring transitional care, chronic condition support and inpatient mental health services."[12] The report concluded that "[w]ithout an

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[9] The Lewin Group, California Pacific Medical Center Institutional Master Plan Review, June 26, 2009 (hereafter "Lewin Group Report"); www.rebuildcpmc.org/assets/FinalLewinReport.pdf *or* http://snipurl.com/1b9pxd [www_google_com].

[10] Lewin Group Report at page 22.

[11] Lewin Group Report at page 1.

[12] Lewin Group Report at page 33.

alteration in how care is delivered throughout the city, a significant shortage or change in migration patterns is projected to occur."[13] The Draft EIR fails to address these shortages and the physical and associated social and economic impacts attributable to the migration of patient populations in and out of San Francisco including the resulting longer travel distances and reduced access to health care.

110-6 HC

III. Reduced Access to Health Care for St. Luke's Hospital Patients

In addition to the 231 licensed beds that were removed in the past years (2006-2010) at the CPMC campuses, under the LRDP, CMPC would remove from service another 743 licensed beds at the existing St. Luke's Hospital (149 beds), California Campus (299 beds), and Pacific Campus (295 beds). The newly constructed Cathedral Hill Hospital would only provide 555 beds, exclusively in private single-occupancy rooms,[14] *i.e.*, 188 fewer beds than currently provided by the existing CPMC campuses many of which are in double-occupancy rooms.[15] This removal of beds would result in reduced access to health care and a major shift of the current hospital patient population to other hospitals in the region, particularly for patients at the St. Luke's Campus. The Draft EIR fails entirely to address any of the associated impacts on traffic, transportation, parking, air quality, and public services.

110-7 HC

At present, St. Luke's Hospital provides accessible acute care and inpatient services to the local community consisting of ethnically diverse, predominantly low-income patients from neighborhoods regardless of the patients' economical class or hospital reimbursement status. The most recent available data for the St. Luke's Hospital indicate that in 74.5% of the inpatient population was covered by Medicare, Medi-Cal, Workers' Compensation, or other government health programs (38.1% were covered by Medi-Cal, California's public health insurance program which provides needed health care services for low-income individuals including families with children, seniors, persons with disabilities, foster care, pregnant women, and low income people with specific diseases such as tuberculosis, breast cancer or HIV/AIDS[16]), and only 21.3% were covered by private insurance.[17] In contrast, the most recent available data for the Pacific Campus indicate that only 34.3% of the inpatient population was covered by government programs (7.5% by Medi-Cal) and that 63.5% of patients were covered by private insurance.[18]

110-8 HC

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[13] Lewin Group Report at page 22.

[14] Draft EIR at page 1-21.

[15] Draft EIR at page 2-8.

[16] Medi-Cal is financed equally by the State and federal government.

[17] California Office of Statewide Health Planning and Development, Hospital Discharge Summary Reports, St. Luke's Hospital, Report Period: January 1, 2009 – June 30, 2009 and Report Period: July 1, 2009 – December 31, 2009; http://www.oshpd.ca.gov/MIRCal/Default.aspx.

[18] California Office of Statewide Health Planning and Development, Hospital Discharge Summary Reports, California Pacific Medical Center - Pacific Campus, Report Period: July 1, 2009 – December 31, 2010 and Report Period: January 1, 2010 – June 30, 2010; http://www.oshpd.ca.gov/MIRCal/Default.aspx.

The Cathedral Hill Hospital (555 beds) would barely accommodate the 594 acute-care services and Women's and Children's Center that would be relocated from the California Campus (299 beds) and the Pacific Campus (295 beds) to the proposed Cathedral Hill. It can be anticipated that few patients currently relying on the 229 beds at the existing St. Luke's Hospital would be accommodated at the new Cathedral Hill Hospital for a number of reasons:

- Not all services that are currently available at St. Luke's Hospital would be available at the Cathedral Hill Hospital, including SNF beds.
- Physicians are free to decide whether they will accept Medi-Cal patients, which constitute a large portion of St. Luke's Hospital patient population. Given the choice between higher-paying private or government insurance, they often deny Medi-Cal patients.
- Beneficiaries of government programs are often not eligible for private single-occupancy room services[19] if multiple-occupancy rooms are available.

110-9 HC

As a result, most patients with insurance coverage limitations and relying on the acute care and SNF beds at the existing St. Luke's Hospital would not have access to the services offered by the new Cathedral Hill Hospital and would have to resort to accessing other hospitals in the City, or when those hospitals are overwhelmed as is often the case, in the greater region. Many of the patients currently frequenting St. Luke's Hospital do not have access to personal transportation and would be limited to time-consuming public transportation from the City to elsewhere. This may severely affect their health care.

The shift of the current patient population with insurance coverage limitations from the community-accessible St. Luke's Hospital to other hospitals in the City and region would have a number of adverse effects and consequences. For one, it would increase the regional vehicle miles traveled as patients and visitors would be forced to travel to hospitals that are located further from their homes and out of the City. Emergency service vehicles, forced to transport patients to hospitals located further away, would be tied up longer for transports to emergency departments at other hospitals which, in turn, would put additional pressure on the dispatch capacity at the City and County's Police Department and the Fire Department and increase the average response time and associated adverse consequences on the timely delivery of emergency cases to acute care units.

110-10 AQ

The increased vehicle miles traveled associated with the longer trips of patient, visitor, and emergency vehicles to and from other hospitals would also increase the regional air pollutant and greenhouse gas emissions and associated adverse impacts on public health. Most importantly, however, the shift of patient populations from the existing St. Luke's Hospital

110-11 HC

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[19] *See*, for example, the following provisions of the Medicare Claims Processing Manual: Chapter 2: Admission and Registration Requirements, Section 10.6 – Hospitals May Require Payment for Noncovered Services, Revision 1472 dated March 6, 2008, and Chapter 3: Inpatient Hospital Billing, Section 40.2.2 – Charges to Beneficiaries for Part A Services, (I) Private Room Care, Revisions 1609 and 1612 dated October 3, 2008. These rules provide that private room (1-bed patient care room) care is not a Medicare covered service. Thus, private rooms may be denied by a Medicare provider to a beneficiary "who requests it but is unable to prepay or offer the assurance of payment..." (*see* Chapter 2, Section 10.6.)

to other hospitals, including government and county-funded community hospitals (*e.g.*, San Francisco General Hospital and Laguna Honda Hospital and Rehabilitation Center) and the loss of an additional 109 acute care beds would put a severe strain on the already severely overtaxed acute care capacity in the City and County. For example, because the San Francisco General Hospital is the only Level I Trauma Center in a service area of over one million people, the hospital maintains a very high patient volume and is usually on a constant "Total Divert" status, which means that incoming emergency patients (with the exception of trauma, psychiatric, pediatrics, and obstetrics and gynecology) are diverted to other nearby hospitals. In addition, the loss of local access to acute care would result in disproportionate adverse socio-economic impacts on low-income residents who are already faced with a lack of and access to other medical care, child care, transportation, etc. Adding this extra burden of not having local access to community-based acute care would constitute environmental injustice.

110-11 HC

The Draft EIR is inadequate because it does not analyze the burden on City services for the services CPMC has already eliminated or would not provide in the future. CPMC has already closed 55% of its psychiatric services (at the Davies Campus) over the course of the past five years (*see* Table 2) and 70% over the past decade, despite a growing need for those same services. From 2000 through 2007, inpatient psychiatric census went up 20% at CPMC, before the closure at Davies Campus. Instead, their psychiatric patients are shifted to other providers. Citywide there is a crisis of inpatient adult psychiatric services. Citywide inpatient psychiatric bed capacity has dropped by 23% since 2000, according to licensing data published by the Office of Statewide Health Planning and Development ("OSHPD"). CPMC is responsible for 63 of the 79 psychiatric beds that have been closed in the City since 2000. This primarily places additional burden on San Francisco General Hospital ("SF General"), but also on St. Francis Memorial Hospital ("St. Francis") which is operated by Catholic Health Care West ("CHW"). The City has no data about the need for psychiatric services, let alone psychiatric emergencies, 5150s[20], substance abuse, drug detoxification, etc. and the Draft EIR fails to provide any information how the LRDP would impact the need and supply for these services.

110-12 HC

In addition, there are unknown and unexamined additional losses of services at Davies Medical Center. Davies has historically served as a community hospital for the Castro District, and has been home to AIDS and HIV services. The LDRP reduces licensed bed capacity at the Davies Campus substantially and proposes to shift its clinical focus away from community-serving functions to neuroscience services. The Draft EIR, IMP, and LDRP lack any explanation of what services would be lost at the Davies Campus in order to make way for the new expanded neurosciences program, and specifically any commitments to maintain AIDS/HIV programs. It would be a significant loss of services if AIDS/HIV patients had to travel to new providers because of an erosion of CPMC's commitment as a result of its clinical realignment.

110-13 HC

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[20] Section 5150 is a section of the California Welfare and Institutions Code (specifically, the Lanterman-Petris-Short Act) which allows a qualified officer or clinician to involuntarily confine a person deemed to have a mental disorder that makes them a danger to him or her self, and/or others and/or gravely disabled. A qualified officer, which includes any California peace officer, as well as any specifically designated county clinician, can request the confinement after signing a written declaration. When used as a term, 5150 (pronounced "fifty-one-fifty") can informally refer to the person being confined or to the declaration itself.

In sum, the Draft EIR fails entirely to discuss the direct physical changes and reasonably foreseeable indirect physical changes and to analyze the potentially significant adverse individual and cumulative impacts associated with the physical change of closing the existing hospital facilities and the resulting transfer of a large portion of the existing patient population to other hospitals.

110-14 HC

IV. Potential Future Failure of St. Francis Memorial Hospital and St. Luke's Hospital

The Draft EIR is inadequate because it fails to analyze the potential future failure of St. Francis and St. Luke's Hospital and the associated impacts on health care services, which have cumulative environmental impacts on traffic and transit, parking, blight, and public services.

110-15 HC

St. Francis

The Draft EIR fails to analyze the risk of blight and reduced access to health care in case CHW's Saint Francis should fail as a result of CPMC taking over their few lucrative patients. CHW has currently budgeted St. Francis at a loss of $2 million per year. This loss is sustainable because St. Francis' charity care, psychiatric care, and emergency room care are offset by a few services to insured patients. St. Francis has the City's premier burn unit, sports medicine, infusion, spine and joint surgeries. It does not make sense for Cathedral Hill to duplicate services provided five blocks away at St. Francis rather than ensuring that St. Francis will continue to be efficiently utilized and successful.

110-16 HC

The DEIR is inadequate because it fails to analyze the potential risk of failure of St. Francis as a result of the duplication of services at the Cathedral Hill Campus and the related blight on the surrounding neighborhood and burden on city services which are left to pick up additional low-income patient loads from displaced patients.

St. Luke's Hospital

CPMC identifies eight of San Francisco's 24 zip codes as "primary St. Luke's service area."[21] Those eight zip codes combined generate 42% of the City's emergency room visits; 49% if patients with no zip codes are included, many of whom are homeless. Using CPMC's benchmarking year of 2007, those eight zip codes generate about 4,200 inpatient discharges from St. Luke's Hospital, but almost 8,000 inpatient discharges from other CPMC campuses.[22] This demonstrates that there is a need for services in the southeastern part of the City that is not currently met, a fact that would be further exacerbated by reducing St. Luke's Hospital to an unsustainable 80 beds. Clearly, this argues for shifting more services into the southeastern part of the City to respond to the proportionally higher emergency room volume which would also reduce traffic impacts caused by reducing the distance patients

110-17 HC

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[21] Lewin Group Report.

[22] Based on data from California Office of Statewide Health Planning and Development, Hospital Discharge Summary Reports; http://www.oshpd.ca.gov/MIRCal/Default.aspx.

must currently (and under the LRDP) travel to get to the emergency room. Shifting services to St. Luke's Hospital would also reduce the burden on San Francisco General Hospital's already overwhelmed emergency department.

110-17 HC

The plan for the St. Luke's Campus is not a plan for a viable hospital but a plan for maintaining segregation under which underinsured patients would go to St. Luke's Hospital while insured patients would go to Cathedral Hill Campus for better services. The emergency room at the St Luke's Hospital is the busiest CPMC emergency room and would be expanded under the plan. However, the plan for St. Luke's Hospital is basically a plan for as many beds as are needed to minimally support the emergency room and no more. None of the underlying problems due to which Sutter wanted to close the hospital in the past are solved. At present, the St. Luke's Hospital is planned with only 80 beds, which is likely too small to succeed.

110-18 HC

If the hospital turns out to be unprofitable in the future, Sutter would likely close it, further exacerbating health care access to underinsured patients as well as the shortage of beds in San Francisco. As an 80-bed hospital, St. Luke's Hospital is also too small to be viable for sale or transfer to another hospital operator should Sutter decide to stop maintaining acute care services.

V. Traffic and Transportation Problems Due to Increased Traffic at Cathedral Hill Campus

The Draft EIR's traffic and transportation analyses all suffer from the same fundamental mistake, *i.e.*, failing to recognize that the projected future *levels of service* at intersections in the vicinity of the CPMC campuses is *not the only relevant criterion* that needs to be analyzed and would *not be the only consequence* of implementing the LRDP.

110-19 TR

The Draft EIR does not adequately analyze how the increased traffic around the Cathedral Hill Campus will affect access for ambulances, patients being transferred to and from other Sutter hospitals, patients attempting to reach the emergency room, and labor and delivery vehicles. The traffic engineer Tom Brohard concludes in his comments on the Draft EIR:

> Many of the intersections studied in the Draft EIR already operate at LOS F[23] in peak hours under existing conditions, and the number of these failing intersections will significantly increase [in future years] … Adding [LRDP] … trips to these failing intersections will increase vehicle delay beyond what is already being experienced, with no relief in sight. This issue is particularly critical for a hospital project. For example, the Draft EIR does not analyze how the increased traffic around the Cathedral Hill Campus will affect access for ambulances and labor and delivery vehicles. During gridlock traffic conditions which are much of the time on Van Ness

110-20 TR

[23] Level of Service ("LOS") F is the lowest measurement of efficiency for a road's performance. Flow is forced; every vehicle moves in lockstep with the vehicle in front of it, with frequent slowing required. Facilities operating at LOS F generally have more demand than capacity.

Avenue, emergency patients could face life threatening delays while waiting in traffic.[24]

In other words, due to the location of the Cathedral Hill Campus as it sits in a high-density neighborhood at the intersection of two major traffic corridors experiencing heavy use and congestion and the fact that most patients and employees would be concentrated at one campus rather than being spread out across several campuses, chances are that in a bad traffic jam on Van Ness Avenue babies will be born in traffic and patients will die trying to get to the emergency room. Such patient safety hazards will be a daily event during rush hour, and potentially worse in the event of an accident, construction, or other disruption as occurred last year one block away.[25] This cannot be the intention of a health care provider for providing optimal care for its patients.

To mitigate access problems at the Cathedral Hill Campus, Mr. Brohard recommends:

> To reduce these impacts and better serve the community, CPMC should spread the proposed development to several other campuses including to the St. Luke's Campus rather than concentrating services at the Cathedral Hill Campus. Access to and from St. Luke's Campus is closer to Highway 101 for vehicles and to major transit facilities such as the 24th Street BART Station for transit patrons. Moreover, the St. Luke's Campus is the most accessible CPMC facility for those Sutter patients traveling from San Mateo and Santa Clara counties. From a transportation perspective, a Project alternative that distributes patients and services equally across the City should be evaluated in a revised EIR.

Since more patients come to CPMC from San Mateo County than from Marin County, shifting services to St. Luke's Hospital would reduce this traffic impact. A bigger St. Luke's Hospital also makes more sense for CPMC's patient population and would reduce the above discussed health care access issues for patients currently frequenting St. Luke's Hospital.

110-20 TR

VI. The Draft EIR Fails to Evaluate Potentially Significant Adverse Impacts on Public Services Associated with the CPMC LRDP

The California Environmental Quality Act ("CEQA") Guidelines, Appendix G, require that the environmental review of a project include the assessment of impacts to public services. Specifically, Appendix G requires the lead agency to identify:

> "Would the project result in substantial adverse impacts associated with the provision of new or physically altered governmental facilities, need for new or physically altered facilities..., *in order to maintain acceptable service ratios, response times, or other performance objectives for any of the public services:*

110-21 PS

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[24] Letter from Tom Brohard and Associates to Law Offices of Gloria Smith, Re: Review of Draft Environmental Impact Report for the California Pacific Medical Center Long Range Development Plan – Transportation and Circulation Comments, October 18, 2010.

[25] San Francisco Chronicle, PG&E Says 1920s Power Line Sparked SF Fire, July 16, 2009; http://articles.sfgate.com/2009-07-16/bay-area/17217311_1_power-line-pg-e-underground-fire.

Fire Protection?
Police Protection?
Schools?
Parks?
Other public facilities?"

While the Draft EIR contains a discussion of response times of the City's Fire Department, Police Department and finds these adequate to handle the demand by the LRDP[26], it does not analyze the impacts on these services associated with the qualitative changes in the patient population described above and the associated impacts on response times due to transfer of patients to other hospitals in the region. The Draft EIR entirely fails to address the impacts on service ratios, response times, and other performance objectives to other public hospitals, including government and county-funded community hospitals, that would result from patient populations having to migrate within or out of the City.

110-21 PS

The CEQA Guidelines, Section 15126.2, provide that:

> "An EIR shall identify and focus on the significant environmental effects of the proposed project. ... Direct and indirect significant effects of the project on the environment shall be clearly identified and described, giving due consideration to both the short-term and long-term effects. The discussion should include relevant specifics of the area, the resources involved, *physical changes,* alterations to ecological systems, and changes induced in population distribution, population concentration, the human use of the land (including commercial and residential development), *health and safety problems caused by the physical changes,* and other aspects of the resource base such as water, historical resources, scenic quality, *and public services.* ..."

110-22 HC

Here, the Draft EIR fails to identify and describe the short-term and long-term effects with respect to *physical changes, health and safety problems caused by the physical changes, and public services* associated with implementation of the LRDP. As a result, the Draft EIR fails to assess the any associated significant impacts.

VII. The Draft EIR Fails to Evaluate Potentially Significant Adverse Social and Economic Impacts Associated with the CPMC LRDP

Elsewhere the CEQA Guidelines, Section 15382, define a significant effect on the environment to mean:

> "... a substantial, or potentially substantial, adverse change in any of the physical conditions within the area affected by the project, including land, air, water, minerals, flora, fauna, ambient noise, and objects of historic or aesthetic significance. An economic or social change by itself shall not be considered a significant effect on the environment. *A social or economic change related to a physical change may be considered in determining whether the physical change is significant.*

110-23 INTRO

[26] Draft EIR at Section 4.11 Public Services.

The above discussed reduction of licensed beds at three of the CPMC hospitals and the change in service resulting from the restricted access to service provided by the new Cathedral Hill Hospital
would result in direct environmental impacts (*e.g.*, increased vehicle miles traveled and associated increased air pollutant and greenhouse gas emissions) and would result in adverse economic and social effects. These effects must be analyzed under CEQA.

110-23 INTRO

Title 14, Section 15064, Subsection (e) of the California Administrative Code provides the following guidance for evaluating the changes:

> "Economic and social changes resulting from a project shall not be treated as significant effects on the environment. Economic or social changes may be used, however, to determine that a physical change shall be regarded as a significant effect on the environment. Where a physical change is caused by economic or social effects of a project, the physical change may be regarded as a significant effect in the same manner as any other physical change resulting from the project. Alternatively, economic and social effects of a physical change may be used to determine that the physical change is a significant effect on the environment. *If the physical change causes adverse economic or social effects on people, those adverse effects may be used as a factor in determining whether the physical change is significant. For example, if a project would cause overcrowding of a public facility and the overcrowding causes an adverse effect on people, the overcrowding would be regarded as a significant effect.*"

110-24 INTRO

The Court in Bakersfield for Local Control v. City of Bakersfield (5th Dist. 2004), Cal. App. 4th 1184 [22 Cal Rptr. 3d 203], affirmed:

> "Subdivision (e) of Guidelines section 15064 provides that when the economic or social effects of a project cause a physical change, this change is to be regarded as a significant effect in the same manner as any other physical change resulting from the project. (...) *Conversely, where economic and social effects result from a physical change that was itself caused by a proposed project, then these economic and social effects may be used to determine that the physical change constitutes a significant effect on the environment.*"

All patients depend on their local community hospitals for critical health care services, regardless of their ability to pay. Clearly, the elimination of service to a large portion of the patient population that currently frequents St. Luke's Hospital constitutes a significant effect on public health caused *directly* by the elimination of services at existing CPMC hospital and the replacement with far fewer beds at the Cathedral Hill Hospital that would only be accessible to patients without insurance coverage limitations. What's more, these changes in service would not only affect the patient population with insurance coverage limitations but also all other Californians due to the increased pressure on emergency department services when beds are not available.

110-25 HC

What's more, impending Medi-Cal cuts will affect all hospitals and will even more severely impact "safety net" hospitals. The severity of the cuts could force some hospitals to close or reduce access to essential health care services. As a result, hospitals with already overcrowded emergency rooms will be further inundated with more patients, longer wait times, and financial stresses.

110-26 HC

As Sutter aptly summarizes on one of its websites:

> "The loss of critical hospital services will not only be devastating for low income Californians but will also present an increasingly harmful public health scenario for all Californians.
>
> ...
>
> Most important, where will patients go when hospitals are forced to close their doors? More than 70 California hospitals have closed in the past 10 years. Statewide, nearly half of California's hospitals operate in the red and many are either near or already in bankruptcy proceedings. When hospital ERs are backlogged with Medi-Cal and other patients who can't find doctors to care for them, *it doesn't matter how good the insurance coverage is when patients have to drive several hours to receive emergency care.*"[27]

110-26 HC

These impacts should have been analyzed by the Draft EIR but were not.

VIII. The Large Size of the Cathedral Hill Hospital Does Not Guarantee Better-Quality Patient Care

The LRDP proposes to build a 555-bed hospital at the Cathedral Hill Campus, at the same time reducing the St. Luke's Hospital from 229 acute care and skilled nursing beds to 80 licensed acute care beds, terminating services at the California Campus, and all but eliminating services at the Pacific Campus (295 acute care beds eliminated, 18 psychiatric care beds remaining). (*See* Table 2.)

110-27 HC

The 555-bed Cathedral Hill Hospital would require a myriad of variances, major entitlements, amendments and exceptions from existing plans, policies and regulations. The Draft EIR's consistency determination for the LRDP is based on the presumption that CPMC would successfully obtain changes to the following:

- San Francisco General Plan and all applicable elements, including the Housing Element
- Regional plans and policies (*e.g.*, Bay Area Air Quality Management District plans and regulations)
- Van Ness Avenue Area Plan ("VNAP")
- Market & Octavia Neighborhood Plan
- Mission Area Plan
- Japan town Better Neighborhood Plan
- Mission District Streetscape Plan

110-28 LU

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[27] Eden Medical Center, A Sutter-Affiliate, What's New At Eden, California's Fiscal Emergency Puts Hospitals and Patients in Jeopardy, May 22, 2008; http://www.edenmedcenter.org/whatsnew/whatsnew_new.html.

- Measure M

It is no secret why Sutter is intent on building such a large hospital despite all the variances, major entitlements, amendments and exceptions from existing plans, policies and regulations it needs: profit. Research on hospital size and profitability indicates that large hospitals are more profitable. According to a 2002 article in the Journal of Health Care Finance: "The relationship between hospital profitability and hospital bed size revealed that when bed size increases, hospital profitability increases, decreases, and then increases again."[28] The study found that the turning points for patient profit proportion are 238 and 560 beds, respectively for the total profit proportion; the turning points in bed size are 223 and 504, respectively. These results on the relationship between bed size and hospital profitability indicate that medium-size hospitals are in general the least profitable. The findings regarding the profitability of large hospitals in this study are supported by the Medicare Cost Reports for 2006 which show that the more beds a hospital has, the more likely it will be profitable. For hospitals with more than 550 beds, 90% had a positive net income; for smaller hospitals, the percentage with positive net income drops to 72%.

110-29 HC

The Cathedral Hill Campus is too big for the site. The benchmarking report provided by the City's and County's Office of the Legislative Analyst ("OLA") showed that most hospitals of the size of Cathedral Hill in major urban areas occupy far larger sites.[29] In fact, for its Santa Rosa facility, Sutter tried to justify that 25 acres of land would be necessary to accommodate a 174-bed, 360,000-square foot hospital.[30] Here, Sutter would squeeze 555-bed, 655,100-square foot hospital and 307,400 square feet of MOB buildings onto 3.85 acres.[31] As discussed before, this would result in numerous impacts including impacts on health care, traffic and transportation, parking, air quality, greenhouse gas emissions, to name a few.

110-30 HC

110-31 HC

So far, CPMC has not provided any evidence that health care benefits from a large hospital would outweigh the significant land use and environmental impacts that would result from locating this hospital on a very small site on one of the City's major thoroughfares with already compromised traffic flow and reducing its services in other parts of the City. Neither has CPMC presented any evidence that the environmentally superior project alternative of a bigger St Luke's and smaller Cathedral Hill would diminish health care benefits from the entire project.

110-32 HC

The only evidence CPMC has produced so far in support of concentrating services at the Cathedral Hill Campus is a selection from the U.S. News & World Report hospital rankings that show that some of the top-rated hospitals are also big.[32] The comparison is irrelevant

110-33 HC

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[28] Kim YK, Glover SH, Stoskopf CH, Boyd SD, The Relationship between Bed Size and Profitability in South Carolina Hospitals, J Health Care Finance, Vol. 29(2):53-63, Winter 2002; abstract available at http://www.ncbi.nlm.nih.gov/pubmed/12462659.

[29] Alexa Delwiche and Frances Zlotnick, City and County of San Francisco, Office of the Legislative Analyst, Legislative Analyst Memorandum, April 3, 2009, Re: OLA No. 003-009).

[30] Sutter Health statement at May 27, 2010 County of Sonoma Board of Supervisors hearing.

[31] San Francisco Planning Department, Notice of Preparation of an Environmental Impact Report and Notice of Public Scoping Meeting, California Pacific Medical Center Long Range Development Plan, May 27, 2009 at pages 13 and 18.

[32] Presented at Planning Commission hearing, November 19, 2009.

because those bigger hospitals are not on a single city block. It might be a relevant comparison if CPMC had 20+ acres, but they do not. Moreover, the methodology of the U.S. News & World Report rankings does not conclude that bigger hospitals are better are better than smaller hospitals. In fact, it uses 200 beds as a threshold criterion for being on the list and only looks at admittedly "cherry-picked" specialties. The rankings are not designed to show overall hospital quality and outcomes, and rely on indicators of dubious healthcare value (like magnet status and physician opinion polling). The rankings are designed to guide consumers with rare conditions who can travel for low-volume, high-cost, high-risk specialists; they are useless for health care planning purposes.

In fact, scientific studies on the issue of hospital size versus health care benefits are inconclusive and most conclusions are dependent on specialization of services. There is evidence supporting specialization and arguing for consolidation of services to achieve higher case volume, up to a point and only for certain services. There is evidence that certain services achieve better outcomes from higher volume, but not that higher volume of specific services indicates overall larger hospital size. There is no evidence that patients benefit from co-location of clinically unrelated services, like birthing and cardiology. There is no evidence that hospital size is proportional to any indicator of patient care above certain thresholds. There is only limited evidence that what relationship exists between size and patient outcomes is a causal relationship rather than related to factors other than size. Moreover, some studies conclude that large hospitals have higher costs, longer patient stays, lower patient satisfaction in emergency room care, and higher rates of infection or sepsis. 110-33 HC

What evidence exists on the relationship between size and quality argues less in favor of an oversized 555-bed Cathedral Hill Hospital but clearly against an undersized 86-bed hospital at St. Luke's Campus. Some of the health problems associated with very small hospitals would be solved if St. Luke's Hospital were increased to 200 beds. The fact is that the trend in California is not to build hospitals as large as 555 beds, except those connected to universities. Most hospitals are between 200-300 beds, and California is almost never building urban hospitals as small as 80 beds, as is proposed for the St. Luke's Campus.

IX. Conclusion

As explained above, the Draft EIR is inadequate because it fails to analyze the health care implications of the LRDP and associated impacts on air quality, greenhouse gas emissions, public health, and public services. Specifically, the Draft EIR fails to include an evaluation of the potentially significant impacts due to the change in patient population resulting from loss of access to acute care to patients with insurance coverage limitations associated with the elimination of acute care and SNF at the St. Luke's Hospital. 110-34 HC

CPMC has asked the City for numerous variances and massive entitlements and concessions from a land use perspective. The LRDP as proposed has several significant and unavoidable environmental impacts. The Draft EIR concludes that the environmentally superior alternative is a bigger St. Luke's Hospital and smaller Cathedral Hill Hospital. CPMC's justification for not choosing this environmentally superior alternative is that healthcare benefits would vastly offset the environmental problems. Unfortunately for CPMC, the balance of evidence on healthcare is that healthcare would also be better served by the environmentally superior alternatives. 110-35 HC

It is not acceptable that a health care provider with a dominant market share in San Francisco (33% in 2007) deliberately changes its services to reap greater profits while denying access to health care to a large part of its patient population that is not profitable. To put the non-profit status of Sutter into perspective: as of December 31, 2009, Sutter had a $2.63 billion investment portfolio and paid its CEO $2.8 million in 2008; the CEO's top 14 lieutenants each made between $830,000 and $1.8 million annually.[33] Sutter's operations at the CPMC campuses in San Francisco contributed $150-180 million in profit annually, representing the largest single source of Sutter's total profits of $700 million per year. Sutter must rebuild CPMC to comply with state seismic deadlines and will not risk loss of its most profitable affiliate. This means that there is no credible alternative of "no project." Sutter will rebuild, and can easily afford any additional costs of redesign, project alternatives, community benefits, development agreements, and any mitigation measures.

110-36 HC

As the San Francisco Chronicle and Business Week reported in August, the Sacramento Bee reported in April, and Kaiser Health News and San Jose Mercury News reported in October of this year, Sutter's business model is designed as a monopoly model, in which it makes itself indispensable to insurers and then charges higher rates.[34] The LRDP as proposed will increase Sutter's regional monopoly, and increase costs of health care for everyone, including taxpayer-funded health plans for public employees. The Draft EIR is incomplete if it does not address the ways in which the LRDP will increase cost of care for everyone and consider appropriate mitigation measures in this area.

110-37 HC

The Draft EIR concludes that the environmentally superior alternative is alternative 3A, which is a bigger St Luke's Hospital and smaller Cathedral Hill Hospital. However, the Draft EIR designs a bigger St Luke's Hospital around a relocated women's and children's program. This creates an alternative that is not supportable because it would shift most women's and children's services to the southern half of the City (CPMC, University of California at Mission Bay, SF General). CNA supports the environmentally superior alternative of a bigger St Luke's, but with a different complement of services. Instead of all of women's and children's services being moved, CPMC can easily centralize other services already planned at St Luke's Hospital. CPMC currently plans to offer some level of cardiology, oncology, orthopedics, gastroenterology, respiratory, and urology at St. Luke's Hospital and to duplicate every single one of these services at Cathedral Hill Hospital with a higher standard of care for insured patients. Instead, CPMC could centralize some combination of these services for all CPMC patients at St. Luke's Hospital.[35]

110-38 ALT3A

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[33] Health Care Renewal, How Oligopolists Rationalize Their Market Domination: the Examples of Sutter and the Carilion Clinic, August 20, 2010; http://hcrenewal.blogspot.com/2010/08/how-oligopolists-rationalize-their.html.

[34] Bloomberg News/BusinessWeek, Hospital Monopolies Ruin MRI Bill as Sutter Gets Price it Wants, August 20, 2010; Kaiser Health News, California Hospitals: Prices Rising Rapidly, but Quality Varies, October 17, 2010; Sacramento Bee, California's Higher Hospital Costs Add to Health Insurance Hikes, April 18, 2010.

[35] Camden Group Utilization Project Report at page 22.

In contrast to the proposed project, a smaller Cathedral Hill Hospital and a larger St. Luke's Hospital would be by far preferable in terms of health care and would also considerably reduce environmental impacts. We support the environmentally superior alternative of a larger St. Luke's Hospital with a clinical anchor and a smaller Cathedral Hill Hospital.

110-38
ALT3A

I recommend that the City require a revision of the Draft EIR that adequately discusses and mitigates these issues.

Sincerely,

Michael Lighty
Director of Public Policy
California Nurses Association/ National Nurses United

Attachment to Letter 110

Michael Lighty

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Skills

- **Expert on healthcare policy**
- **Effective advocate for nurses and universal healthcare**
- **Experienced in planning, design review and development project review**

Education

Stanford University
1978 - 1983

- BA Humanities Honors (1/88)
- MA Modern Thought and Literature (1/88)
- Student Co-Director, Stanford Workshops on Political and Social Issues

Experience

California Nurses Association/National Nurses Organizing Committee CNA/NNOC

Director of Public Policy
November, 2008– present
Coordinate the national political and legislative work for 85,000 member union of Registered Nurses; issues include healthcare reform, patient rights, labor law reform, budget, tax and economic development policy.

Director of Administration
September, 1999 - November, 2008
Directed the accounting, membership, facilities and events staff for growing union; served as the Executive Director designee for the California Nurses Foundation; responsible for budget development and contract administration and vendor relations; continued to coordinate organization's political work, including managing state-wide initiative campaign (prop 89) and grassroots lobbying, and the landmark 2004-2005 campaign to preserve California's safe hospital staffing law and workers' rights.

Political Action Coordinator
November, 1995 - September, 1999
Coordinated state-wide political work including an initiative campaign (prop 216), which help launch the national HMO patients rights movement, and grassroots lobbying, rallies and events to win the first in the nation nurse-to-patient ratio law for safe hospital staffing.

Labor Representative
February, 1994 - November, 1995
Negotiated collective bargaining agreements, organized and represented nurses at Bay Area hospitals.

Member, Board of Port Commissioners, City of Oakland
April, 2010 -

Member, City of Oakland Planning Commission
November, 1999 - September, 2007
Chaired the Zoning Update Committee and served a term as Vice-Chair of the Commission. Active on Design Review Committee.

Board Affiliations

Shepherd Canyon Neighborhood Association, Design Review Chair
March, 2009 - present

Labor Project for Working Families, Board Member
February, 2008 - present

Martin Luther King Freedom Center, Board Member
December, 2007 - present

East Bay Lesbian, Gay, Bi-Sexual and Transgender Democratic Club, Board Member
2005 - present

Park Day School, Board Member
1999 - 2002
Chaired the Long-Range Planning Committee which oversaw fiscal and strategic planning

Letter 111

FOR: Bill Wycko, Environmental Review Officer

FROM: Linda Chapman

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licwa@yahoo.com

Comments for CPMC EIR

1. Consistency with General Plan, area plan, zoning, other policies.

The CPMC proposal is inconsistent with applicable policies of the Van Ness Area Plan (VNAP). It flies in the face of a long-established area plan that is progressively achieving objectives. A traffic-inducing medical use is precluded for the Van Ness Corridor by a plan that considered traffic impacts, the special role of Van Ness as a transit corridor for Muni and Golden Gate Transit, and conflicts for a city street with inter-city traffic from Highway 101.

111-1 LU

Exemption from the zoning for housing and limited commercial uses envisaged by the area plan is a huge demand, where that plan comprises a well integrated set of policies that further interdependent objectives. VNAP objectives include:

Transform a commercial corridor into an imposing boulevard, by adding residential development and landscaping;

Use height limits to create the consistent profile appropriate for a grand boulevard, following topography by stepping up building heights from the waterfront to a mid-rise profile along the high ridge of the boulevard;

Allow sufficient height to encourage dense housing while avoiding traffic-inducing high rise development;

Foster preservation of architecturally significant commercial buildings, and consider permitted heights to avoid visual incongruity with classic buildings;

111-2 LU

Promote residential development on a transit corridor (especially affordable housing), by encouraging high density and small units;

Prevent traffic-generating commercial development, such as offices;

Limit new commercial space to lower stories of residential development, where it buffers street noise;

Limit bulk and potential wind/shadow/view impacts of mid-rise buildings, using design features like set-backs and podiums;

Break up wide building frontages;

Improve traffic circulation and transit on a major highway and transit artery (contemplating subway construction as the long-range goal to avoid transit conflicts).

The current project undermines the purpose of an area plan elegantly designed to produce housing instead OF business that generates housing demand. The proposed use creates housing demand that will put pressure on availability and prices in surrounding neighborhoods.

111-3 LU

There could be consistency with other planning policies not in the area plan (which should be treated as the governing document in case of conflict). Locating a hospital where it will not displace existing housing and where there is transit access could be arguments for the proposal. If a change of use is therefore allowed (in what is designed to be a residential-commercial district), then maximum adherence to other objectives and policies of the area plan must be sought.

111-4 LU

The Housing Mitigation strategy proposed below could address an overarching VNAP objective to produce centrally located affordable housing. In addition to new construction, funding for nonprofit CDCs to acquire and manage existing buildings as affordable housing would be appropriate ways to mediate the 3:1 housing requirement established for the Special Use District (SUD). Funding rehabilitation is consistent with later policies encouraging sustainable development.

Removal of residential hotel units to make way for the MOB is governed by the Residential Hotel Unit Demolition and Control Ordinance. Reducing scarce housing resources is a situation where renovation cannot substitute for funding construction of replacement SRO units or efficiency apartments. Mitigation for a few dwelling units proposed for demolition together with the SRO could fund the same project.

111-5 LU

The EIR notes that exceeding the 130-foot height limit would exacerbate environmental impacts (which include traffic and transportation, housing and economic impacts below).

Additionally, it must be acknowledged that the 130-foot limit for this section of the Van Ness Corridor implements these VNAP policies:

Allows building envelopes intended to meet a city-wide need for large numbers of *housing units;*

Aims to prevent overdevelopment of housing where high rises could exacerbate traffic problems;

111-6 LU

Promotes a consistent profile for one of the city's two grand boulevards;

Aims to prevent out-of-scale buildings that would dwarf historic commercial buildings.

Visual effects, wind and shadow impacts of the proposed hospital should be compared to neighborhood impacts of the Holiday Inn (which VNAP policies were designed to prevent in new development).

2. Housing demand and economic impacts.

The proposed campus would take land in the Van Ness Corridor from uses that benefit the area. A hotel provided customers for two commercial districts and placed less pressure on neighborhood housing stock. The Van Ness Plan identified this area as an ideal location to supply future housing demands, where new construction will not cause significant residential displacement.

111-7 LU

Development of this residential-commercial district is intended to focus on small households and favor affordable housing. Residential development allows commercial space only at lower stories. The VNAP accommodates retail, or local services, not traffic inducing institutional development.

The CPMC proposal defeats the purpose of the SUD, which mandates 3:1 square feet (minimum) of housing to commercial space for development in the Van Ness Corridor. Generally, new construction will accommodate this requirement. If housing is not built on site (e.g., existing commercial building is expanded), then the same 3:1 ratio mandates housing construction elsewhere in the SUD.

111-7 LU

The proposed campus reduces potential sites for housing construction (the area plan's primary objective). Moreover, it concentrates new workers in an institutional use that VNAP land use policies do not accommodate. It multiplies the impacts of commercial enterprises because this nonconforming use will schedule hundreds of workers around the clock. A purpose of the area plan was to limit non-residential use.

CPMC operations must be considered for housing impacts, not only city-wide, but those likely to intensify local demand. Workers in small households, especially those expecting to come and go at night, will likely put pressure on the housing stock of central city neighborhoods, where prevalent forms are studios and 1-2 bedroom units. Rental tenure dominates most neighborhoods near the site, with condominiums an increasing proportion of new construction.

111-8 PH

Historic impacts on Nob Hill housing of St Francis Hospital, documented over a number of years, demonstrated significant effects, even from a smaller hospital. The hospital acquired rental buildings, on 2-3 blocks, to demolish for an office building; to house specialties like Sports Medicine (illegally); then (defeating enforcement actions) to house residents and interns when on call at night. Tenants, if not forced out, endured years of pressure. Hospital and office staff doubtless competed with other residents for centrally located rental housing in the regular market. An independent laboratory located near the hospital likewise reduced potential housing supply.

111-9 PH

Households In neighborhoods near the proposed campus (lower Nob Hill, Civic Center, Tenderloin) have average incomes lower than the city-wide average. Competition from CPMC staff will result in reduced housing opportunities for current and prospective residents: fewer units available to rent; upward pressure on rents; pressures to terminate tenancies. Households with higher incomes will experience housing pressure in increased rents and competition for apartments available for purchase.

111-10 PH

Housing Mitigation:

Housing impacts near a Cathedral Hill campus (or in neighborhoods easily accessible by transit) can be reduced, but not eliminated, by relocating some proposed operations to the existing campuses, thereby reducing staff concentration at one problem site.

The area plan's intent to meet housing requirements within SUD boundaries cannot be met for a development like CPMC (even environmentally preferred Alternative 3). Van Ness Plan policies for affordable housing must be adapted to mitigate development—else the Cathedral Hill project must not proceed. CPMC has the option to build hospital facilities on existing campuses, or to accept requirements applied to development of the Van Ness Corridor for decades since adoption of the area plan.

111-11 LU

Mitigation through payment for new housing construction must be required at ratios reasonably related to VNAP objectives. Both rental and for-sale housing should be produced, taking into consideration needs generated by CPMC for its own staff.

Funding non-profit developments on the many in-fill sites in Polk Gulch, Tenderloin, and South of Market should be the priority. New construction and the rehabilitation of needed housing (such as

SROs) in districts where non-profits can acquire structures or infill sites can partly mitigate impacts from altering the permitted use and housing ratio mandated for the Van Ness Corridor. One of the few advantages of an institutional use is the opportunity to direct funding to below-market ownership and rental housing.

Because this developer has no objective to profit from housing, the ratio of below-market units does not affect project feasibility like the ratio of affordable to market-rate units in for-profit residential development. It is therefore appropriate to fund a high proportion of rental housing and plan other units for sale at "affordable" rates.

Requirements to contribute substantial housing elsewhere must be imposed in return for exemptions from policies limiting the Van Ness Corridor to residential construction. Funding needed housing and amenities like parks in surrounding areas could in part mitigate the more intense environmental and economic impacts of nonresidential development, when they cannot be eliminated. (However, housing contributions cannot obviate efforts to reduce significant neighborhood impacts like traffic and noise.)

111-11 LU

Funding predominantly affordable housing and green spaces could justify reducing the VNAP 3:1 ratio for housing (the minimum required in for-profit residential-commercial development). A rationale to reduce the 3:1 ratio would be funding housing types that the private market does not support (e.g., SROs, studios, apartments with "efficiency" kitchens suited for one or two occupants).

VNAP objectives to produce affordable housing, with high-density small units (two bedrooms or less), can be met-- in substance-- by means not specified in the area plan: Fund a large number of small units, for construction or rehabilitation by non-profit developers, outside the SUD. As a proxy for the 3:1 square foot ratio imposed for residential-commercial construction in the Van Ness Corridor, this alternative can efficiently produce and manage housing for long-term affordability.

A community proposal for Nob Hill Senior Housing exemplifies how funding that multiplies community benefits can justify reducing the 3:1 ratio predicated on market-rate housing. Numerous infill sites for affordable housing can be identified in the vicinity of Polk Gulch: Among them, in a neighborhood lacking community facilities, is an abandoned church with adjacent parking lot, suitable for a senior housing development to incorporate space for community activities and a senior center or children's program. Tenderloin Neighborhood Development Corporation will evaluate the proposal for low-income housing and community amenities. An identified funding source could encourage the property owner to reconsider a previous stalled development plan.

3. Economic impact of development at Van Ness and Geary on neighborhood retail and services.

Impacts that a hospital "monoculture" can have on the economy of surrounding neighborhoods require attention.

111-12 PH

Based on observations elsewhere, neighbors and merchants suggest that staff and visitors to a hospital and its medical office buildings will purchase subsidized food, instead of walking to restaurants and other local food vendors. From family experience, I expect a hospital's subsidized public food service to take some local customers for convenience meals away from small businesses.

Hospital visitors and staff are expected to generate less retail traffic for the Polk Gulch/Van Ness shopping districts, where small businesses were patronized by guests of a hotel the project would supplant.

111-12 PH

Compared to housing development, proposed rezoning for institutional use can be predicted to generate low customer traffic for neighborhood businesses. The Van Ness Area Plan would allow construction for hundreds of residents on the land proposed for a hospital and related uses.

Mitigation

Measures that directly reduce economic impacts for neighborhood businesses are not easy to identify. Mitigation could include funding to improve pedestrian experiences on shopping streets beyond project perimeters, but near enough for businesses and residents to experience impacts. Neighborhood residents, and visitors from beyond the Van Ness and Polk residential/commercial districts, would increasingly frequent the two shopping areas if street environments were more inviting.

Sidewalk beautification for the Van Ness and Polk commercial corridors (greening, and attractive street furniture) would enhance pedestrian environments.

111-13 PH

Funding for small parks and plazas in a neighborhood that offers no recreational open space could transform underused public land in Polk Gulch alleys, and some underutilized commercial sites, to outdoor living rooms. Pedestrians would be encouraged by opportunities to pass public art or green space that would relieve the experience of a dense urban environment.

Public spaces located in shopping areas would attract people to meet out of doors, relax with food or reading matter, gather for scheduled performances. Sites to create significant open space were identified in public alleys, and at large lots with minimal private improvements (one by the intersection of Polk and Geary; two adjacent lots close to Polk on the California Street cable car line).

4. Traffic and transportation

The stated purpose for building on Van Ness Avenue is easy access for drivers from the North Bay, patients and doctors. Adding Highway 101 drivers to the Van Ness Corridor is sufficient reason to downsize a hospital campus, if it is to locate there at all.

From my experience, traffic congestion on Highway 101 spills over from Van Ness to Polk Street, clogging two Muni preferential streets. Traffic circulating around a hospital, medical office buildings, and garages will impede through traffic on Van Ness (Highway 101), on Geary Boulevard, and other major automobile routes like Franklin, Gough and Post.

111-14 TR

Circulation on streets of the Polk Street Neighborhood Commercial District (NCD), lower Nob Hill, and the Tenderloin will be affected by cars driving to the hospital and MOB, by adding emergency vehicles, by increasing service vehicles at the site, including trucks.

The campus is ideally situated for its vehicle traffic to impede transit servicde: Golden Gate Transit and two major Muni lines on Van Ness; the 38 on Geary and O'Farrell (the nation's most heavily traveled line); two lines running on Post and Sutter. Autos that slow traffic as they enter and exit garages, or execute turns onto streets with garage entries, cannot fail to affect transit on the same streets.

111-15 TR

EXAMPLE OF EXISTING CONDITIONS:

Absent CPMC impacts, one morning this year when Van Ness was congested, it took me two hours to catch a 49 at Pine and travel to 22d Street. With traffic at a standstill, the driver advised passengers heading for Market Street to get off and walk several blocks in the rain. After waiting about an hour to board at Pine, I saw the driver of this packed vehicle leave passengers stranded at subsequent stops-- maybe waiting an hour for the next 49 (after waiting the hour I'd waited for this one). 111-16 TR

Regardless of traffic studies based on LOS (selected intersections at a particular point in time), those who regularly travel city streets can report that tremendous transit delays, due to congestion around the Van Ness Corridor, are not uncommon. Viewing intersections a few times may be sufficient to estimate normal conditions (but only for hours studied). Congestion that is irregular, but not infrequent, is evidence that the proposed location cannot tolerate traffic inducing uses. 111-17 TR

Where seemingly insignificant temporary conditions (like rain, illegal parking, or holiday events) cause paralyzing congestion, the result shows how vulnerable the Van Ness Corridor is to traffic disruption. Inadequate impact analysis could saddle the area with permanent results from hospital development.

Drivers converging on the campus will circulate through surrounding streets, some hoping to park at off-site garages or curbside, others navigating the one-way street patterns to reach hospital and MOB entries. The more drivers depend on campus garages, the more those garages will tie up traffic when cars waiting for entry back up into the street, and the more drivers will circle surrounding streets when unable to stop in traffic waiting for garage entry. A Polk Gulch resident recounted this condition at an existing CPMC garage, which results in his circling through the neighborhood. Absent other evidence, it is reasonable to assume that conditions at a location *already* more congested than CPMC's problem garage will be worse. 111-18 TR

Garage entries on Geary require drivers approaching from the west to navigate various one-way streets. Drivers forced to turn onto Van Ness or Polk in order to head west at Geary will add congestion to several transit preferential streets. 111-19 TR

Converting Cedar Alley to garage access creates traffic conflicts. This street is narrow, now lightly used-- and accessed from two transit preferential streets that are sometimes congested, without added traffic from a CPMC campus. Cars turning east from the garage would enter Polk at midblock, interrupting traffic flow (including buses) on a relatively narrow street. Results could be delays, and unexpected conflicts confusing drivers, as cars emerge in mid-block. Drivers exiting on Polk intending to head east or north would circulate among one-way streets in Polk Gulch. 111-20 TR

Similar conflicts are predictable if significant numbers of cars use the mid-block alley at Van Ness for garage access. Alleys running between Van Ness and Polk are little used for auto traffic.

Mitigation

Converting Cedar Alley to access for the MOB garage cannot be allowed.

Alternative 3 proposes reducing the Cathedral Hill campus— essential for traffic impacts. However, with proposed garages, traffic impacts will inevitably remain significant. 111-21 TR

Traffic impacts can be reduced by limiting CPMC parking, on-site and off-site. CPMC proposes spaces for 1,055 cars at the Van Ness/Geary site-- where the existing hotel and office building total 405. Two large garages are not needed, in addition to spaces for CPMC at the Sutter Street MOB. 111-21 TR

The Legislative Analyst found that Manhattan limits hospitals to 100 parking spaces. Therefore: What is the rationale for this city to require many times more spaces for any hospital campus? What medical need could justify outsized garages in a transit-rich area with severe traffic impacts? What conditions made it possible for hospitals in other cities to offer less public parking? 111-22 TR

Even the reduced Alternative 3 proposes more than one-third increase in square footage for parking, compared to existing conditions. This is unacceptable in the transit-rich central city-- when city policy has advanced to contemplating auto use limited to out of town trips and grocery shopping. The Planning Code eliminated obsolete 1:1 residential requirements for downtown and additional parts of the northeast quadrant, Octavia Boulevard, and some other transit-rich areas. The VNAP should be updated consistent with newer area plans (inasmuch as its intent was to produce a transit-rich residential district). Meanwhile, it is inconsistent with recent policy direction for a planning rule to impose minimum parking spaces for new medical campuses. 111-23 TR

For the Cathedral Hill campus, there should be no approval to build parking, beyond replacing spaces from the hotel and office site. If CPMC wants suburban amenities, they cannot locate a campus in the central city. Attracting autos disrupts not just transit and circulation, but the pedestrian environment and living environment of residents already subjected to urban density and commute traffic.

CPMC articulated a desire to relocate to a transit-rich area. They need to encourage customers and staff to use this amenity. CPMC argues (inconsistently) that people need auto transport to get medical care. The reality for this transit-rich area is that residents found about two-thirds of Nob Hill households had no vehicle. People living in such areas take public transit to medical providers-- including Kaiser and CPMC, where garages invite car owners to drive regardless of need (like that Polk Gulch resident who described circling all over another neighborhood when he uses a CPMC garage). 111-24 TR

Parking to serve Cathedral Hill construction must not exceed 405 spaces. Further reduction is desirable, to reduce adverse impacts in the overburdened Van Ness Corridor and surrounding neighborhoods. Compared to hotel and office use, auto traffic to CPMC garages could drive through our neighborhood many more times (for patient appointments all day, for staff turnover day and night). In contrast to this intense use for round-the-clock medical operations, commuters are likely to enter and leave the neighborhood once a day, hotel guests may just store cars overnight, hotels rarely rent rooms to capacity, and garage spaces rented for evening events likely won't turn over like CPMC garages.

5. Pedestrian environment, neighborhood livability: wind, shadow, noise, pollution

For wind, shadow, and aesthetic impacts, the proposed hospital calls for comparison to neighborhood impacts of the Holiday Inn. 111-25 WS

Impacts of increasing ambient traffic noise on pedestrians and residents of our dense neighborhoods, already subjected to downtown commute traffic, must be considered, in addition to the concerns raised about sirens. Using sidewalks, or rooms with windows facing the street, is a different quality of experience, at times of heavy traffic. Economic impacts of traffic congestion and noise for small 111-26 NO 111-27 PH

businesses and the already stressed NCD require consideration. As the pedestrian environment declines, customers from outlying neighborhoods can take their business elsewhere. 111-27 PH

Automobile noise and air pollution will multiply when cars are trapped in congestion, or circulate in residential areas 111-28 TR

6. Impact on service availability, public safety.

Supporters of the current proposal argued prompt medical intervention for birthing and emergency conditions as justification for locating a campus in the Van Ness Corridor. In view of congestion impacts described above, public safety could be the best reason to decentralize emergency and critical care units. 111-29 TR

Transportation impediments between the Cathedral Hill campus and the city's southern sector include long Muni trips, traffic delays and meltdowns like an experience described above, which would equally affect patients (or the all important doctors) heading for Cathedral Hill from Marin.

In the event of a disaster, it threatens public safety to concentrate medical services on the north side of the city. After the 1906 earthquake, people resorted to traversing the city on foot. CPMC proposes to build seismically safe hospitals that much of the population may be unable to reach. 111-30 HC

7. Pedestrian tunnel

The proposal conflicts with the long-range VNAP goal for a subway to reduce traffic conflicts and transit delays. The CPMC plan would divide the right-of-way and could pose conflicts for subway entries near the Van Ness/Geary intersection. 111-31 TR

MTA's current proposal for "Bus Rapid Transit," is a cheaper, less effective alternative. The VNAP is still the planning document that identifies long-range goals for the corridor.

The BRT alternative, still in the planning stage, is dismissed by some transportation planners, and observers of traffic conditions in the corridor. BRT cannot fix street networks paralyzed by congestion. A subway could avoid notorious problems transit riders face on Van Ness. 111-32 TR

A pedestrian tunnel would affect a published goal for resolving conflicts affecting Highway 101, traffic in densely populated central city neighborhoods, heavily travelled arteries, Muni and Golden Gate Transit. CPMC's plan cannot be allowed to prejudice the outcome, when a published long-range goal was deferred for funding consideration.

Tunnels for Muni Metro and BART make a subway now considered for Stockton Street expensive to build and less practical for users because a deep route is required to avoid underground structures. The same impediment to a VNAP goal is posed by a pedestrian tunnel. 111-33 TR

Letter 112

=== COVER PAGE ===

TO: _____

FROM: BAY AREA AIR QUALITY

FAX: 4159288560

TEL: 4159288560

COMMENT:

Letter 112

BAY AREA AIR QUALITY MANAGEMENT DISTRICT SINCE 1955

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Jack P. Broadbent
EXECUTIVE OFFICER/APCO

October 19, 2010

Bill Wycko
Environmental Review Officer
San Francisco Planning Department
1650 Mission Street, Suite 400
San Francisco, CA 94103

Subject: California Pacific Medical Center (CPMC) Long Range Development Plan Draft Environmental Impact Report

Dear Mr. Wycko:

Bay Area Air Quality Management District (District) staff reviewed your agency's Draft Environmental Impact Report (DEIR) for the California Pacific Medical Center (CPMC) Long Range Development Plan (Project). The proposed Project is the multi-phased strategy to meet State seismic safety requirements for hospitals (SB1953) and create a 20-year plan for CPMC's four existing medical campuses and a proposed new medical campus at Van Ness Avenue and Geary Boulevard. Major Project components include:

- At the Cathedral Hill Campus site (Van Ness Avenue and Geary Boulevard): Demolition of the existing Cathedral Hill Hotel and 1255 Post Street Office Building, construction of the proposed Cathedral Hill Hospital, a medical office building (MOB) and an underground pedestrian tunnel connecting the two, and renovation of an existing MOB.

- At the Pacific Campus (Sacramento and Buchanan Streets): Construction of a new building and parking structure, and renovation of other existing buildings.

- At the Davies Campus (Castro and 14th Streets) and St. Luke's Campus (Cesar Chavez and Valencia Street): Demolition of existing structures at each campus, and construction of medical facilities, a MOB and parking improvements.

112-1 AQ

District staff is concerned about the significant and unavoidable air quality impacts identified in the DEIR that are associated with Project construction and operation emissions. The San Francisco Bay Area region is currently in non-attainment for state and federal ozone standards and fine particulate matter (PM2.5) standards, and for state PM10 standards. The emissions associated with this Project need to be mitigated to the maximum extent feasible to ensure the Project does not adversely affect the region's ability to attain heath-based ambient air quality standards.

112-2 AQ

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Impact AQ-9

The DEIR states that construction activities would exceed BAAQMD 2010 CEQA thresholds for criteria pollutants and contribute to existing air quality violations. In response, the DEIR refers to Mitigation N-2, which states that CPMC would:

> Implement Accelerated Emission Control Device Installation on Construction Equipment…[and] CPMC shall *make reasonable efforts* to ensure that all construction equipment used at these campuses would use equipment that meets the EPA Tier 4 engine standards for PM and NOx control (or equivalent) throughout the entire duration of construction activities, to the extent that equipment meeting the EPA Tier 4 engine standards is available to the contractor at the time construction activities requiring the use of such equipment occur. (DEIR p. 4.7-36) (emphasis added)

112-3 AQ

Staff realizes that there is uncertainty about when specific types of equipment will be available with Tier 4 engines. Our understanding is that as of year 2011, Tier 4 Interim engines will be available for all off-road equipment, with the exception of equipment engines with 75 to 175 horsepower, and that by 2015, Tier 4 engines will be available for all off-road engines, regardless of horsepower.

District staff supports the objective of using the cleanest available construction equipment, and believes it should be a requirement. District staff recommends "make reasonable efforts" be stricken from the clause above and Mitigation N-2 be revised to require Tier 4 or equivalent equipment for all uses where such equipment is available.

Staff also recommends that diesel generators for construction activity be prohibited as a condition of Project approval. Where it is not possible to plug into the electric grid for construction purposes, the City should require use of solar powered generation, and only as a last resort, the City should require the cleanest diesel generators and control technology available. In addition, the City should require all on-road haul trucks utilized during construction be model year 2007 engines equipped with DPFs or newer engines.

112-4 AQ

Impact GH-3

District staff understands that the Project will comply with the City's measures to help reach climate projection goals, including the Transit First Policy, Sustainability Plan, Climate Action Plan and Green Building Ordinance. We also support CPMC's additional commitments to energy efficiency, reduced water consumption, green roofs, construction waste recycling, and reduction in use of steel building materials.

The Project's GHG's emissions are reported at 5.9 metric tons of CO2-e per service person per year (MTCO2e/SP/yr). This is above the threshold of 4.6 MTCO2e/SP/yr established by the BAAQMD's 2010 CEQA Guidelines and therefore the DEIR finds that Impact GH-3 is significant. District staff considers additional measures to be feasible and recommends that the following measures be required as a condition of Project approval:

112-5 GH

- Adjusting parking prices to further discourage vehicle trips to the Project.

- Providing an alternative-fueled shuttle service with the cleanest technology available for employees traveling between the campuses and transit centers.
- Adding on-site renewable energy sources, such as wind turbines or solar panels, and committing to powering a specific percentage of the Project with this renewable energy source.
- Meeting LEED for Heathcare green building standards.
- Instead of increasing energy efficiency 14% beyond Title 24 as stated in the DEIR, committing to a percentage reduction greater that 14% beyond Title 24.
- Electrifying loading docks and prohibiting idling of all trucks.

112-5 GH

In addition to the specific measures above, the City could establish an offsite mitigation program to fund emission reductions projects if on-site construction and/or operation emission reductions cannot lower emissions to the less-than-significant level.

District staff is available to assist the City in addressing these comments. If you have any questions, please contact Alison Kirk, Senior Environmental Planner, at (415) 749-5169.

Sincerely,

Jean Roggenkamp
Deputy Air Pollution Control Officer

cc: BAAQMD Director Chris Daly
BAAQMD Director Eric Mar
BAAQMD Director Gavin Newsom

Letter 113

Devyani Jain/CTYPLN/SFGOV
10/26/2010 01:22 PM

To Chelsea Fordham/CTYPLN/SFGOV@SFGOV
cc
bcc
Subject Fw: CPMC draft EIR Comments

DEVYANI JAIN, *Senior Planner*
Major Environmental Analysis

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P: 415.575.9051 | F: 415.558.6409

----- Forwarded by Devyani Jain/CTYPLN/SFGOV on 10/26/2010 01:22 PM -----

Bill Wycko/CTYPLN/SFGOV
10/20/2010 04:11 PM

To Devyani Jain/CTYPLN/SFGOV@SFGOV
cc
Subject Fw: CPMC draft EIR Comments

----- Forwarded by Bill Wycko/CTYPLN/SFGOV on 10/20/2010 04:11 PM -----

"Ron Case" <ron@CaseAbst-Architects.com>
10/19/2010 03:44 PM

To <bill.wycko@sfgov.org>
cc <rm@well.com>, <wordweaver21@aol.com>, <bill.lee@flysfo.com>, <hs.commish@yahoo.com>, <c_olague@yahoo.com>, <plangsf@gmail.com>, <mooreurban@speakeasy.net>, "David Chiu" <david.chiu@sfgov.org>, <ross.markarimi@sfgov.org>, <michela.alioto-pier@sfgov.org>, <chris.daly@sfgov.org>, <john.avalos@sfgov.org>, <carmen.chu@sfgov.org>, <eric.l.mar@sfgov.org>, <sean.elsbernd@sfgov.org>, <david.campos@sfgov.org>, <bevan.duffy@sfgov.org>, <sophie.maxwell@sfgov.org>, "chris schulman" <chris.schulman@gmail.com>, "Steven Black" <lushlounge@yahoo.com>
Subject CPMC draft EIR Comments

Mr. Bill Wycko,

Attached are Lower Polk Neighbors [LPN], a neighborhood association, comments and supporting data regarding the proposed California Pacific Medical Center at Van Ness and Geary Streets. The comments address how this proposed project will affect our neighborhood.

Thank you,

Ron Case

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San Francisco, CA 94109
tel: 415 351 3900
www.CaseAbst-Architects.com


CPMC Draft EIR LPN Comments [10.18.10].doc


Map #1001.pdf


Health issues #2001.pdf


Health issues #3 Sound Ratings001.pdf


Health issues #1001.pdf


Open Space_CPMC_Polk Street_DEIR_comments.doc

Letter 113

LOWER POLK NEIGHBORS

Comments regarding the proposed new CPMC hospital and Medical Office Building (MOB) that are to be located on Van Ness Avenue (together referred to as the Cathedral Hill Campus)

Planning Department Case # 2005.0555E
State Clearinghouse # 2006062157

Lower Polk Neighbors

The proposed Cathedral Hill Campus will be built and operated within the boundaries of Lower Polk Neighbors (LPN). LPN is a registered nonprofit community organization that was established in 2002. LPN's defined boundaries are both sides of California Street on the North, Van Ness Avenue on the West, Ellis Street on the South, and only the West side of Hyde Street on the East. (see enclosed map)

The following are comments and what we feel are acceptable mitigation measures that we, as a neighborhood organization of residents and merchants, desire to achieve in partnership with California Pacific Medical Center (CPMC), to mutually benefit our shared community. 113-1 OTH

All comments are directed at the environmental (and economic) impacts as mentioned in the draft Environmental Impact Report, published July 21, 2010. The comments listed below are related to the following draft E.I.R. impacts (most with "Significant and Unavoidable impact (SU)" listing and others, which we feel are mis-designated, as "Less than Significant Impact (LTS)" listing).

4.1 Land Use and Planning
- Impact LU-1 thru 3

4.2 Aesthetics
- Impact AE-1 thru 4

4.5 Transportation and Circulation
- Impact TR -1 thru 2
- Impact TR- 3 thru 7
- Impact TR-9 thru 17
- Impact TR-27 thru 31
- Impact TR-34 thru 35
- Impact TR-36 thru 45
- Impact TR-49 thru 51
- Impact TR-55 thru 57
- Impact TR-100 thru 103
- Impact TR-107 thru 109
- Impact TR-112 thru 118
- Impact TR-120 thru 124
- Impact TR-133 thru 147
- Impact TR-152

4.6 Noise
Impact NO-1 thru 5

4.7 Air Quality
Impact AQ-1 thru 14

4.9 Wind and Shadow
Impact WS-1 thru 2

113-1 OTH

4.12 Utilities and Service Systems
Impact UT-1 thru 4
Impact UT-6

4.15 Hydrology and Water Quality
Impact HY-3

4.16 Hazards and Hazardous Materials
Impact HZ-1

I. Comments directed at the <u>construction affects</u> to our Neighborhood and Community:

A. In the immediate area of the Cathedral Hill Campus (within a few surrounding blocks) we are concerned about the following –
   1. The loss of the use of operable windows due to construction dust. (health issue)
   2. The loss of the use of operable windows due to construction noise. (health and work issue)
   3. The loss of the use of operable windows due to the need to keep out vastly increased exhaust fumes from cars and trucks on Geary, Van Ness, Cedar, Polk, and Post Streets. (health and work issue)
   4. The loss of the use of operable windows to prevent heat gain and to provide adequate ventilation to the residents and businesses in general due to the need to close windows due to vastly increased noise and dust and exhaust fumes from cars and trucks on Geary, Van Ness, Cedar, Polk, and Post Streets. (health and work issue)
   5. The loss of natural light due to the amount of construction dust on windows. (health issue)
   6. The loss of natural light due to MOB height. (health issue)

113-2 AQ

113-3 AQ

B. The construction noise will penetrate living and work areas, making it hard to concentrate, talk, and sleep and to conduct business. In other words, difficult to perform normal daily functions. (health issue, see attached noise report and noise article)

113-4 NO

C. Our access to and from our living, work, and parking areas will be limited due to construction material, deliveries, trucks, etc. (work and living issue)

113-5 TR

D. For Geary, Cedar, Polk, and Post Street residents and businesses, with the daily construction activities and equipment having to pass our living units and businesses constantly we will be subject to greatly increased and new sources of loud noises, traffic congestion, vehicle emissions, debris and dirt. (work, living, and health issue)

113-6 AQ

E. With construction trucks and equipment moving throughout our area we will be subject to construction equipment noise and debris throughout our neighborhood. (health and work issue) 113-7 AQ

F. Even with shuttles being available for construction workers, they will need to drop off their equipment and tools at the site. This additional traffic noise, vehicle exhaust, and dirt will be a burden placed on our residences and businesses. (health and work issue) 113-8 AQ

G. LPN is concerned that as construction progresses the streets and alleys will become some what torn up causing wear and tear to our own vehicles. (work and living issue) 113-9 TR

H. LPN is concerned with day and night security, not only within the construction site but in the adjacent and radiating neighborhood. We need 24-hour security to prevent graffiti, vandalism, homeless encampments, and garbage dumping by citizens from outside the neighborhood. (work and living issue) 113-10 OTH

II. Comments directed at the <u>long term affects</u> to our Neighborhood and Community (Once Hospital and MOB are occupied):

A. For Post, Polk, and Cedar Street residents and businesses, with new two-way Cedar Street entry and exit lanes to access the MOB parking entry on Cedar Street, we will experience long waits and traffic congestion to get in and out of our own garages. Our garages are used throughout the day and evening. If the MOB parking is open in the evenings we will experience this problem continually. 113-11 TR

B. Again for Post, Polk, and Cedar Street residents and businesses, if the MOB parking is open in the early morning and evening we will be forced to endure noise throughout the entire day. If the evening use is allowed we will be forced to endure added noise of people coming and going to their cars, plus the car noises and emissions. 113-12 NO

C. With the MOB deliveries shown to be next to the parking entry this will be an additional traffic, noise and exhaust issue. 113-13 NO

D. Medical, hazardous, green, recycled, and normal garbage pickup from the MOB will be accessed from Cedar Street. This will involved garbage truck reverse-gear 'beeping' noise when ever garbage trucks back out from the MOB (there is no interior turn around space for garbage trucks). This is going to play havoc on residents and businesses having to listen to these hugely increased and irritating sounds, especially when residents are at home and are sleeping. No statistics are available as to how many garbage pick ups and reverse beeping will happen per hour, per daytime, per nighttime, per week. 113-14 NO

E. As with all hospital campuses, there will be cars circling the neighborhood waiting to pick up, drop off, and/or looking for parking. A major part of the neighborhood circling will be down our streets. Again, a major health and noise issue. 113-15 NO

E. The ten-story building height of the MOB will greatly reduce the natural light to some of our buildings, thus negatively affecting our work and living environments. 113-16 WS

F. Because we will be in a heavily-visited hospital zone, parking for our residents and businesses will be very difficult to come by which will deter potential customers from coming to our area, especially for 'pick up' items. (an economic and livelihood issue) 113-17 TR

G. We are concerned about the continuing health issues surrounding hospitals and medical facilities. We are concerned that the emissions and discharges from biohazards, ventilation of sterilization equipment and surgical by-products from laser use, and general ventilation of a hospital itself and medical building will create a health hazard. Small amounts of toxins and hazardous materials over a long period can cause major health issues. 113-18 AQ

Health studies of the neighborhood surrounding UCSF has shown that there is a larger percentage of health-related issues than outlying neighborhoods. Then there is the issue of hospital patients contracting infections and diseases while in the hospital. Some of this must carry outside the medical facility to the surrounding neighborhood. 113-19 AQ

End of comments

Acceptable Mitigation Measures:

1. **Health and Security**
   A. Sponsor a pilot project for behavioral and technical methods for reducing emergency vehicle (fire and ambulance) siren noise. (see enclosed noise report and health article) 113-20 NO
   In addition, help create a "siren free" zone. This "free" zone establishes a 4 block radius around the hospital where emergency vehicles can not use sirens.
   B. Provide 24 hour/7 days a week security around the entire blocks of the hospital and MOB. 113-21 PD
   C. Establish a fund to help replace residents' windows with acoustical windows, for units with windows on O'Farrell, Alice B. Toklas/Myrtle, Geary, Cedar, Post, Hemlock, Sutter, Fern, and Pine Streets (on blocks extending from Van Ness to Larkin Street) 113-22 NO
   D. Because of extensive senior housing in the neighborhood, convert the existing shelter (Next Door) into a senior health, fitness, and social center, with health and exercise classes, a senior fitness center, and on-going classes, etc. 113-23 OTH

2. **Neighborhood Vitality** (and Traffic Calming)
   A. Fund the Lower Polk Neighbors (LPN) attempt to pass a neighborhood CBD. (Include funds for an employee(s) to prepare, coordinate, and submit necessary documents.) 113-24 OTH
   B. Become an active and participating member of Lower Polk Neighbors (LPN)



C. Establish an on-going partnership with LPN with monthly meeting to monitor impacts and issues that arise (with reports going to the Board of Supervisors and appropriate city agencies) — 113-24 OTH
D. Sponsor four Neighborhood events with LPN, such as farmers markets, alley closings for neighborhood block parties, etc.
E. Establish a fund to help upgrade storefronts along Polk Street.
F. Along with Cedar Street, fund alley enhancements for Hemlock, Alice B. Toklas/Myrtle, and Fern Streets (from Van Ness to Larkin Street). Enhances to include stamped concrete paving (in lieu of current asphalt), bollards, trees (landscaping), play equipment where these can be located, better lighting, and murals. — 113-25 TR
G. Fund enhancement streetscape along Polk Street. Enhancements to include additional trees (in planters where under-sidewalk vaults prohibit in-ground planting) and decorative plants, seasonal decorations, banners, seating and lighting. (Funds to include maintenance and replacement when necessary.) — 113-26 OTH
H. Help fund an additional parking garage within the neighborhood (or within a few blocks from the LPN boundaries, but at least 4 blocks away from the hospital and MOB.) — 113-27 TR

3. Open Space/Environment

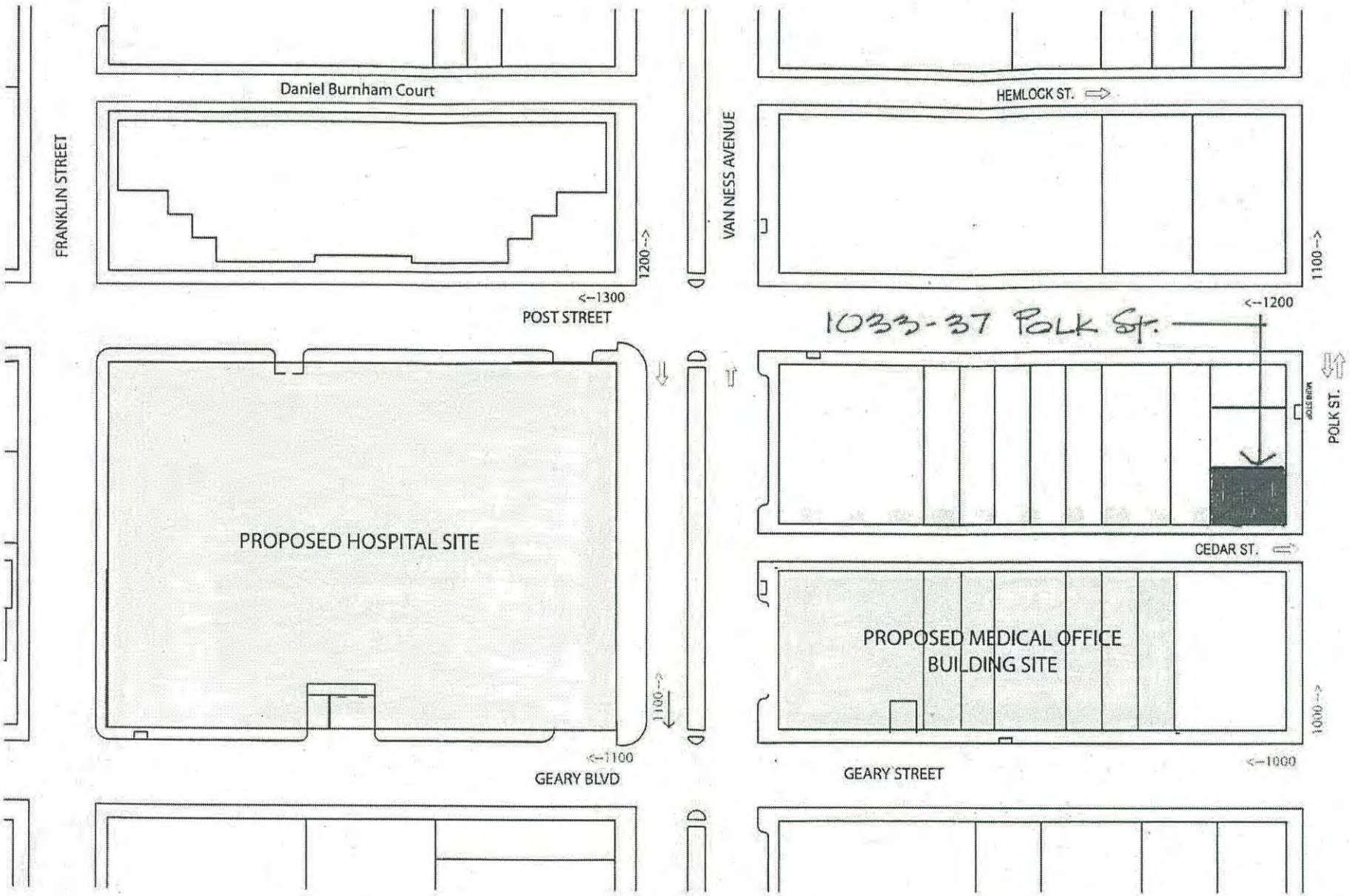
A. Establish an open-space park along Polk Street that would be privately owned by CPMC with 24 hour security and monitoring. Park to have ample landscaping (with seating) and attended toilet facilities. (Currently the best location seems to be on the Southwest corner of Polk and Geary Street. If this location is not feasible for purchase then another location of similar size.) — 113-28 REC
B. Fund the design and construction of two parklets (mini-parks) per block along Polk Street. Parklets are to be along the existing sidewalk and take up two existing street parking spaces. (See attached "Approach" as established by Rebar) — 113-29 RE
C. Reduce the east side bus zone on Polk Street between Post and Geary to be the same size as the west side. Use the captured space for a parklet.

4. Housing

A. Help finance design and construction upgrades to existing neighborhood SRO (Single Room Occupancy) buildings. — 113-30 OTH
B. Help finance relocation of the existing shelter (Next Door) to a more suitable and humane building with more helpful amenities such as outdoor seating areas, open courts and less crowding (less warehousing) of clients. — 113-31 OTH
C. Help finance (design and construction) of senior housing. (Location potential: abandoned site of St. John's Church at Clay and Larkin Streets and similar sites. — 113-32 OTH

Attachment to Letter 113

PROPOSED VAN NESS/GEARY CAMPUS SITE



Attachment to Letter 113

Lower Polk Neighborhood Traffic Noise Study

Study Report
July 6, 2010

Overview

During the 2009-2010 academic year, a UCSF School of Nursing student measured street noise levels in the Lower Polk neighborhood of San Francisco. The project was undertaken as part of an academic externship with Tom Rivard, Manager of the Health Hazard Assessment Group at the San Francisco Department of Public Health.

Methods

Sample: Twenty-four hour noise levels were measured at 5 locations (4 residential and 1 office) in the Lower Polk neighborhood. The sample was a convenience sample of residents who volunteered to host the recording equipment. Residents were recruited at the December 2009 meeting of the Lower Polk Neighbors, and through word of mouth.
Noise recording: Noise levels were measured using a calibrated noise dosimeter. The microphone of the dosimeter was suspended outside of a window opening of each residence, at the busiest availabe edge of the building. An audio recorder took a concurrent recording. The dosimeter measured the noise levels in 15-second average increments, while the audio recorder made a continuous recording that allowed the researchers to identify the sources of noise events.
Interviews: The five participants responded to structured interview questions regarding household demographics and experiences of traffic noise at their residences.
Research approval: Permission for the project was granted by the UCSF Committee on Human Research in February 2010. Consent was obtained from all participants.

Results

The dosimeter provided average 24-hour noise levels as well as average 15-second increment noise levels. The researcher used the audio tape to identify sources of noise for each 15-second increment that was 75 decibels or louder. (The researcher did not identify sources of noise 74.9 decibels or less.)

Location 1

Where: Outside of a 3rd story bedroom window on Polk Street between Bush & Pine.

When:	Saturday 3/6/10 to Sunday 3/7/10
Average 24-hr noise level (Leq):	**70.2 decibels**
Loudest 15-second increment:	97.2 dB at 1:51am, caused by an emergency vehicle (EV).
Total time > 75 decibels:	24 minutes
Source of noise > 75 decibels:	15 minutes by trucks, motorcycles, cars, other 9 minutes by EVs
Avg level of non-EV noise events:	77 decibels
Avg level of EV noise events:	86 decibels
Number of EV events:	18
Number of night EV events*:	7

Location 2

Where: Outside of a 2nd story living room window on Polk Street between Geary & Post.

When:	Saturday 4/16/10 to Sunday 4/17/10
Average 24-hr noise level (Leq):	**76.7 decibels**
Loudest 15-second increment:	106.0 dB at 4:09 am, caused by an EV.
Total time > 75 decibels:	128 minutes
Source of noise > 75 decibels:	103 minutes by trucks, motorcycles, cars, other. 25 minutes by EVs.
Avg level of non-EV noise events:	77.2 decibels
Avg level of EV noise events:	83.5 decibels
Number of EV events:	44 (included 5 EV events >100dB)
Number of night EV events*:	7

Location 3

Where: Outside of a 4th story window, recessed from Hyde Street, between California & Sacramento.

When:	Friday 4/30/10 to Saturday 5/1/10
Average 24-hr noise level (Leq):	**61.0 decibels**
Loudest 15-second increment:	84.0 dB at 8:01 pm, caused by an EV.
Total time > 75 decibels:	3 minutes
Source of noise > 75 decibels:	2.5 minutes by trucks, motorcycles, cars, other. 0.5 minutes by EVs.
Avg level of non-EV noise events:	78 decibels
Avg level of EV noise events:	79 decibels
Number of EV events:	4
Number of night EV events*:	0

Location 4

Where: Outside of a 3rd story bedroom window on Sutter Street between Polk & Larkin.

When:	Saturday 5/8/10 to Sunday 5/9/10
Average 24-hr noise level (Leq):	**70.0 decibels**
Loudest 15-second increment:	96.7 dB at 5:52 pm, caused by an EV.
Total time > 75 decibels:	40 minutes
Source of noise > 75 decibels:	34 minutes by trucks, motorcycles, cars, other. 6 minutes by EVs.
Avg level of non-EV noise events:	77.7 decibels
Avg level of EV noise events:	81.3 decibels
Number of EV events:	18
Number of night EV events*:	6

Location 5

Where: Outside of a 1st story office window on Post Street between Polk & Larkin.	
When:	Tuesday 5/11/10 to Wednesday 5/12/10
Average 24-hr noise level (Leq):	**71.1 decibels**
Loudest 15-second increment:	96.0 dB at 5:21 pm, caused by an EV.
Total time > 75 decibels:	48 minutes
Source of noise > 75 decibels:	34 minutes by trucks, motorcycles, cars, other.
	14 minutes by EVs.
Avg level of non-EV noise events:	77.8 decibels
Avg level of EV noise events:	84.0 decibels
Number of EV events:	34
Number of night EV events*:	13

* 11:00 pm to 7:00 am.

Interview Results

Below is a sample of responses from a structured interview with the resident of each noise monitoring location.

- Do you ever keep your windows closed on hot nights due to noise?
  Yes: 3 of 5 No: 2 of 5.
- How often (if ever) is your sleep disturbed by noise?
  Every night: 1 of 5
  2-3x/week: 2 of 5
  Weekly: 1 of 5
  N/A (business): 1 of 5.
- How does noise rank in comparison to other concerns you have about your neighborhood.
  Top concern: 1 of 5
  3rd or 4th: 4 of 5

- "I think that on a long term basis, (the road noise) isn't good. It makes you more agitated and more anxious."
- "I feel really defeated about the noise problem... It creates excruciatingly high levels of physical stress."

Discussion

While most community noise data is based on computerized noise models, this data provides empirically obtained data. This study provides exterior noise level data for four residential and one commercial locations in the Lower Polk neighborhood. The 24 hour noise levels varied widely, from 61.0 dB at the quietest location to 76.7 dB at the loudest location. Three of the locations (1, 4, and 5) had average levels between 70.0 and 71.1 decibels. This suggests that many residences with windows on main streets in the Lower Polk experience average levels around 70 dB of noise daily. Noise levels at the loudest location (76.7dB) were likely influenced by proximity to two major streets, the fire station, and a homeless shelter. Noise

levels at the quietest location (61.0dB), on the other hand, were likely influenced by the recession of the window from the street and the height of the window at the 4th story.

According to the World Health Organization, exposure to average environmental noise levels greater than 55 decibels causes annoyance, and long term exposure to levels greater than 65 decibels may have cardiovascular effects (WHO 1999). The WHO recommends levels of 45 decibels or less at night to ensure good sleep (WHO 2009). Four of the five locations measured exceeded these levels.

In all of the locations, the majority of loud moments were caused by trucks, motorcycles, and cars driving by. However, the peak noise moments were caused by emergency vehicles.

Limitations of the research

The audio tape enabled the researcher to identify general categories of noise sources, such as cars and trucks driving by; car alarms; people yelling; and emergency vehicle sirens. She did not break these categories into more specific sources, such as a truck engine versus a motorcyle engine, or an ambulance's siren versus a fire truck's siren. Additional research using video would be necessary to identify sources with more specificity.

The sample was a convenience sample, and was not random. There is likely selection bias present in the sample, as those that volunteered are those who were concerned about noise levels. However, these locations were likely representative of other housing units with windows facing major streets in this area.

Furthermore, the research does not account for the temporal factors that may influence noise levels, such as the weather, the day of the week, or the time of the month. For example, some residents anecdotally noted that they notice more noise at the beginning of the month, while others noted that foggy nights tend to be quieter.

The samples were measured at the exterior of windows. Well-insulated windows and walls can dramatically decrease interior noise levels. However, most of the housing stock is not well insulated, and in San Francisco's temperate climate, leaving windows open is sometimes necessary and desirable for climate control. Therefore, exterior noise levels are important indicators of interior levels.

About the researchers

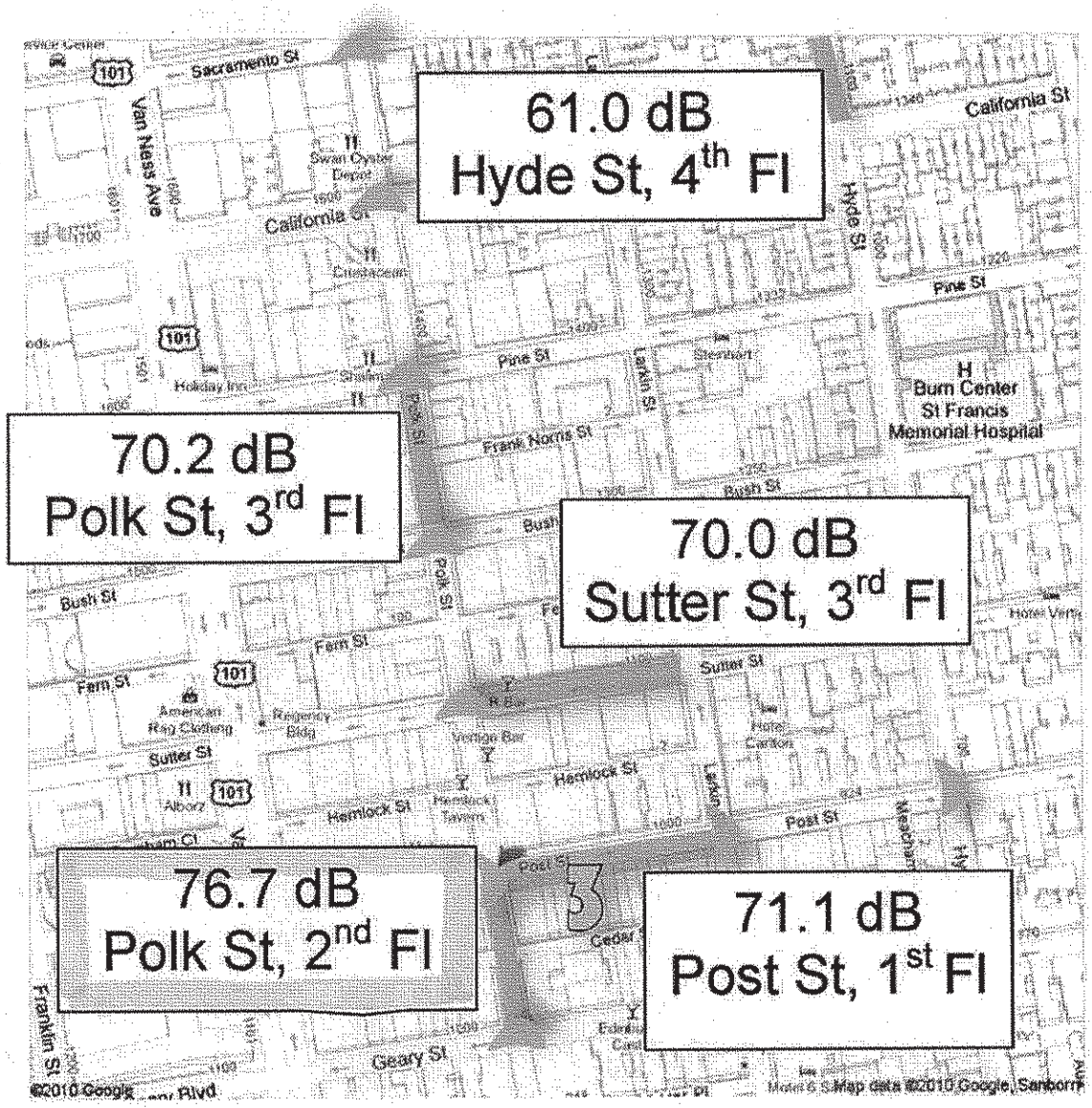
This study was undertaken to measure noise levels from residential locations and to identify sources of noise to the extent possible. The research was undertaken by Elisabeth Goldstein, RN, an MS student at the UCSF School of Nursing, Department of Occupational and Environmental Health. Her preceptor for this research was Tom Rivard, Manager of the Health Hazard Assessment Group at the San Francisco Department of Public Health, who also provided the noise dosimeter. The Principal Investigator was Dana Drew-Nord, faculty member at the UCSF School of Nursing.

References

World Health Organization. (1999). *Guidelines for Community Noise*. Berglund, B., Lindvall, T., & Schwela, D, (Eds). Retrieved from http://www.who.int/docstore/peh/noise/guidelines2.html

World Health Organization Regional Office for Europe. (2009). *Night Noise Guidelines for Europe*. Hurtley, C. (Ed.) Retrieved from www.euro.who.int/document/e92845.pdf.

Figure 1: Map of Monitored Locations and 24-hour Average Noise Levels



Attachment to Letter 113

What is a decibel, and how is it measured?

Browse the article What is a decibel, and how is it measured?

What is a decibel?

Up Next

- How Surround Sound Works
- How Speakers Work
- Discovery.com: Hearing

The **decibel** (abbreviated **dB**) is the unit used to measure the intensity of a sound. The decibel scale is a little odd because the human ear is incredibly sensitive. Your ears can hear everything from your fingertip brushing lightly over your skin to a loud jet engine. In terms of power, the sound of the jet engine is about 1,000,000,000,000 times more powerful than the smallest audible sound. That's a big difference!

On the **decibel scale**, the smallest audible sound (near total silence) is 0 dB. A sound 10 times more powerful is 10 dB. A sound 100 times more powerful than near total silence is 20 dB. A sound 1,000 times more powerful than near total silence is 30 dB. Here are some common sounds and their decibel ratings:

- Near total silence - 0 dB
- A whisper - 15 dB
- Normal conversation - 60 dB
- A lawnmower - 90 dB
- A car horn - 110 dB
- A rock concert or a jet engine - 120 dB
- A gunshot or firecracker - 140 dB

You know from your own experience that distance affects the intensity of sound -- if you are far away, the power is greatly diminished. All of the ratings above are taken while standing near the sound.

Any sound above 85 dB can cause **hearing loss**, and the loss is related both to the power of the sound as well as the length of exposure. You know that you are listening to an 85-dB sound if you have to raise your voice to be heard by somebody else. Eight hours of 90-dB sound can cause damage to your ears; any exposure to 140-dB sound causes immediate damage (and causes actual pain). See this page for an exposure "ruler."

Attachment to Letter 113

HEALTH SPOTLIGHT

Mother nature's stealthiest brain boosters

THE YOU DOCS

Mehmet Oz, M.D., and Michael Roizen, M.D.

For a razor-sharp brain, less may be more. Yup, flexing your gray matter daily — with a class in conversational Esperanto or after-dinner Sudoku tournaments — may help you reach 81 with a brain like an 18-year-old's (but without so many of those thoughts). But to keep your memory young, your neurons also crave a few deceptively simple "growth factors" that need to be more common than ivory-billed woodpeckers.

One of these factors happens when you do something deceptively simple: unplug. Researchers speculate that being constantly connected to digital devices deprives your brain of the downtime it needs to process information and consolidate memories. In lab studies, rats need breaks to form strong memories of new places they explore. You may, too. It's another reason to turn off your iPhone at dinner, leave your BlackBerry behind when you take a walk and disconnect from the Internet frequently on nights and weekends (except when you're checking out our latest tips on RealAge.com and DoctorOz.com, of course!).

Here's how to get four more stealthy brain boosters off the endangered species list and back into your life:

Less noise, more silence. Noise ages even 19-year-old brains. Loud noises during the night (planes, trucks, trains, the party next door) can disturb deep, restorative sleep enough to make your reaction times "old" in the morning.

Try running a white noise machine to muffle disruptive noises at night. Exposure to high-decibel sounds causes blood pressure and stress hormones to surge, and both can be major brain agers. If you work in a noisy environment (factories, construction), wear a protective headset (hey, they even look cool). Cover your ears if a loud noise erupts near you (jackhammer, siren, low-flying jet, vuvuzelas).

And when you've got to focus, turn off the radio and shut the door. Your brain's less able to screen out distracting sounds with age, making sharp thinking and recall more of a challenge if you're trying to balance the checkbook while listening to the ballgame.

Less artificial light, more natural light. Sun salutations aren't just for yoga class. When your prehistoric ancestors peeked out of their caves each morning to check for saber-toothed tigers, that first burst of natural light woke up the sweet spot deep in their brains — and yours — that's responsible for daytime alertness.

Greeting the day gets your brain in gear, boosting your ability to concentrate and turn out stellar work. The light bulb over your bathroom mirror can't do this. It takes intense blue light, a wavelength so far found only in Mother Nature's home-made morning light.

Scientists are working on artificial versions; there's early evidence that exposure to extremely bright blue-white light may reverse dementia and depression. For most, a few minutes of natural morning light may be all you need to feel bright-eyed and bushy-tailed.

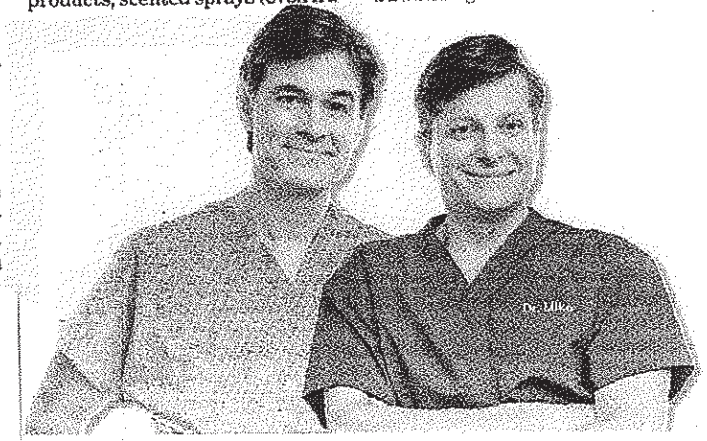
Less stuffy/smelly air, more fresh breaths. You spend 90 percent of your time indoors, where stale air causes mental fatigue and even some diseases. The cause? Anything from mold or mildew to substances released by fresh paint, new carpet, cleaning products and artificial smells — including, disturbingly, some air fresheners.

The fix? Choose scent-free products. Open your windows regularly, open vents on air conditioners, and ventilate well when using cleaning products, scented sprays (even fragrances), and of course when you're painting anything or replacing carpeting.

Less clutter, more wide-open spaces. Visual clutter slows down your brain. That's why clusters of road signs double the chances that you'll miss the one you're looking for, and why website and hospital designers aim for simplicity.

We instinctively look at something uncomplicated while wrestling with tricky problems (which is why you'd rather gaze at a blank wall than a Jackson Pollock painting when you're doing your taxes). Clearing up the clutter on your desk, bureau, files, shelves could do wonders for your bookkeeping, not to mention helping your brain stay closer to age 18.

The YOU Docs, Mehmet Oz and Mike Roizen, are authors of "YOU: On a Diet." Want more? See "The Dr. Oz Show" on TV. To submit questions, go to www.RealAge.com.



Letter 113

Rebar Comment on Cathedral Hill Campus Draft EIR on behalf of Lower Polk Street Neighborhood

Summary: Construction of the Cathedral Hill Campus ("CHC") of CPMC represents both a major transition for the Lower Polk Street Neighborhood, which lies immediately east, and a great opportunity for revitalizing and improving the public space network of the area. Given that the campus construction will cause a large disruption to neighborhood life over several years, and that several of the impacts identified in the Draft Environmental Impact Report cannot be mitigated, or will adversely affect pedestrians, cyclists and transit riders regardless of mitigation, the neighborhood requests that the following approach and measures be considered by CPMC as part of its construction plan. We recommend the following as an effective and innovative strategy for learning through interim, iterative design during the initial phase of construction, followed by long-term, permanent improvements to the neighborhood public space network, based on information gained during the interim phase.

1) Approach

a. Two-Phased Approach
We recommend a two-phased approach for implementing public space improvements in the Lower Polk Street area, consisting of "interim" and "long-term" improvements. These two phases should overlap in time, but generally begin immediately with interim improvements, which will be exploratory and temporary/reversible in nature and inform the design of long-term improvements, which will take place over several years during and following completion of the CHC project. Interim improvements should be made with the intent of evolving eventually into long-term, permanent improvements, if successful in the short-term.

b. Escrow account
An escrow account should be set up to fund the various streetscape projects which will take place over the short- and long-term. The escrow account would allow the improvements to stretch out over a longer period than is typically considered for capital projects, and possibly longer than the construction of the CHC itself.

113-33
TR

c. Interim improvements
"Interim improvements" can be implemented both during and immediately after the CHC construction project. They would be exploratory in nature, reversible, temporary and/or portable, and aim to physically test various approaches to streetscape improvements through a process of iterative design. Examples of interim improvements include San Francisco's *Pavement To Parks* program pilot projects, the *Market Street Trials* of bicycle, pedestrian and vehicle traffic control changes, and *Park(ing) Day*, which temporarily converts metered parking spaces to parks. Interim improvements would generally not permanently change infrastructure such as curbs, paving materials and utility lines, but rather use portable "add-on" designs that test the functionality of various streetscape designs without committing large amounts of funding.

d. Long-term improvements
"Long-term improvements" should be durable and permanent changes to the streetscape, potentially implicating changes to infrastructure such as curbs, utilities and paving surfaces. Their specific design and approach should be informed by explorations and the iterative design process in the interim improvement phase. They should also be consistent with the goals set out in applicable specific plans and, especially, the *Better Streets Plan*. Long-term

improvements would commit larger proportions of funding to new streetscape designs than interim improvements.

e. Scoping Committee
We recommend the formation of a committee to outline the scope of the streetscape improvement project, including the delineation of both the interim and long-term efforts. The group should include representatives of CPMC, the City of San Francisco, the neighborhood and design consultants.

113-33 TR

2) Neighborhood Impacts and Proposed Responses in the Lower Polk area.

a. Loss of significant vegetation
   i. Currently there are 81 trees on CHC site, 77 on hospital site, 4 on MOB site, including 53 street trees, 7 "significant trees" (4.13-2); all trees are proposed for removal at CHC campus (4.13-23). Although the CHC plan calls for the replacement of up to 99 trees, it will be many years before this vegetation attains the stature and benefits of the vegetation it replaces. Therefore, the neighborhood will be impacted by decades without the benefit of vegetation it once had.
   ii. Interim Phase
      1. Movable tree boxes
      2. "Green walls" on existing buildings
      3. Large portable planters for growing ornamental and/or edible plants.
   iii. Long-term Phase:
      1. Interim/reversible plantings will inform the location and design of long-term street trees and other plantings.
      2. Planting projects could include the redesign or removal of significant portions of paving and relate to stormwater projects.

113-34 BI

b. Increased noise
   i. The neighborhood will be impacted by increased noise both during the construction phase and, permanently, by the increased level of traffic and operations of the CHC. During construction, noise in the immediate vicinity would increase by 3 to 7 dB, up to 87 dB, and would exceed SF Noise Control Ordinance compliance levels at the 7 nearby sensitive sites (4.6-44). LRDP-related traffic noise would result in a noticeable (+3 dB or greater) increase in ambient traffic noise levels along Cedar Street (between Polk Street and Van Ness Avenue). This increase most likely would be perceivable to existing, nearby noise-sensitive receptors; noise may exceed 45dB in nearby residences if windows are open (4.6-58).
   ii. Interim Phase:
      1. Use of green walls to act as sound absorbers
      2. Use of portable, tree planters along Alleys to absorb ongoing construction noise
      3. Potential use of temporary water features to mask noise
   iii. Long-term Phase:
      1. Green walls and vertical gardens on hospital buildings and in park alley ways to absorb ongoing noises
      2. Use of permanent trees in Alleys and along Van Ness and Franklin to absorb ongoing hospital noise

113-35 NO

c. Increased vehicular traffic and congestion
   i. The proposed CHC project would add vehicles to the street network and riders to the Muni lines, adversely impacting bicyclists, pedestrians, and transit riders. The increased congestion and ridership would cause operational delays to Muni lines 49-Van Ness-Mission (a.m. and p.m. peak hours), 38/38L-Geary (a.m. and p.m. peak

113-36 TR

hours), and 19-Polk (p.m. peak hour), requiring additional vehicles to maintain proposed levels of service (4.5-117). Providing additional traffic lanes or otherwise increasing vehicular capacity at this intersection is not feasible because it would require narrowing of sidewalks to deficient widths, and/or demolition of adjacent buildings. Signal timing adjustments may improve intersection operations, but would likely be infeasible due to traffic, transit or pedestrian signal timing requirements (4.5-219). Pedestrians and bicyclists will experience a more crowded, dangerous and time-consuming transit experience in the Lower Polk area as the CHC project generates more vehicle trips which compete for space and time with other modes of transportation. Even with the proposed mitigation measures, transit riders will also experience "significant and unavoidable" impacts (4.5-124). Therefore we recommend that additional streetscape improvements addressing pedestrian, bicycle and transit rider comfort, convenience and safety are undertaken in the Lower Polk area to offset unavoidable degradations due to the CHC project.

ii. Interim Phase:
    1. Portable bike racks and bike corrals which can be transported around the neighborhood to test the most effective locations
    2. Widen sidewalks into the parking lane using portable sidewalk extensions similar to Pavement to Parks "parklet" trials
    3. Pedi-cab trials for local area
    4. Close alleys to vehicle traffic, create pedestrian zones (delivery traffic excepted, can be restricted to certain times of day)
    5. Test "Shared Street" conditions where sidewalks and street are combined; pedestrians are given priority in all areas of street but automobiles still have access
    6. Bollards to delineate increased pedestrian or transit rider zones.
    7. Raised pavement surface (flush curb) conditions
    8. Wider bike lanes
    9. Pedestrian lighting to create safer/comfortable conditions

iii. Long-term Phase:
    1. Replace street surfaces with special pavement that slows traffic
    2. Relocate curbs to increase sidewalk width, provide bulb-outs, midblock crossing, etc.
    3. Pursue other designs recommended in the Better Streets Plan

113-36 TR

d. Displacement of local retail businesses with medical-related businesses

i. The economic fabric of the Polk Street at Geary area is a mix of convenience stores, liquor stores, bars, porn shops, clubs, and restaurants. Interspersed are community centers such as the Bay Area Addiction Research and Treatment center and the San Francisco AIDS Foundation Needle Exchange program office. Geary Street near the CHC site is home to hotels, gyms, a theater, and restaurants, such as Mel's Diner. The introduction of the hospital has the potential to bring new businesses, particularly those which will serve a daytime professional population and the hospital industry. As new businesses arrive it is important that the local community benefit from the economic activity and continue to preserve small scale, local business.

ii. Interim Phase:
    1. Use of tented alley(s) to establish interim community centers:
        a. Medical clinic with temporary, planter box medicinal herb garden
        b. Soup kitchen
        c. Farmers Market
        d. Shelter gathering space or street game area

113-37 PH

e. Outdoor movie house
f. Mobile community garden
g. Afterschool programs
h. Pop-up retail pods in shipping containers or other portable architecture

iii. Long-term Phase:
1. Permanent medicinal herb garden
2. Community garden to grow produce for local community shelters
3. Permanent table and seating areas for outdoor eating; closure of alleys to serve as outdoor cafes lanes, similar to the ongoing practice in the Financial district

113-37 PH

e. No provision for open space in CHC plan
i. The majority of San Francisco's parkland is located within the western half of the city. San Francisco's eastern neighborhoods are considered parkland deficient compared to areas that are closer to the Pacific Ocean. The Eastern Neighborhoods Rezoning and Area Plans Environmental Impact Report indicates that it is possible to improve the parkland-to-population ratio in the eastern portions of San Francisco—or to maintain the current ratio despite projected population increases—by creating nontraditional open space, passing regulatory amendments to govern new development, issuing ecological standards for design of public and private open space, and creating an open space network (4.10-4). The National Park and Recreation Association (NPRA) formerly required 10 acres of open space per 1,000 city residents. However, the NPRA no longer recommends a single absolute "average" park acreage per population, in recognition of the fact it is more relevant for each area plan and its program facilities to be based on community need. More important than acreage is accessibility (location and walking distance) and whether the facility provides needed services to the population in question (4.10-2). The CHC project is a significant redevelopment of the Lower Polk Street area but does not provide new public recreation opportunities within its boundaries. Other uses of this site could have potentially offered such opportunities. Therefore we propose that non-traditional recreation spaces are provided in the surrounding neighborhood instead. The east-west alleyways and some areas of Polk Street are prime opportunities for such spaces.

113-38 RE

ii. Interim Phase:
1. Parklets – site-specific parklets and installations can be designed to introduce park and recreational features
a. Mobile playgrounds
b. Flexible seating options in the alleys and along Polk Street
c. Public bicycle repair station
2. Programming in public space:
a. Mural painting programs in the alleys, and along Polk Street
b. Local community garden programs
c. Rotating public art schedule
3. Redesign of alleys (see site-specific proposals)

iii. Long-Term Phase:
1. Redesign of alleys (see site-specific proposals)

3) Site-specific proposals

a. Polk Street

113-39 TR

i. Sidewalk extensions - The sidewalks along Polk are narrow for a Neighborhood Commercial street and do not provide adequate space for a comfortable throughway zone between the frontage zone and the edge zone. The Better Streets Plan sets a sidewalk width recommendation of fifteen feet for Neighborhood Commercial streets. In addition, use of the following sidewalk improvements from the Better Streets Plan would increase the quality of pedestrian life on Polk:
    1. Interim Phase:
        a. Parklet and Walklet installations to explore how an expanded throughway zone affects pedestrian traffic and life on Polk Street
    2. Long-term Phase:
        a. Curb corner extensions at Polk/Geary; Polk/Post; Polk/Sutter; Polk/Bush
        b. Transit bulb outs
        c. Extended and/or midblock bulb outs with landscape design and public seating

ii. Landscaping - Polk Street at Geary has a low tree density. What trees are there lack the height, foliage, and beauty that make great streets. Polk is located in the Bay climate zone and can therefore accommodate trees up to 50 feet tall.
    1. Interim Phase: installation of moveable planter boxes and Parklets with shrubbery, flowers, and small trees
    2. Long-term Phase:
        a. Propagation of large shade-giving trees
            i. Stormwater treatment landscaping

iii. Bicycle infrastructure
    1. Interim Phase:
        a. Portable bike racks and corrals
        b. Public Pump on Polk (PPonP) to serve bicycle commuters using bicycle Route 16
        c. Public bicycle repair station
    2. Long-term Phase:
        a. Permanent bike racks, corrals based on success of portable versions
        b. Trash receptacles – Polk Street is lacking in trash receptacles between Geary Street and Sutter, even though the Better Streets Plan calls for a receptacle every 200 feet in commercial zones
        c. Pedestrian-scale street lights

b. Geary Street
    i. Interim Phase:
        1. Parklets and pocket parks
        2. Planter boxes
    ii. Long-term Phase:
        1. Pedestrian-scale lighting
        2. Stormwater treatment landscaping

c. O'Farrell Street
    i. Interim Phase:
        1. Parklets and pocket parks
        2. Planter boxes
    ii. Long-term Phase:
        1. Pedestrian-scale lighting
        2. Stormwater treatment landscaping

d. Post Street

113-39 TR

i. Interim Phase:
    1. Parklets and pocket parks
    2. Planter boxes
ii. Long-term Phase:
    1. Pedestrian-scale lighting
    2. Stormwater treatment landscaping

e. Sutter Street
    i. Interim Phase:
        1. Parklets and pocket parks
        2. Planter boxes
    ii. Long-term Phase:
        1. Pedestrian-scale lighting
        2. Stormwater treatment landscaping

f. Bush Street
    i. Interim Phase:
        1. Parklets and pocket parks
        2. Planter boxes
    ii. Long-term Phase:
        1. Pedestrian-scale lighting
        2. Stormwater treatment landscaping

g. California Street
    i. Interim Phase:
        1. Parklets and pocket parks
        2. Planter boxes
    ii. Long-term Phase:
        1. Pedestrian-scale lighting
        2. Stormwater treatment landscaping

113-39 TR

h. Alleyways – the Alleyways in general should receive treatment according to the Better Streets Plan recommendations for Alleys, which would convert them into shared public ways with low traffic speeds, and limited parking, if they are not converted to pedestrian-only walkways.
    1. Interim Phase:
        a. Tented multi-purpose community "center" and market area.
        b. Temporary/movable parking lane planters with ornamental and edible plant elements including flowers which attract birds, butterflies, and honeybees.
        c. Parklets.
        d. High density bicycle parking racks.
        e. Flexible seating.
        f. Bird, pollinator and bat nesting installations.
        g. Large mobile planters that can be moved with trucks, providing lawn or ornamental garden areas.
        h. Potentially portable food garden containers, given appropriate sunlight, protection and security.
        i. Pop-up retail providing amenities to attract users to alleys, including coffee, lunch food, etc.
    2. Long-term Phase:
        a. Trees and green sidewalks.
        b. Curb corner bulb outs at intersections with Geary and Polk Streets.
        c. More lighting and more pedestrian-scale lighting.
        d. Pollinating animal gardens, edible landscaping including fruit trees.

113-40 TR

Letter 114

Devyani Jain/CTYPLN/SFGOV
10/26/2010 01:22 PM

To Chelsea Fordham/CTYPLN/SFGOV@SFGOV
cc
bcc
Subject Fw: Comments on the CPMC draft EIR

DEVYANI JAIN, *Senior Planner*
Major Environmental Analysis

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----- Forwarded by Devyani Jain/CTYPLN/SFGOV on 10/26/2010 01:22 PM -----

Bill Wycko/CTYPLN/SFGOV
10/20/2010 04:10 PM

To Devyani Jain/CTYPLN/SFGOV@SFGOV
cc
Subject Fw: Comments on the CPMC draft EIR

----- Forwarded by Bill Wycko/CTYPLN/SFGOV on 10/20/2010 04:10 PM -----

"Ron Case" <ron@CaseAbst-Architects.com>
10/19/2010 03:55 PM

To <bill.wycko@sfgov.org>
cc "David Chiu" <david.chiu@sfgov.org>, <rm@well.com>, <wordweaver21@aol.com>, <bill.lee@flysfo.com>, <hs.commish@yahoo.com>, <c_olague@yahoo.com>, <plangsf@gmail.com>, <mooreurban@speakeasy.net>, "Carolynn Abst" <ca@CaseAbst-Architects.com>
Subject Comments on the CPMC draft EIR

Mr. Bill Wycko,

Attached are comments pertaining to the draft EIR for the proposed new hospital and MOB [Cathedral Hill Campus] to be located at Van Ness and Geary Streets.

The attached comments are in regards to our property located at 1033-37 Polk Street. [We are in and part of the Lower Polk Neighborhood, the comments are similar to the association's [LPN] but some are particular to this property.]

Thank you,

Ron Case

Ron Case, AIA, LEED AP
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CPMC Draft EIR C+A Comments 10 18 10.doc.DOC

Map #1001.pdf

Map #2001.pdf

Health issues #2001.pdf

Health issues #3 Sound Ratings001.pdf

Health issues #1001.pdf

Letter 114

October 19, 2010

Bill Wycko, Environmental Review Officer
San Francisco Planning Department
1650 Mission Street, Suite 400
San Francisco, CA 94103

Subject: Comments on Draft Environmental Impact Report,
California Pacific Medical Center (CPMC) Long Range Development Plan
Planning Department Case # 2005.0555E
State Clearinghouse # 2006062157

Dear Mr. Wycko:

Thank you for the opportunity to comment on the subject Draft Environmental Impact Report (DEIR) for the California Pacific Medical Center (CPMC) Long Range Development Plan. CEQA, a law which emphatically provides for involvement the general public in assessment and mitigation of the impacts of development projects, affords the general public a rightful "place at the table" in the City's consideration of this Project. I hope and expect that the City, in response to these comments, will continue to closely include the public in further evaluation of the Project's environmental impacts, and in structuring alternatives to and/or mitigation for those impacts.

Background

114-1 OTH

Our comments are directed at how [1] constructing and [2] operating the new Cathedral Hill Campus will affect our property located at 1033-37 Polk Street [adjacent to the proposed Medical Office Building, see enclosed map]. 1033 Polk Street is the street-level commercial floor of a two-story building owned by Ron Case and Carolynn Abst. Our firm, Case+Abst Architects, is located at 1033 Polk Street. 1037 Polk Street is the second floor above 1033 Polk, and is the only residence of Ron Case and Carolynn Abst. Thus we, Ron Case and Carolynn Abst, occupy the entire building of 1033-37 Polk Street on a 24-hour basis, 7 days a week.

Our comments are directed at the environmental [and economic] impacts as described in CPMC's draft Environmental Impact Report, published July 21, 2010. The comments listed below are related to the following draft E.I.R. impacts: [most with "significant impact" listing]

Comments

4.5 Transportation and Circulation
- Impact TR -1 thru 2
- Impact TR- 3 thru 7
- Impact TR-9 thru 17
- Impact TR-30 thru 31
- Impact TR-34 thru 35
- Impact TR-37 thru 39
- Impact TR-44 thru 45
- Impact TR-51
- Impact TR-55 thru 57
- Impact TR-101 thru 103
- Impact TR-108 thru 109
- Impact TR-113 thru 115
- Impact TR-116 thru 118

Impact TR-120 thru 124
Impact TR-133 thru 147
Impact TR-152

4.6 Noise
Impact NO-1 thru 5

4.7 Air Quality
Impact AQ-1 thru 14

4.9 Wind and Shadow
Impact WS-1 thru 2

4.12 Utilities and Service Systems
Impact UT-1 thru 4
Impact UT-6

4.15 Hydrology and Water Quality
Impact HY-3

4.16 Hazards and Hazardous Materials
Impact HZ-1

114-1 OTH

I. Comments directed at the <u>construction effects</u> to our health and property:

A. We have one operable window on our 1st [office] floor for fresh air/air circulation for the entire office. The operable window is adjacent to new MOB site.
In summary, we are seriously concerned about:
1. The loss of the use of this window due to construction dust. [health issue]
2. The loss of the use of this window due to construction noise. [health and work issue]
3. The loss of the use of this window in order to keep out exhaust fumes from construction truck traffic and trucks and vans idling while waiting to be sequenced into the construction site for pick-up or delivery of materials. [health and work issues]
4. The loss of ventilation to the conference room and office in general. [health and work issue]
5. Uncomfortable raised temperatures at interior spaces due to the need to close this window due to noise and dust and exhaust fumes. [health and work issue]
6. The loss of natural light to the conference room due to the amount of construction dust on the window. [health issue]
7. The loss of natural light due to new MOB height. [health issue]

114-2 AQ

114-3 WS

We are also concerned with the conclusions contained throughout the draft EIR's Air Quality section with respect to the Cathedral Hill project. Generally, it appears that the conclusion that a number of the impacts will be reduced to a less than significant level appears cursory and based on impacts over a larger region. Our property's location on Cedar Street will result in a number of these "less than significant" impacts still having potentially significant impacts on our health, our business and our property.

114-4 AQ

For example, mitigation measures for Impact AQ-1 and AQ-8 identify actions to reduce fugitive dust before trucks leave the Cathedral Hill MOB construction site. Although this dust reduction could potentially reduce overall impacts for the area, the actions do not appear to reduce those impacts for residences and businesses located in immediate

proximity to construction sites. It appears that the majority of the fugitive dust reduction measures would not lessen the impact to properties in close proximity to the construction sites, but rather only for those potential impacts realized from trucks transporting the fugitive dust.

114-4 AQ

Further, we are concerned with the prevalence of a conclusion that there are significant, yet unavoidable impacts without a thorough consideration of mitigation measures or alternatives. For example, Impacts AQ-2, AQ-3, and AQ-9 through AQ-11 state that there are significant, but unavoidable impacts, mostly due to the uncertainty of equipment availability. There does not seem to be evidence that CPMC fully explored all if its options to mitigate potentially significant impacts.

114-5 AQ

These conclusions are particularly concerning given the location of our property. Not only is our property directly across the street from the future Cathedral Hill MOB construction site, it is also downwind of the majority of the Cathedral Hill construction. As a result, all significant air impacts will directly affect our business and residence. Further, as mentioned above our business has one operable window on the Cedar street level that provides the entire office with ventilation. We do not have an internal air circulation system. We rely on the natural wind patterns to provide air circulation for the business. As a result, all potentially harmful air pollutants would be carried into our business. Given the potential harmful effects of the air quality impacts, the apparently small amount of mitigation measures for these significant but unavoidable impacts is troubling for our health and business.

114-6 AQ

B. Our office windows are not acoustical. The construction noise will penetrate our working areas, making it hard to concentrate, talk on the phone, and communicate within the office. In other words, difficult to perform daily office functions. [health issue; also see attached noise report and noise article]

114-7 NO

In additional, the DEIR at Table 4.6-20 identifies significance thresholds as an increase existing ambient noise by 5 db or greater when existing ambient noise is less than 60 db and an increase of 3 db when existing ambient noise exceeds 60 db. In addition, the significance criteria identifies that the project could have a significant effect on noise if it would result in substantial permanent increase in ambient noise levels in the project vicinity above levels existing without the project or result in substantial temporary or periodic increase in ambient noise levels in the project vicinity above levels existing without the project.

The proposed construction of the Cathedral Hill Hospital and MOB would begin in early 2011 and would continue for approximately 4-1/2 years; the demolition time period would be 6-9 months; the excavation time period would be 5-6 months; the foundation work would take another 3-6 months; and the structural work would take an additional 16-18 months. The DEIR notes that the excavation and hauling associated with the Medical Office Building would involve 92,000 cubic yards excavated from the Medical Office Building site. Thus, the EIR concludes the loudest construction noise at the Cathedral Hill campus would occur in the first 11-15 months of construction. Table 4.6-22 indicates that the ambient existing noise level near our property is 66 db and would increase to 83 db, an increase of 17 db during demolition, excavation, and construction noise. Similarly, property close to ours would increase from 65 db to 75 db, or an increase of 10 db during that same time period. The EIR also acknowledges the maximum noise level generated by project construction activities at the exterior of these land uses could be up to 87 db.

114-8 NO

In addition, the EIR identifies that CPMC is proposing a second construction shift during the demolition and excavation phase at the MOB and Hospital. This second shift would be from 4 p.m. to midnight, Monday through Friday. This second shift would be proposed for

demolition and excavation, foundation and structural stages, and welding activities – again, extending years into the construction time period. The DEIR further acknowledges that in summary, the proposed construction would create noise that would be out of compliance with noise levels for daytime construction established by the San Francisco Noise Ordinance and would also be out of compliance for the proposed second shift nighttime construction.

The DEIR does contain some mitigation measures in an attempt to modify noise to a level of less than significant. These mitigation measures, and, specifically, M-No-N1C, involve the subsequent preparation of a construction noise management plan. This Construction Noise Management Plan should have been part of the EIR that has been circulated and made available for public comment. The proposed Construction Management Plan anticipates that if noise levels do actually exceed City noise standards, that the Management Plan and the retained consultant would review and approve additional mitigation measure to minimize prolonged sleep disturbance. The efficacy of these mitigation measures is, however, not able to be reviewed since the actual mitigation measures and the actual implementation of those measures have not been analyzed in this document. CEQA requires that all appropriate mitigation measures be fully analyzed as part of the EIR and not improperly delayed especially for the "project" level component of this development, which includes the hospital and MOB. 114- 8 NO

C. The access to our parking is in Cedar Street [bordering the MOB site]. Our access to and from will be limited and interrupted due to construction material, deliveries, trucks, etc. [work and living issue] 114-9 TR

D. With the daily construction activities and equipment having to pass our office [and residence] constantly we will be subject to loud noises, traffic congestion, vehicle emissions, debris, and dirt. [health issue] 114-10 AQ

E. Construction will result in vibration levels near our building that reach 82 (VdB) which the DEIR identifies as exceeding human annoyance thresholds and characterizes as a significant and unavoidable impact. (See Table 4.6-35) [health issue] 114-11 NO

E. With construction trucks and equipment moving throughout our drive areas we will be subject to construction debris all along area building and drive. [health and work issue] 114-12 AQ

F. The entire building is a major economic investment for us; the building will be coated with construction dirt and dust, damaging the finishes [roof, walls and windows] and hastening the durable life of the building and its components. [economic issue] 114-13 AQ

G. Even with shuttles being available for construction workers, they will need to drop off their equipment and tools at the site. This additional traffic noise, vehicle exhaust, and dirt will be a burden placed on our office, the employees, and our residence. 114-14 TR

H. There are no catch basins [storm and sewer inlets] at the corner of Polk and Cedar Street. Cedar Street slopes down from Van Ness to Polk. Construction water used to clean equipment, etc. will pond at our corner, next to our building entry, and construction detritus will be walked into our office and residence. We have seen this occur when other buildings along Cedar Street have undertaken construction projects, and we have had to involve DPW and owners to mitigate the mess. [This is a major health and work issue] 114-15 HY 114-16 AQ

I. As construction progresses, Cedar Street will become blocked at times and the paving will become torn up. This is our only means to get to our garage. We will have to endure five years of delays and accelerated wear and possible damage to our car. 114-17 TR

J. We are concerned with day and night security, not only within the construction site but all along the block. We need 24 hour security to prevent graffiti, vandalism and homeless encampments. 114-18 OTH

II. Comments directed at the long term affects to our health and property:
[Once Hospital and MOB are occupied]

A. With entry and exit of the MOB parking less than 50 feet away from our parking entry we will experience long waits and traffic congestion to get in and out of our own garage. The garage is use throughout the day and evening. This problem will be greater if the queue areas for cars entering the MOB parking garage on Cedar are inadequate. The DEIR fails to contain an adequate analysis of the required queuing space for the Cedar entrance. 114-19 TR

If the MOB parking is open in the evenings we will experience this problem continually.

B. If the MOB parking is open in the early morning and evening we will be forced to endure noise throughout the entire day. If the evening use is allowed we will be forced to the noise of people coming and going to their cars, plus the car noises and emissions. 114-20 NO

In addition to the construction noise, the operation of the hospital and the MOB will also significantly increase traffic noise. Specifically, the EIR notes that the increased traffic volumes could result in a noticeable 3 db or greater increase in traffic noise along roadways on or near the campus. The EIR further notes that the LRDP-related traffic noise would result in a noticeable 3 db or greater increase in the ambient traffic noise levels along Cedar Street between Polk and Van Ness. This increase would likely be perceivable to existing nearby noise sensitive receptors, such as our residential and commercial building. 114-21 NO

The actual net increase in db is an amazing 10.3 from the baseline existing condition of 52 along Cedar to a proposed cumulated plus project of 62.3. The 10.3 increase violates existing City policy, which provides that increases in ambient noise of 5 db are considered significant impacts. 114-22 NO There is a brief discussion in the EIR which suggests that the ambient noise level along Cedar Street is actually higher than the amount recorded during the noise analysis of 52 db as a result of noise flowing from Van Ness and Polk Streets down and along Cedar Street. Because of this noise that originates off different streets, the DEIR asserts that the actual increase along Cedar Street is approximately 2 db. Thus, the DEIR requires no mitigation for this 10.3 db increase in the ambient conditions. The DEIR should have identified mitigation measures that would have been applicable to minimize the impact of the 10.3 actual increase in db along Cedar Street. 114-23 NO

In addition, the DEIR discusses noise from stationery equipment. Specifically, the DEIR indicates that on-site sensitive receptors, such as our home and our business, which do rely on windows for ventilation, would experience a significant impact in that the resulting stationery noise for our property would be in excess of 45 db as the sound attenuation that would occur would be 15 db from the 70 db that is anticipated and identified at the property lines for the proposed Cathedral Hill campus. The DEIR should include mitigation for this significant effect on our property. 114-24 NO

C. With the MOB deliveries shown to be next to the parking entry this will be an additional traffic, noise and exhaust issue. 114-25 NO This renders our few operable windows unusable. This problem will be magnified because the DEIR identifies that the loading space demand for 114-26 TR

the MOB is 4 spaces and the available supply is only two spaces. The DEIR asserts, with no data to support the assertion that this situation will be mitigated by scheduling deliveries and by parking on street when necessary. The on street parking will only further amplify the traffic and exhaust impacts near our property. 114-26 TR

D. The amount of car and truck traffic next to our building, stopping and starting, trying to pull out on to Polk Street, will, overtime damage our exterior finishes [roof, walls and windows. 114-27 TR

E. As with all hospital campuses, there will be cars circling the neighborhood waiting to pick up, drop off, and/or looking for parking. A major part of the neighborhood circling will be down Cedar Street, at our building. The situation will be exacerbated by the significant and unavoidable impact at intersection of Polk and Geary near our office. Again, a major health and noise issue. 114-28 TR

F. We currently have two parking spaces in front of our building. It is proposed that one of these spaces be eliminated, for visibility reasons. This will be a negative impact on our business due to reduced client parking availability. 114-29 TR

G. The ten story building height of the MOB will greatly reduce the natural light to our building, thus negatively affecting our work and living environment. 114-30 WS

The existing buildings near our property and proposed for demolition to construct the MOB contains two- and three-story buildings that are up to 40 feet in height. The proposed MOB will place a nine-story building of approximately 169 feet in that location. This proposed MOB will drastically alter the sun and shadow patterns for businesses and residences on Cedar Street and Post Street. The shadow fan analysis reveals that the MOB will cast shadows on significant portions of Cedar Street between Polk and Van Ness during all seasons except the summer equinox. Additionally, the analysis predicts that Cedar Street will be entirely covered in shadows during the afternoon in all seasons except the summer equinox. This loss of sun exposure would significantly impact our property. 114-31 WS

The shadow fan analysis is troubling as our property would lose a significant amount of sun exposure. Our property contains numerous windows along Cedar Street due to its south-facing orientation. Sun exposure is critical not only for economic function, as it encourages pedestrian activity, but it also affects physical and mental health. Scientific studies have demonstrated the importance that natural sun exposure serves. We are very concerned that the proposed MOB would result in placing our residence and business in shadows for the majority of the year. The intent of San Francisco Planning Code Section 295 (the Sunshine Ordinance) is to protect sunlight in open spaces. Even though Cedar Street does not encompass open space within SFPRD's jurisdiction, the proposed project would nonetheless drastically impact the sidewalks of our neighborhood, which are the public areas within San Francisco that we and our clients utilize the most. 114-32 WS

The loss of sunlight along Cedar Street is even more troubling, given the fact that the wind analysis in the DEIR anticipates an increase of wind at Cedar and Van Ness beyond the pedestrian comfort level from 16% to 21%. The combination of loss of sun and increase of wind along Cedar will drastically change the character and comfort of Cedar Street. Even though the DEIR asserts that the impacts are less than significant for the study area, these impacts are significant for those properties within the immediate area of the MOB. 114-33 WS

H. Because we will be in a hospital zone parking for our clients will be very difficult and deter clients from coming. 114-34 PH

I. We are concerned about the continuing health issues surrounding hospitals and medical facilities. We are concerned that the emissions and discharges from the 114-35 HAZ

building will be a health hazard. We occupy the building 24 hours a day, 7 days a week. Small amounts of hazardous materials over a long period can be a major health issue.

114-35 HAZ

Health studies of the neighborhood surrounding UCSF has shown that there is a larger percentage of health related issues than outlining neighborhoods. Then there is the issue of hospital patience contracting infections and diseases while in the hospital. Some of this must carry outside the medical facility.

114-36 HC

III. Comments related to proposed community recreational facility.

With regards to recreational impacts, the DEIR provides that the General Plan's Recreation and Open Space Element states that, "To the extent it reasonably can, the City should increase the per capita supply of public open space within the City." In addition, the Recreation and Open Space Element provides that the focus of the updated element includes "improving access to open space and prioritizing open space acquisitions and improvements in high need areas."

114-37 RE

As noted on page 4.10-28, the proposed Cathedral Hill campus location is identified in a high need area where the City seeks to provide new open space. While the DEIR indicates that the proposed Cathedral Hill campus would intensify the activity and uses on campus and could generate more trips to local nearby parks than under current conditions, the only additional park facilities provided as part of the Cathedral Hill campus are a privately owned, but publicly accessible, outdoor courtyard located on the fifth floor podium level of the hospital. There are also some additional public spaces that are referenced in the DEIR and that include different activity zones, but those spaces are not further defined in the DEIR.

While the DEIR concludes that the near-term project would result in an incremental increase in demand on nearby facilities associated with the proposed Cathedral Hill hospital and medical facility, the incremental increase in demand would not result in a need to expand the existing recreational facilities or construct new facilities or cause physical deterioration of nearby parks and open spaces. Notwithstanding these findings, we understand that CPMC is considering providing additional privately managed park space near the CPMC facility for the benefit of its employees and the adjoining area. The proposed location of the additional recreational facility may be constrained because of the unwillingness of the owner to sell the property. To that end, we recommend that CPMC look for other nearby adjacent property on which such a privately managed open space could be constructed.

114-38 RE

Proposed Additional Mitigation Measures:

Option #1

It is our belief that after review of the draft EIR and design documents the new hospital and MOB construction and operation will create an intolerable living and working condition. For our health and well being we would like to permanently move from our location. We would like help from CPMC for this endeavor.

114-39 OTH

Option #2

If option #1 is unachievable we would like the following mitigation measures provided based on our having to live and work with less than desirable conditions both during construction and after MOB and hospital occupancy:

1. **Health and Safety**
   A. For the duration of the construction pay for relocation of our office and residence with similar accommodations [size space arrangement and amenities]. Cost to include all rents and relocation expenses:
      [1] New office set-up [phones, stationery, packing & moving expenses, utilities, etc.]
      [2] Living arrangements similar to our current arrangement [packing & moving, utilities, etc.]
   B. At the completion of construction pay for all expenses associated with returning to our existing location.
   C. At the end of construction [and before moving back]
      [1] Provide for new acoustical windows [1" thick] and doors throughout. Provide for clear replaceable film on exterior of all first floor windows and doors.
      [2] Provide [design; equipment necessary and installation] of total air conditioning system for both 1st & 2nd floors. System[s] to have a superior filtration component.
      [3] Repair and paint the total exterior of the building [same paint and colors as existing].
      [4] Replace existing roof with like system
2. **Protection and Care of Property** [during construction]
   A. Secure existing building [1033-37 Polk] from vandalism and miscellaneous damage.
   B. Remove all graffiti within 24 hours
   C. Repair any damaged areas within a few days time.
   D. Protect and care for the 4 palm trees and ground cover on the exterior of the building.
3. **Use of Property [after construction]**
   A. Install metering lights at MOB parking exit on Cedar Street so that we can halt exiting traffic briefly while we inter or exit our garage.
   B. Provide four [4] free parking space in the MOB for our clients to use [with validation] at no cost to us.
   C. Establish a committee or group who will meet quarterly to work out conflicts and issues that arise. [Also, establish a person we can call at anytime to resolve matters that won't wait until our quarterly meetings.]

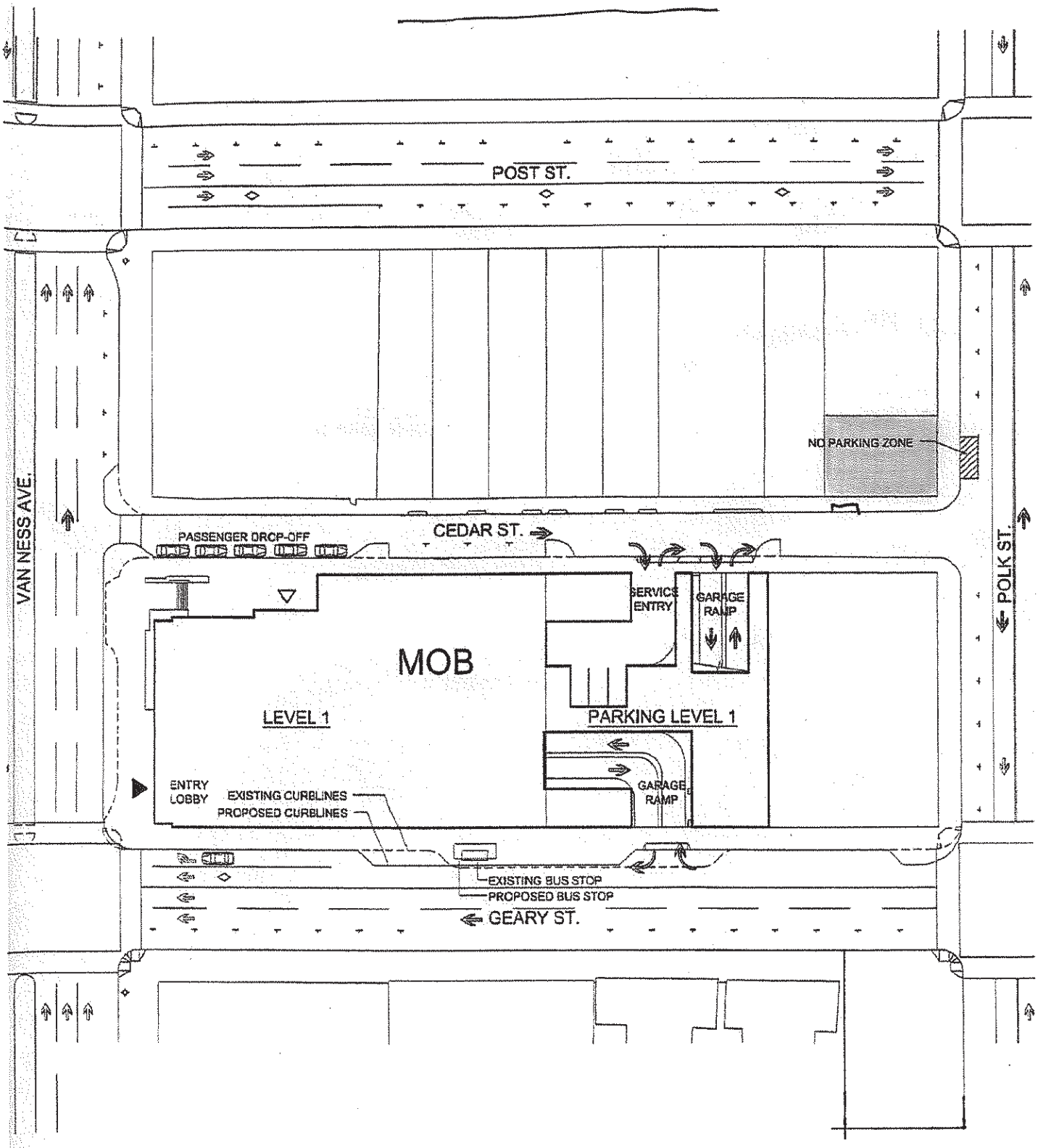
114-39 OTH

Sincerely,

Carolynn Abst

Ron Case

Attachment to Letter 114



NOTE : INFORMATION SHOWN ON THIS SITE PLAN REPRESENTS DESIGN INTENT ONLY. EXACT LAYOUT AND DIMENSIONAL INFORMATION WILL BE DETERMINED UPON DETAILED DESIGN & SURVEY VERIFICATION, APPROVALS AND FURTHER DEVELOPMENT OF SITE DETAILS.

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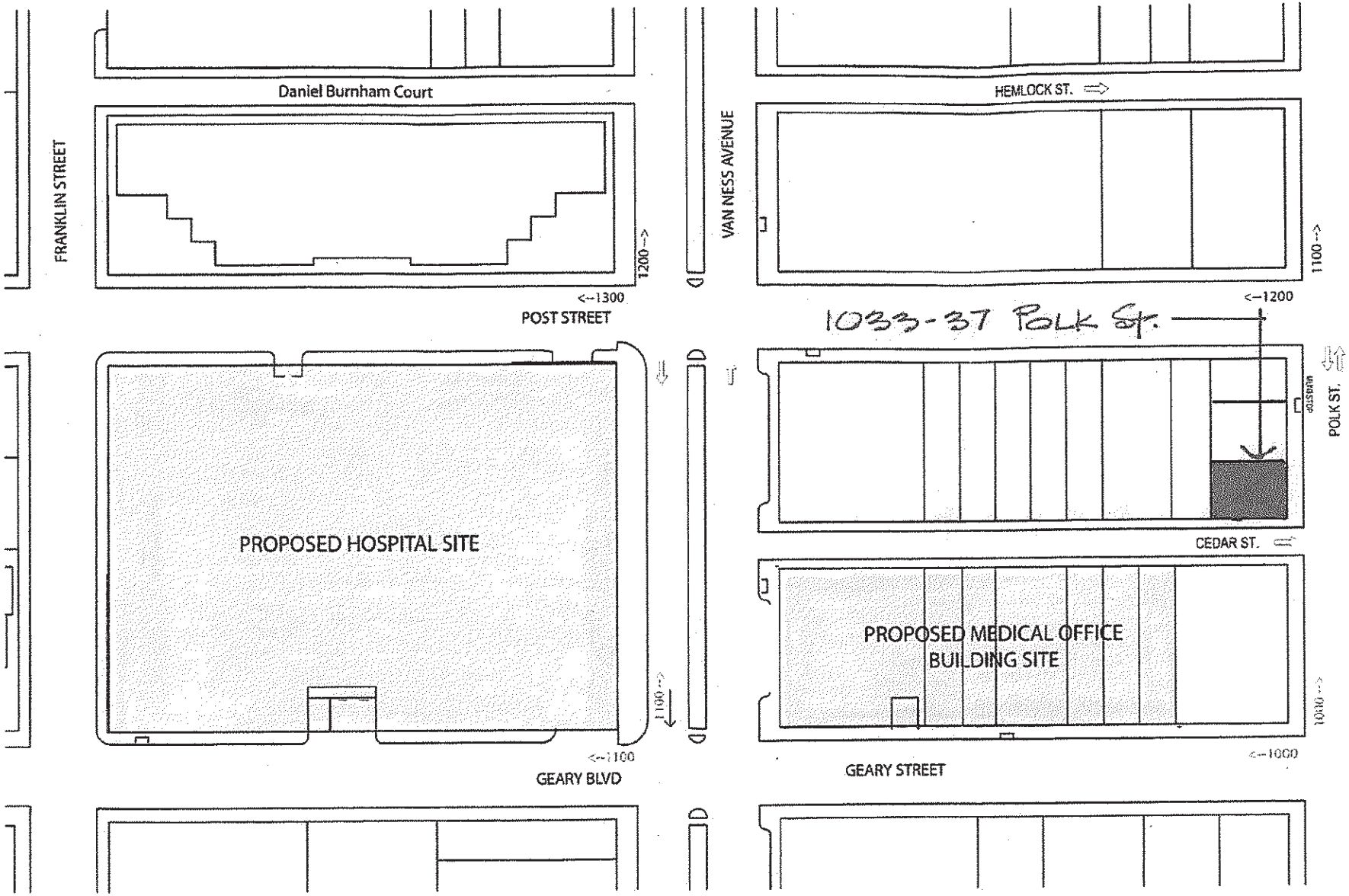
PROPOSED VAN NESS/GEARY CAMPUS SITE



Attachment to Letter 114

Lower Polk Neighborhood Traffic Noise Study
Study Report
July 6, 2010

Overview

During the 2009-2010 academic year, a UCSF School of Nursing student measured street noise levels in the Lower Polk neighborhood of San Francisco. The project was undertaken as part of an academic externship with Tom Rivard, Manager of the Health Hazard Assessment Group at the San Francisco Department of Public Health.

Methods

Sample: Twenty-four hour noise levels were measured at 5 locations (4 residential and 1 office) in the Lower Polk neighborhood. The sample was a convenience sample of residents who volunteered to host the recording equipment. Residents were recruited at the December 2009 meeting of the Lower Polk Neighbors, and through word of mouth.
Noise recording: Noise levels were measured using a calibrated noise dosimeter. The microphone of the dosimeter was suspended outside of a window opening of each residence, at the busiest availabe edge of the building. An audio recorder took a concurrent recording. The dosimeter measured the noise levels in 15-second average increments, while the audio recorder made a continuous recording that allowed the researchers to identify the sources of noise events.
Interviews: The five participants responded to structured interview questions regarding household demographics and experiences of traffic noise at their residences.
Research approval: Permission for the project was granted by the UCSF Committee on Human Research in February 2010. Consent was obtained from all participants.

Results

The dosimeter provided average 24-hour noise levels as well as average 15-second increment noise levels. The researcher used the audio tape to identify sources of noise for each 15-second increment that was 75 decibels or louder. (The researcher did not identify sources of noise 74.9 decibels or less.)

Location 1
Where: Outside of a 3rd story bedroom window on Polk Street between Bush & Pine.

When:	Saturday 3/6/10 to Sunday 3/7/10
Average 24-hr noise level (Leq):	**70.2 decibels**
Loudest 15-second increment:	97.2 dB at 1:51am, caused by an emergency vehicle (EV).
Total time > 75 decibels:	24 minutes
Source of noise > 75 decibels:	15 minutes by trucks, motorcycles, cars, other 9 minutes by EVs
Avg level of non-EV noise events:	77 decibels
Avg level of EV noise events:	86 decibels
Number of EV events:	18
Number of night EV events*:	7

Location 2

Where: Outside of a 2nd story living room window on Polk Street between Geary & Post.

When:	Saturday 4/16/10 to Sunday 4/17/10
Average 24-hr noise level (Leq):	**76.7 decibels**
Loudest 15-second increment:	106.0 dB at 4:09 am, caused by an EV.
Total time > 75 decibels:	128 minutes
Source of noise > 75 decibels:	103 minutes by trucks, motorcycles, cars, other. 25 minutes by EVs.
Avg level of non-EV noise events:	77.2 decibels
Avg level of EV noise events:	83.5 decibels
Number of EV events:	44 (included 5 EV events >100dB)
Number of night EV events*:	7

Location 3

Where: Outside of a 4th story window, recessed from Hyde Street, between California & Sacramento.

When:	Friday 4/30/10 to Saturday 5/1/10
Average 24-hr noise level (Leq):	**61.0 decibels**
Loudest 15-second increment:	84.0 dB at 8:01 pm, caused by an EV.
Total time > 75 decibels:	3 minutes
Source of noise > 75 decibels:	2.5 minutes by trucks, motorcycles, cars, other. 0.5 minutes by EVs.
Avg level of non-EV noise events:	78 decibels
Avg level of EV noise events:	79 decibels
Number of EV events:	4
Number of night EV events*:	0

Location 4

Where: Outside of a 3rd story bedroom window on Sutter Street between Polk & Larkin.

When:	Saturday 5/8/10 to Sunday 5/9/10
Average 24-hr noise level (Leq):	**70.0 decibels**
Loudest 15-second increment:	96.7 dB at 5:52 pm, caused by an EV.
Total time > 75 decibels:	40 minutes
Source of noise > 75 decibels:	34 minutes by trucks, motorcycles, cars, other. 6 minutes by EVs.
Avg level of non-EV noise events:	77.7 decibels
Avg level of EV noise events:	81.3 decibels
Number of EV events:	18
Number of night EV events*:	6

Location 5

Where: Outside of a 1st story office window on Post Street between Polk & Larkin.

When:	Tuesday 5/11/10 to Wednesday 5/12/10
Average 24-hr noise level (Leq):	**71.1 decibels**
Loudest 15-second increment:	96.0 dB at 5:21 pm, caused by an EV.
Total time > 75 decibels:	48 minutes
Source of noise > 75 decibels:	34 minutes by trucks, motorcycles, cars, other. 14 minutes by EVs.
Avg level of non-EV noise events:	77.8 decibels
Avg level of EV noise events:	84.0 decibels
Number of EV events:	34
Number of night EV events*:	13

* 11:00 pm to 7:00 am.

Interview Results

Below is a sample of responses from a structured interview with the resident of each noise monitoring location.

- Do you ever keep your windows closed on hot nights due to noise?
  Yes: 3 of 5 No: 2 of 5.
- How often (if ever) is your sleep disturbed by noise?
  Every night: 1 of 5
  2-3x/week: 2 of 5
  Weekly: 1 of 5
  N/A (business): 1 of 5.
- How does noise rank in comparison to other concerns you have about your neighborhood.
  Top concern: 1 of 5
  3rd or 4th: 4 of 5

- "I think that on a long term basis, (the road noise) isn't good. It makes you more agitated and more anxious."
- "I feel really defeated about the noise problem… It creates excruciatingly high levels of physical stress."

Discussion

While most community noise data is based on computerized noise models, this data provides empirically obtained data. This study provides exterior noise level data for four residential and one commercial locations in the Lower Polk neighborhood. The 24 hour noise levels varied widely, from 61.0 dB at the quietest location to 76.7 dB at the loudest location. Three of the locations (1, 4, and 5) had average levels between 70.0 and 71.1 decibels. This suggests that many residences with windows on main streets in the Lower Polk experience average levels around 70 dB of noise daily. Noise levels at the loudest location (76.7dB) were likely influenced by proximity to two major streets, the fire station, and a homeless shelter. Noise

levels at the quietest location (61.0dB), on the other hand, were likely influenced by the recession of the window from the street and the height of the window at the 4th story.

According to the World Health Organization, exposure to average environmental noise levels greater than 55 decibels causes annoyance, and long term exposure to levels greater than 65 decibels may have cardiovascular effects (WHO 1999). The WHO recommends levels of 45 decibels or less at night to ensure good sleep (WHO 2009). Four of the five locations measured exceeded these levels.

In all of the locations, the majority of loud moments were caused by trucks, motorcycles, and cars driving by. However, the peak noise moments were caused by emergency vehicles.

Limitations of the research

The audio tape enabled the researcher to identify general categories of noise sources, such as cars and trucks driving by; car alarms; people yelling; and emergency vehicle sirens. She did not break these categories into more specific sources, such as a truck engine versus a motorcyle engine, or an ambulance's siren versus a fire truck's siren. Additional research using video would be necessary to identify sources with more specificity.

The sample was a convenience sample, and was not random. There is likely selection bias present in the sample, as those that volunteered are those who were concerned about noise levels. However, these locations were likely representative of other housing units with windows facing major streets in this area.

Furthermore, the research does not account for the temporal factors that may influence noise levels, such as the weather, the day of the week, or the time of the month. For example, some residents anecdotally noted that they notice more noise at the beginning of the month, while others noted that foggy nights tend to be quieter.

The samples were measured at the exterior of windows. Well-insulated windows and walls can dramatically decrease interior noise levels. However, most of the housing stock is not well insulated, and in San Francisco's temperate climate, leaving windows open is sometimes necessary and desirable for climate control. Therefore, exterior noise levels are important indicators of interior levels.

About the researchers

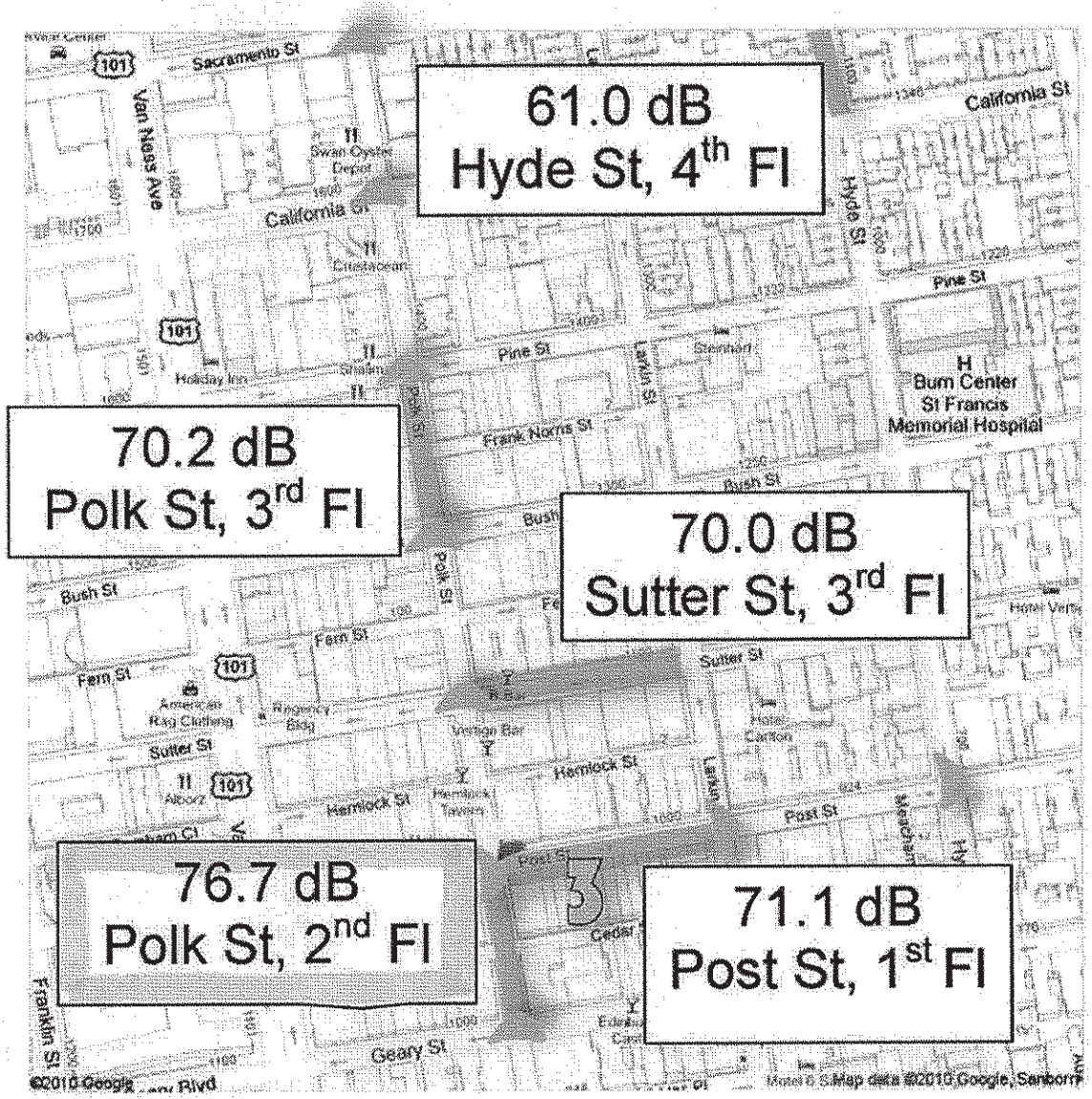
This study was undertaken to measure noise levels from residential locations and to identify sources of noise to the extent possible. The research was undertaken by Elisabeth Goldstein, RN, an MS student at the UCSF School of Nursing, Department of Occupational and Environmental Health. Her preceptor for this research was Tom Rivard, Manager of the Health Hazard Assessment Group at the San Francisco Department of Public Health, who also provided the noise dosimeter. The Principal Investigator was Dana Drew-Nord, faculty member at the UCSF School of Nursing.

References

World Health Organization. (1999). *Guidelines for Community Noise.* Berglund, B., Lindvall, T., & Schwela, D, (Eds). Retrieved from http://www.who.int/docstore/peh/noise/guidelines2.html

World Health Organization Regional Office for Europe. (2009). *Night Noise Guidelines for Europe.* Hurtley, C. (Ed.) Retrieved from www.euro.who.int/document/e92845.pdf.

Figure 1: Map of Monitored Locations and 24-hour Average Noise Levels



Attachment to Letter 114

What is a decibel, and how is it measured?

Browse the article What is a decibel, and how is it measured?

What is a decibel?

Up Next

- How Surround Sound Works
- How Speakers Work
- Discovery.com: Hearing

The **decibel** (abbreviated **dB**) is the unit used to measure the intensity of a sound. The decibel scale is a little odd because the human ear is incredibly sensitive. Your ears can hear everything from your fingertip brushing lightly over your skin to a loud jet engine. In terms of power, the sound of the jet engine is about 1,000,000,000,000 times more powerful than the smallest audible sound. That's a big difference!

On the **decibel scale**, the smallest audible sound (near total silence) is 0 dB. A sound 10 times more powerful is 10 dB. A sound 100 times more powerful than near total silence is 20 dB. A sound 1,000 times more powerful than near total silence is 30 dB. Here are some common sounds and their decibel ratings:

- Near total silence - 0 dB
- A whisper - 15 dB
- Normal conversation - 60 dB
- A lawnmower - 90 dB
- A car horn - 110 dB
- A rock concert or a jet engine - 120 dB
- A gunshot or firecracker - 140 dB

You know from your own experience that distance affects the intensity of sound – if you are far away, the power is greatly diminished. All of the ratings above are taken while standing near the sound.

Any sound above 85 dB can cause **hearing loss**, and the loss is related both to the power of the sound as well as the length of exposure. You know that you are listening to an 85-dB sound if you have to raise your voice to be heard by somebody else. Eight hours of 90-dB sound can cause damage to your ears; any exposure to 140-dB sound causes immediate damage (and causes actual pain). See this page for an exposure "ruler."

Attachment to Letter 114

HEALTH SPOTLIGHT

Mother nature's stealthiest brain boosters

THE YOU DOCS

Mehmet Oz, M.D., and Michael Roizen, M.D.

For a razor-sharp brain, less may be more. Yup, flexing your gray matter daily — with a class in conversational Esperanto or after-dinner Sudoku tournaments — may help you reach 81 with a brain like an 18-year-old's (but without so many of those thoughts). But to keep your memory young, your neurons also crave a few deceptively simple "growth factors" that need to be more common than ivory-billed woodpeckers.

One of these factors happens when you do something deceptively simple: unplug. Researchers speculate that being constantly connected to digital devices deprives your brain of the downtime it needs to process information and consolidate memories. In lab studies, rats need breaks to form strong memories of new places they explore. You may, too. It's another reason to turn off your iPhone at dinner, leave your BlackBerry behind when you take a walk and disconnect from the Internet frequently on nights and weekends (except when you're checking out our latest tips on RealAge.com and DoctorOz.com, of course!).

Here's how to get four more stealthy brain boosters off the endangered species list and back into your life:

Less noise, more silence. Noise ages even 19-year-old brains. Loud noises during the night (planes, trucks, trains, the party next door) can disturb deep, restorative sleep enough to make your reaction times "old" in the morning.

Try running a white noise machine to muffle disruptive noises at night. Exposure to high-decibel sounds causes blood pressure and stress hormones to surge, and both can be major brain agers. If you work in a noisy environment (factories, construction), wear a protective headset (hey, they even look cool). Cover your ears if a loud noise erupts near you (jackhammer, siren, low-flying jet, vuvuzelas).

And when you've got to focus, turn off the radio and shut the door. Your brain's less able to screen out distracting sounds with age, making sharp thinking and recall more of a challenge if you're trying to balance the checkbook while listening to the ballgame.

Less artificial light, more natural light. Sun salutations aren't just for yoga class. When your prehistoric ancestors peeked out of their caves each morning to check for saber-toothed tigers, that first burst of natural light woke up the sweet spot deep in their brains — and yours — that's responsible for daytime alertness.

Greeting the day gets your brain in gear, boosting your ability to concentrate and turn out stellar work. The light bulb over your bathroom mirror can't do this. It takes intense blue light, a wavelength so far found only in Mother Nature's home-made morning light.

Scientists are working on artificial versions; there's early evidence that exposure to extremely bright blue-white light may reverse dementia and depression. For most, a few minutes of natural morning light may be all you need to feel bright-eyed and bushy-tailed.

Less stuffy/smelly air, more fresh breaths. You spend 90 percent of your time indoors, where stale air causes mental fatigue and even some diseases. The cause? Anything from mold or mildew to substances released by fresh paint, new carpet, cleaning products and artificial smells — including, disturbingly, some air fresheners.

The fix? Choose scent-free products. Open your windows regularly, open vents on air conditioners, and ventilate well when using cleaning products, scented sprays (even fragrances), and of course when you're painting anything or replacing carpeting.

Less clutter, more wide-open spaces. Visual clutter slows down your brain. That's why clusters of road signs double the chances that you'll miss the one you're looking for, and why website and hospital designers aim for simplicity.

We instinctively look at something uncomplicated while wrestling with tricky problems (which is why you'd rather gaze at a blank wall than a Jackson Pollock painting when you're doing your taxes). Clearing up the clutter on your desk, bureau, files, shelves could do wonders for your bookkeeping, not to mention helping your brain stay closer to age 18.

The YOU Docs, Mehmet Oz and Mike Roizen, are authors of "YOU: On a Diet." Want more? See "The Dr. Oz Show" on TV. To submit questions, go to www.RealAge.com.



LETTER 115



Iris biblowitz
<irisbiblowitz @hotmail.com>
10/26/2010 04:56 PM

To <devyani.jain@sfgov.org>, <chelsea.fordham@sfgov.org>
cc
bcc
Subject St. Lukes hospital

Hello-I'm a nurse and have lived in the MIssion (26 st and Florida), not far from St. Lukes, for over 30 years. I was a home health nurse, mainly in the MIssion, BayView, and Tenderloin, for over 5 years and have a grasp of what health resources are needed in the southeast part of San Francisco. You don't need to be a nurse to know that there's a desperate need for health care in the southeast. SFGH is a wonderful and overwhelmed hospital. Ambulances are diverted from SFGH over 50% of the time. Patients may wait months for an MRI, mammogram, clinic appointment. Patients typically wait 6-12 hours to be seen in the ED, unless they have chest pain or are brought in by ambulance. 115-1 HC
St. Lukes Hospital is the only other hospital in the area and it can serve a critical function, if CPMP/Sutter, the planning department, and other city officials are committed to responding to the needs of city residents.

The inequalities of the plan for the Cathedral Hill hospital and St. Lukes are stark. I strongly recommend increasing the beds at St. Lukes (from 80 to 200) and decreasing the beds at Cathedral Hill (from 555 to 200?) so they meet somewhere in the middle, and that's called equity. This is not for philosophical reasons but because of the community needs. 115-2 HC

There is a crying need for a SNF, a long-term facility that could be part of St. Lukes. The new LHH has fewer beds that it originally did, and the demand is, and will continue to be, greater.

There's a great need for more psychiatric units, which have been closing down at a rapid rate in SF. A rehab/detox unit would be very helpful; people are on waiting lists and relapse before they can get in to a program.

The southeast probably has a larger proportion of children than other SF neighborhoods and all-around pediatric care is needed. This is especially helpful because the BayView has one of the highest percentages of children (and adults) with asthma. 115-3 HC

An oncology department would be a wonderful asset. BAyView and Mission have more than their share of cancer (especially breast cancer) and this would enable patients who feel extrememly tired and weak to go to a hospital in the neighborhood rather than travel. Many patients of SFGH and St. Lukes now travel by bus; fortunately, there are several bus routes that stop close to each of them. (Unfortunately, the #26 on Valencia was discontinued.) Riding MUNI across town after chemotherapy or just being sick is a real hardship.

We all know the statistics about CPMC/Sutter's higher prices, which reveal a less than sincere commitment to providing for the needs of low-income communities. That's why your work to pressure them to respond to these communities is so important. 115-4 HC
Thank you-Iris Biblowitz, RN (I do not, and never have, worked at St. Lukes)

Letter 116

Draft Environmental Impact Report
California Pacific Medical Center, Long Range Development Plan

COMMENTS

1. Pg. 2-53, Figure 2-4 and Pg. 2-77, Figure 2-19. The O_2 Tank is shown as being on Level 3. Please clarify how the O_2 tank will be refilled/replenished. At St. Francis Hospital a truck with oxygen (liquid?) routinely blocks Pine Street. Any such "deliveries" should not take place on either Geary Street or Franklin Street; please clarify O_2 deliveries at this site.

116-1 TR

2. Pg. 4.1-48, 4th paragraph. I have always been perplexed with the finding that a project "with the requested amendments and approvals would therefore not conflict with any applicable land use plan, policy, or regulation." If one takes the "existing condition," the Planning Commission and Board of Supervisors have not taken any action, approval, or denial of any requested general plan amendments, code modifications, or variances. Shouldn't this existing situation form the analysis of impacts rather than some future, hypothetical condition, which may, or may not, be realized?

116-2 LU

3. Pg. 4.2-13, Figure 4.2-1. The evaluation of Aesthetics depends, in part, on the views from various locations as depicted on this figure. Why were these locations chosen? What other locations were considered and rejected? Two other views should be depicted: 1. Looking south from Van Ness Avenue and Bush Street; 2. Looking north from Van Ness Avenue and Ellis Street.

116-3 AE

4. Pg. 4.2-119. Although there are plans and elevations of the proposed Cathedral Hill building provided elsewhere in the DEIR, I don't believe I saw any perspective renderings, or photographs of a model, of the preferred design. These would be of the proposed building and in addition to those shown in this section. Please provide.

116-4 AE

5. Pg. 4.2-138. 1st paragraph makes the observation that the project's height and massing "would not be out of context with the visual character of the commercial development along Geary Boulevard…as well as the civic development to the south. In addition, would generally be consistent…with existing development located north of the site." Since Figure 4.2-8 only shows one building with some height on Van Ness, the EIR should show on a map the locations of those buildings being referred to here. Where are these buildings, what is their height/massing//bulk, provide photographs of each such building, and a bird's eye showing buildings north, south, west and east to which the project is being compared.

116-5 AE

Pg 4.2-132. Second paragraph. "Replacing the existing Cathedral Hill Hotel with the proposed Cathedral Hill Hospital would create a considerable increase in the

116-6 AE

visual bulk of the structure at this site and would replace the receding skyline with a dominant skyline form." Is a receding skyline preferred over a dominant one? 116-6 AE

"The proposed hospital would also replace the less intricate and uninteresting visual quality of the existing hotel facades with more interesting forms, patterns, color, and texture in a more contemporary architectural style." This is purely an opinionated value judgment about architectural treatments of the two building designs and should be removed from the EIR. In fact, the two architectural treatments are not that far apart (my opinion). 116-7 AE

Pg. 4.3-33. 3rd paragraph. How can an identified impact, in the case the loss of housing, be a less than significant impact when any of the five ways the loss can be mitigated as set forth in Section 41.13 (a) has not be specifically identified? Tenant relocation is not one of the five methods. 116-8 PH

Since the proposed project is governed, in part, by the Van Ness SUD, an evaluation of Planning Code Section 243. Van Ness Special Use District. Sec. 243.(c)(8)(A)-(C) should be included. 116-9 LU

Pg. 4.4-30. Why was the Knapp survey limited to an evaluation of "historic architectural resources at the properties composing the site of the proposed [Cathedral Hill] campus?" Shouldn't the survey have included properties adjacent to the development site since they could potentially be affected directly or indirectly (construction impacts, vibration) by the project? Examples: Goodman Building across Geary Boulevard; the two churches to the west across Franklin Street and the properties at the NE and SE corners of Van Ness Avenue and Post Street. 116-10 CP

Why was the survey limited to "historic architectural resources?" Eligibility criteria for the California Register of Historical Resources has more criteria than architectural significance. Evaluation of Tommy's Joynt would fall under one of these other criteria. 116-11 CP

Shouldn't the newer survey of Van Ness Avenue by William Kostura also be used in 4.4 Cultural Resources? 116-12 CP

Pg. 4.4-34. 2nd paragraph. Aren't there potential impacts from demolition of the 12-story hospital tower on the historic resource such as construction activities associated with the demolition, vibration? There are standard mitigations for these types of impacts; please include and revise the evaluation: potential impacts have been identified, but which can be mitigated. 116-13 CP

Pg.4.4-35. 1st paragraph. The last sentence says there are no physical impacts. What about indirect affects? 116-14 CP

Also, refer to my comments at the Planning Commission's DEIR public hearing. I made verbal comments at our hearing on the Draft Environmental Impact Report requesting information about health care plans. Please provide an inventory, or something like that in the Comments and Responses document, about other cities' health care/services master plans with a short summary description of each. I also asked how such master plans are used to inform environmental impact reports for medical facilities in these other communities.

116-15 HC

Submitted via e-mail by:

Hisashi Sugaya
Planning Commission

October 15, 2010

Letter 117

Yu, Angela

From: Chelsea.Fordham@sfgov.org
Sent: Thursday, November 04, 2010 11:20 AM
To: Grivas, Marisa
Subject: Fw: comment on CPMC Master Plan, St Lukes

Categories: TO DO

Marisa,

Please see below comment letter 1 of my emails for CPMC DEIR.

Chelsea E. Fordham
Major Environmental Analysis Division
San Francisco Planning Department
1650 Mission Street, Suite 400
San Francisco, CA, 94103
(415)575-9071
chelsea.fordham@sfgov.org

----- Forwarded by Chelsea Fordham/CTYPLN/SFGOV on 11/04/2010 11:19 AM -----

Frances Taylor <duck.taylor@yahoo.com>		To
10/29/2010 07:35 PM	Devyani.Jain@sfgov.org, Chelsea.Fordham@sfgov.org	cc
	comment on CPMC Master Plan, St Lukes	Subject

I am a neighbor of St. Luke's Hospital who has been working for several years on traffic calming on Cesar Chavez Street. I am the cochair of the community organization CC Puede, which has taken the lead on this effort, though I speak only for myself and not for the group.

117-1 TR

The proposal for St. Luke's basically prioritizes parking over patients.
The proposed 80-bed hospital will replace a facility currently licensed for over 200 beds, while the proposed 200-space parking garage will replace the current 80 or so surface parking spaces. So a third as many patients will share space with three times more cars! This turns the mission of a healthcare organization on its head.

The proposed garage will have ramps spilling traffic onto both Cesar Chavez Street and Valencia. Valencia currently has a very busy bike lane, and Cesar Chavez is slated for major bicycle and pedestrian improvements in the next few years, including bike lanes. This garage will endanger more residents that the hospital will serve patients! 117-2 TR

St. Luke's Hospital is a crucial provider of healthcare services in the southern half of San Francisco, which it shares with only San Francisco General Hospital. Slashing the number of patient beds, even without the addition of this killer garage, is unacceptable to the community. Neighbors want a viable St. Luke's, not a boutique shell of a hospital put in place only as a token to forward a large facility elsewhere in the city. 117-3 HC

Frances Taylor
2982 26th Street
San Francisco
duck.taylor@yahoo.com
415/285-4536

Letter 118

NICOS
Chinese Health Coalition
華人健康組織聯會

NICOS Chinese Health Coalition is a public-private-community partnership of more than 30 health and human service organizations and concerned individuals. The mission of NICOS is to enhance the health and well-being of San Francisco's Chinese community.

The acronym, "NICOS," stands for the first initials of the five founding members. Additional organizations and individual members have since joined to form the overall health coalition.

Founding Members:

North East Medical Services
Chinese Community Health Care Association (**I**PA)
Chinese Hospital
On Lok Lifeways
Self- Help for the Elderly

Additional Members:
(partial listing)

American Cancer Society
American Red Cross
APA Family Support Services
Asian & Pacific Islander American Health Forum
Asian & Pacific Islander Wellness Center
Asian Women's Resource Center
Bay Area Legal Aid
Chinatown Child Development Center
Chinatown Community Development Center
Chinatown/ North Beach Mental Health Services (DPH)
Chinatown Public Health Center (DPH)
Chinatown- YMCA
Chinese Community Health Care Association
Chinese Community Health Plan
Chinese Community Health Resource Center
Chinese Hospital Medical Staff
Chinese Newcomers Service Center
Commodore Stockton Children's Center
Community Youth Center
Donaldina Cameron House
Gordon J. Lau Elementary School
Kai-Ming Inc.
Kaiser Permanente
Newcomers Health Program (DPH)
Richmond Area Multi-Services Center
San Francisco General Hospital
San Francisco Health Plan
St. Mary's Chinese Day School
University of California, San Francisco
Wu Yee Children's Services

1208 Mason Street
San Francisco, CA 94108
Phone: (415) 788-6426
Fax: (415) 788-0966
www.nicoschc.org

November 1, 2010

San Francisco Planning Department
Attn: Devyani Jain
Devyani.Jain@sfgov.org

RE: CPMC EIR

Dear Sir or Madam:

On behalf of NICOS Chinese Health Coalition, I am writing in response to the Environmental Impact Report (EIR) that California Pacific Medical Center (CPMC) has recently submitted to your department.

NICOS Chinese Health Coalition is a public-private-community partnership of more than 30 health and human service organizations and concerned individuals. The mission of NICOS is to enhance the health and well-being of the San Francisco Chinese community. Since 1985, NICOS has been engaged in advocacy, research, training, coalition-building and program implementation for the benefit of this population and the organizations that serve it.

118-1
OTH

NICOS is taking a neutral position on the report. We commend CPMC for its continuing support and partnership in improving the health and well-being of the Chinese community, and maintain faith that the current endeavor is well-intended. At the same time, we realize that projects of this size and scope have the potential to greatly impact immediate and surrounding communities, positively or negatively, and this is impossible to vet or foresee from a report alone. As such, we hold no position, but trust that CPMC will work collaboratively with NICOS and its member organizations to maximize community benefit and prevent or minimize impact in any identified areas of concern that may arise.

Thank you for the opportunity to provide comment. If you have any questions, please feel free to contact me at 415.788.6426 or kentwoo@nicoschc.org.

Sincerely,

Kent Woo, MSW
Executive Director

CC: Board of Directors

Letter 119

SWAPE Technical Consultation, Data Analysis and Litigation Support for the Environment

2503 Eastbluff Dr., Suite 206
Newport Beach, California 90405
Fax: (949) 717-0069

Matt Hagemann
Tel: (949) 887-9013
Email: mhagemann@swape.com

October 18, 2010

Gloria D. Smith
The Law Offices of Gloria D. Smith
48 Rosemont Place
San Francisco, CA 94103

Subject: **Comments on the California Pacific Medical Center Long Range Development Plan**

Dear Ms. Smith:

I have reviewed the July 21, 2010 California Pacific Medical Center (CPMC) Long Range Development Plan Draft Environmental Impact Report (DEIR) for issues associated with hazardous substances and hazardous waste. I have identified a number of areas where the DEIR fails to adequately disclose potential contaminants in soil and groundwater and fails to address known contamination through remediation and mitigation measures. Instead, the DEIR defers further assessment and remediation, i.e. removal of contaminated soils, until construction has begun, despite knowing of the presence of contaminants for at least two years. The DEIR also fails to document any communication with regulatory agencies in an attempt to address the known and suspected contaminants prior to construction. Failure to engage regulators may delay construction if contamination is found upon excavation that would require regulatory oversight of cleanup because of potential harm to construction workers and neighboring residents. Because the construction is to be undertaken in a densely populated area, the risk to neighboring residents is a potentially significant issue that needs to be addressed in a revised EIR.

119-1 HZ

119-2 HZ

The CPMC Long Range Development Plan provides for a 20 year development strategy to meet State seismic safety requirements for hospitals and to develop a master plan for its four existing medical campuses:

119-3 PD

- Pacific Campus at Sacramento and Buchanan Streets;

- California Campus at Maple and California Streets;
- Davies Campus at Castro and 14th Streets; and
- St. Luke's Campus at Cesar Chavez and Valencia Streets.

A new medical campus (Cathedral Hill) is proposed at Van Ness Avenue and Geary Boulevard for completion by 2015. To construct the new campus, CPMC would demolish the existing Cathedral Hill Hotel and 1255 Post Street Office Building and construct the proposed new Cathedral Hill Hospital, a 15-story, 555-bed hospital at the northwest intersection of Van Ness Avenue and Geary Boulevard. In addition, a nine-story medical office building would be constructed at the northeast intersection of Van Ness Avenue and Geary Street. Implementation of the Long Range Development Plan at Pacific Campus would result in the decommissioning of an existing nine-story hospital building and its renovation and conversion to a ambulatory care center (ACC), construction of a new nine-story ACC building addition and new structured parking, and renovation of other existing buildings at this campus. 119-3 PD

New development at Davies Campus would include the construction of a new four-story Neuroscience Institute building at the corner of Noe Street and Duboce Avenue, currently occupied by a 206-space surface parking lot. A new three-story Castro/14th Street MOB (and related parking improvements) would also be developed at Davies Campus after demolition of the existing on-site 290-space structured parking garage, currently located at the corner of 14th and Castro Streets. 119-4 PD

Development at St. Luke's Campus would include construction of a new five-story, 80-bed, acute-care replacement hospital at the site of the existing 3615 Cesar Chavez Street Surface Parking Lot, and demolition of the existing 1970's St. Luke's Hospital tower and construction of a five-story MOB/Expansion Building (and related parking improvements) on this former hospital site. 119-5 PD

In my experience in the review of over three-dozen DEIRs for hazardous waste issues over the past seven years, I have never seen such poor disclosure of potential contamination issues. Because of the poor disclosure and because further investigation of the contamination is deferred, construction workers may be at risk during excavation of soil. The failure of the applicant to disclose these issues is made even more significant by the massive scale of this development in a densely populated urban environment which may put neighboring residents at risk during construction. The public, who has the potential to be directly affected by cleanup activities when dusts and vapors may be generated, has the right to review a DEIR that adequately discloses contamination issues that have been vetted with regulatory agencies and that have been addressed by remediation and mitigation prior to excavation. 119-6 HZ 119-7 HZ

Hazardous Substances Issues

To assess potential environmental contamination issues, the applicant commissioned the preparation of a number of Phase I and Phase II Environmental Site Assessments (ESAs) as summarized in the DEIR in Section 4.16, Hazards and Hazardous Materials.

The purpose of the ESAs was to:

> identify recognized environmental conditions (RECs) at the Site to assist CPMC in supplying information to the City and County of San Francisco for their use in preparing sections of an Environmental Impact Report (EIR) for the Long Range Plan. **A REC is the presence or likely presence of any hazardous substances or petroleum products on a property under conditions that indicate an existing release, a past release, or a material threat of a release of any hazardous substances or petroleum products into structures on the property or into the ground, groundwater, or surface water of the property**.[1]

119-8 HZ

This definition is consistent with the American Society for Testing and Materials' (ASTM) definition of a REC, an organization that develops and publishes voluntary consensus technical standards.[2] The DEIR also states (DEIR, p. 4.16-2):

> The ESAs also identify other known and potential environmental conditions that do not meet the definition of a REC.

As discussed below, the findings of "potential environmental conditions" or "potential recognized environmental conditions"(the actual term used in the Phase I ESAs)is inconsistent with ASTM guidance and is unnecessarily confusing There is no middle ground or hedging: the presence or the potential presence of hazardous substances or a material threat of a hazardous substance release into the environment constitutes a recognized environmental condition according to the ASTM definition. There is no ASTM definition for a "potential recognized environmental condition," the finding made numerous times in the Phase Is reports and repeated in the DEIR. (see for example, p. 4.16-10 of the DEIR where "two hydraulic elevators and demolished residential structures represent potential RECs.")

The ASTM does define the term "potential environmental concern" for but the tem only applies to property transactions made with limited environmental due diligence, using a process that is

[1] See for example, August 20, 2009 Phase I Environmental Site Assessment Saint Luke's Campus Tower Area, p. 1
[2] http://www.astm.org/Standards/E1527.htm

not a rigorous as conducting a Phase I ESA.[3] Thus that term is not appropriate here. The ASTM definition for potential environmental concern is as follows:

> the possible presence of any hazardous substances or petroleum products on a property under conditions that indicate the possibility of an existing release, a past release, or a threat of a release into structures on the property. or into the ground, ground water, or surface water of the property.[4]

119-8 HZ

The finding of a "potential environmental concern" may be an impetus for additional inquiry. ASTM states, "Upon completing the *transaction screen questionnaire*, if the *user* concludes that further inquiry or action is needed (for example, consult with an environmental consultant, contractor, governmental authority, or perform additional governmental and/or historical records review)," the user should proceed with such inquiry.[5] Such an inquiry would be the conduct of a Phase I and a Phase II ESA, as appropriate.

Therefore for this project, a finding of a "potential recognized environmental condition" is double speak and is inconsistent with ASTM definitions. Per standard practice, as set forth in ASTM guidance, where RECs are documented in a Phase I, further full investigation is warranted to assess the potential for subsurface contamination, and the need for mitigation and/or remediation. The additional investigations involve the collection of soil and groundwater samples in what are called Phase II ESAs. Here where the applicant found "potential recognized environmental conditions" during the CPMC Phase Is, it did not require further Phase II investigations through soil or groundwater sampling. Therefore, the findings of potential RECs constitute inadequate disclosure and are unresolved environmental issues that warrant further investigations.

To resolve the findings of the potential RECs, the San Francisco Department of Public Health (SFDPH), the local agency which oversees subsurface soil and water contamination of this type, should be engaged to review the Phase I and the Phase II reports. There is no indication that, to date, the SFDPH has reviewed the findings of any of the Phase Is. The SFDPH must independently assess whether further action is necessary to protect public health during excavation, grading, and transportation of contaminated soil and groundwater.

119-9 HZ

The Phase I and Phase II reports were completed over a seven-year period beginning in 2003. Therefore the applicant has had ample time to submit the reports to SFDPH for review, under a voluntary cleanup agreement. Instead, the applicant included the reports in the DEIR without regulatory review and, as a result, I consider the status of the conditions described, including

119-10 HZ

[4] http://www.astm.org/BOOKSTORE/COMPS/136.htm
[5] http://www.edrnet.com/reports/whitepapers/e1528whitepaper.pdf

soil and groundwater contamination, to be without resolution and therefore inadequately disclosed. Moreover, the DEIR did not adequately describe the Project's environmental conditions accurately or adequately. A revised DEIR must eliminate confusing terms such as "potentially recognized" so that reviewers can assess the Project's true impacts.

119-10 HZ

Contaminants documented and suspected in soil in the Project area include petroleum hydrocarbons, lead, and dry cleaning solvents, such as trichloroethylene (TCE). Health effects of lead include[6]:

> Long-term exposure of adults can result in decreased performance in some tests that measure functions of the nervous system. It may also cause weakness in fingers, wrists, or ankles. Lead exposure also causes small increases in blood pressure, particularly in middle-aged and older people and can cause anemia. Exposure to high lead levels can severely damage the brain and kidneys in adults or children and ultimately cause death. In pregnant women, high levels of exposure to lead may cause miscarriage. High level exposure in men can damage the organs responsible for sperm production.

119-11 HZ

Health effects for petroleum hydrocarbons include[7]:

> Some of the TPH compounds can affect your central nervous system. One compound can cause headaches and dizziness at high levels in the air. Another compound can cause a nerve disorder called "peripheral neuropathy," consisting of numbness in the feet and legs. Other TPH compounds can cause effects on the blood, immune system, lungs, skin, and eyes. Animal studies have shown effects on the lungs, central nervous system, liver, and kidney from exposure to TPH compounds. Some TPH compounds have also been shown to affect reproduction and the developing fetus in animals.

Health effects of TCE include[8]:

> Breathing small amounts may cause headaches, lung irritation, dizziness, poor coordination, and difficulty concentrating. Breathing large amounts of trichloroethylene may cause impaired heart function, unconsciousness, and death. Breathing it for long periods may cause nerve, kidney, and liver damage. Drinking large amounts of trichloroethylene may cause nausea, liver damage, unconsciousness, impaired heart function, or death. Drinking small amounts of trichloroethylene for long periods may cause liver and kidney damage, impaired immune system function, and impaired fetal development in pregnant women, although the extent of some of these effects is not yet clear. Skin contact with trichloroethylene for short periods may cause skin

[6] http://www.atsdr.cdc.gov/toxfaqs/tf.asp?id=93&tid=22
[7] http://www.atsdr.cdc.gov/toxfaqs/tf.asp?id=423&tid=75
[8] http://www.atsdr.cdc.gov/toxfaqs/tf.asp?id=172&tid=30

rashes. The International Agency for Research on Cancer (IARC) has determined that trichloroethylene is "probably carcinogenic to humans."

119-11 HZ

Exposure to the known and suspected contaminants in the Project area may result in significant health impacts to construction workers who may come into dermal contact with soils or who may breathe dusts. Exposure to known and suspected contaminants may also occur when those who live close to the site, or those who live along transportation routes, breathe contaminated dust.

Pacific Campus

The applicant prepared a total of 10 Phase I ESAs for individual buildings at the eight parcels of the Pacific Campus. A summary of the Phase I findings is presented below where, in my opinion, there is the potential for environmental contamination that was not adequately addressed in the Phase I investigations.

2323 Sacramento

A January 17, 2008 Phase I[9] found two hydraulic piston-driven elevators to be located in buildings at the Site. The Phase I stated (p. 3):

119-12 HZ-PC

> The presence of these hydraulic elevators represents a potential that petroleum hydrocarbons may have been released to the soil. However, because they do not indicate a release or imminent threat of release, they do not qualify as a recognized environmental condition.

This statement is in consistent with the ASTM definition of a REC which states that a "material threat of a release of any hazardous substances or petroleum products into structures on the property or into the ground, groundwater, or surface water of the property" constitutes a REC.[10]The Phase I also found the potential for a REC to be associated with artificial fill which may be present under the Site and which may contain residual chemicals (p. 3).

The Phase I only provides for a plan to address contamination upon development in stating (p. 3):

> Prior to redevelopment, we recommend that an Environmental Contingency Plan be prepared to describe procedures to be followed in the event environmental issues are

[9]California Pacific Medical Center, 2008 (January 17). *Phase I Environmental Site Assessment (Updated and Revised), Pacific Hospital,2333 Buchanan Street, California.* San Francisco, CA. Prepared by Treadwell & Rollo, Inc., San Francisco, CA.

[10]See for example, August 20, 2009 Phase I Environmental Site Assessment Saint Luke's Campus Tower Area, p. 1

encountered during excavation activities (i.e., discolored soil, lead based materials, or potential hazardous material releases in soil or groundwater).

119-12 HZ-PC

In my opinion, the finding in the Phase I -- that the hydraulic elevators represent a potential for petroleum hydrocarbons to have been released to the soil -- is a REC. The finding of a "potential recognized environmental condition" in the Phase I is inconsistent with recognized definitions such as that of ASTM.

According to ASTM guidance, a finding of a REC typically results in the conduct of a Phase II investigation, to include the collection of soil samples, to further investigate the Phase I findings.[11]

119-13 HZ-PC

Recommendation: A Phase II subsurface investigation must be conducted to investigate the potential for soil and groundwater contamination associated with the two "potential recognized environmental concerns," the two hydraulic elevators at the site and possible artificial fill. In our experience, we are aware of other sites where the project EIRs analyzed impacts associated with hydraulic elevators and required a sampling investigation along with a regulatory letter of closure.[12]That is the proper protocol for this type of environmental hazard.

2405 Clay Street

A Phase I for the Site was completed on August 10, 2006.[13] The Phase I found three "potential recognized environmental conditions" (Phase I, p. 3):

- the former presence of a laundry facility;
- the former presence of the carpentry and machine shop (including a paint spray booth); and
- potential artificial fill.

119-14 HZ-PC

According to the Phase I, two former businesses may have released chemicals to the soil or groundwater as follows (Phase I, p. 2):

> • A laundry was operated in the eastern part of the Site from prior to 1913 until sometime after 1929. It was not determined during this ESA whether dry cleaning was performed at this facility, or whether dry-cleaning solvents may have been released to

[11] http://en.wikipedia.org/wiki/Phase_I_Environmental_Site_Assessment
[12] http://www.wlac.edu/DEIR/Chapter%203%20Environmental%20Setting,Impacts%20and%20Mitigation.pdf
[13] California Pacific Medical Center. 2006 (August 10). *Phase I Environmental Site Assessment, Clay-Webster Parking Garage, 2405 Clay Street, San Francisco, California*. San Francisco, CA. Prepared by Treadwell & Rollo, Inc., San Francisco, CA.

the soil or groundwater at the Site. Therefore, this former Site use constitutes a potential recognized environmental condition.

• A carpentry and machine shop, with a paint spray booth, were operated on the Site from prior to 1950 until after 1970. It was not determined during this ESA whether lubricants, paints, solvents, or heavy metals were released to the soil or groundwater at the Site. Therefore, this former use constitutes a potential recognized environmental condition

119-14 HZ-PC

In response to the so-called "potential recognized environmental conditions," the Phase I proposed that an environmental contingency plan be prepared to describe procedures to evaluate and address environmental issues encountered during excavation activities (i.e., discolored soil, lead based materials, or potential hazardous material releases in soil or groundwater).

Recommendation: As stated above, for consistency and clarity, the term "potential recognized environmental condition" must first be eliminated from a revised EIR; then, the revised EIR must include a Phase II ESA describing any identified soil and groundwater sampling at both the laundry site and the carpentry and machine shop.

3773 Sacramento Street

The applicant conducted a February 8, 2008 Phase I for the Site which includes a two-story parking garage.[14] From 1953 to 1966, "Art Craft Cleaners" occupied the site (Phase I, p. 3). No information about the cleaners was provided in the Phase I. However, an existing groundwater well was sampled and concentrations of volatile organic compounds (VOCs) were detected as follows: tetrachloroethene (PCE) at 1.3 micrograms per liter (µg/L), trichloroethene (TCE) at 0.7 µg/L, and cis-1,2-dichloroethene (cis-1,2-DCE) at 0.6 µg/L. These concentrations are below drinking water standards and, although the detected VOCs are typically associated with dry cleaning operations, the Phase I states that the former cleaners was not a source of the contamination (p. 4):

119-15 HZ-PC

> The previous dry-cleaning operations at the former "Art Craft Cleaners" that was at the Site between 1953 and 1966 is a less likely source as it is cross-gradient from the well, with respect to groundwater flow.

[14]California Pacific Medical Center. 2008 (February 8). *Phase I Environmental Site Assessment and Well Sampling (revised and updated), Parking Garage, 3773 Sacramento Street, San Francisco, California*. San Francisco, CA. Prepared by Treadwell & Rollo, Inc., San Francisco, CA.

The Phase I attributes the contamination to a potential off-site, upgradient source (Phase I, p.4). The potential impact from the "Art Craft Cleaners" was not assessed by the groundwater sampling in the Phase I because the well was judged to be cross gradient.

119-15 HZ-PC

Recommendation: A Phase II must be conducted to determine potential soil and groundwater contamination from the "Art Craft Cleaners." A Phase II is also necessary to address the potential off-site source of contamination. Without sampling, construction workers may be at risk from inhalation of VOC vapors and dermal contact with VOC-contaminated soil during excavation. A revised EIR must describe any contaminants found during the Phase II and must include measures to remediate/mitigate the contaminants.

2351 Clay Street

A January 17, 2008 Phase I ESA was completed for the Site which is known as the Stanford Building, a seven-story medical clinic and office building. The Phase I found greater than two hundred chemicals to be listed as stored in the basement, "Boiler Room" and the second floor. The Carpentry and Paint Shops in the basement of the Stanford Building contain chemicals such as various paints, thinners, methyl ethyl ketone, muriatic acids, degreasing solvents, epoxy floor coatings, and cleaners (Phase I, p. 2). No observations of floor drains or liquid waste management practices, current and historic, were provided in the Phase I.

119-16 HZ-PC

The Phase I found no recognized environmental conditions to be associate with the Site.

Recommendation: The applicant must conduct a Phase II investigation in the basement of the Site, which includes a sampling investigation in areas where liquid wastes may have drained from the former carpentry and paint shops. Any mitigation or remediation that would be necessary to protect worker safety or the safety of residents during transportation of hazardous materials must be included in a revised DEIR.

2200 Webster Street

The applicant completed a Phase I for this site on January 17, 2008. This site consists of a five-story medical research laboratory and office building.[15] The Phase I classified two hydraulic elevators as "potential recognized environmental conditions." These decommissioned elevators may have released petroleum products to soil or groundwater during operation. Additionally, artificial fill may be present beneath the Site from previous demolition of residential buildings at the Site (Phase I, p. 3).

119-17 HZ-PC

[15]California Pacific Medical Center. 2008 (January 17). *Phase I Environmental Site Assessment (Updated and Revised), Gerbode Building,2200 Webster Street, California*. San Francisco, CA. Prepared by Treadwell & Rollo, Inc., San Francisco, CA.

Recommendation: As discussed above, we consider "potential recognized environmental conditions" to be recognized environmental conditions that must be the subject of a Phase II sampling investigation. Results of a Phase II investigation must be disclosed in a revised EIR along with measures to remediate and mitigate these environmental hazards prior to construction and subject to the approval of the SFDPH.

119-17 HZ-PC

2333 Buchanan Street

A Phase I was completed for the Site, a hospital and a parking lot, on January 17, 2008.[16] The Phase I documented a 10,000 gallon diesel underground tank, along with an underground water tank, to be located on the east side of the hospital. The Phase I states (p. 4):

> The San Francisco Department of Public Health (SFDPH) reported a pressure test violation for the diesel tank on 18 February 2003. Both tanks were removed in 2003 during construction of an access shaft for installing a linear accelerator at the hospital. The removal was approved by the SFDPH, but follow-up documentation was not obtained. Because the replacement of the tank was approved and because soil around and under the tank was removed to construct the access shaft, it is unlikely that petroleum products were released, or if released would remain, at significant concentrations in soil at the Site. Therefore, this fuel tank does not represent a recognized environmental condition.

119-18 HZ-PC

In my opinion, unless documentation can be obtained, the former fuel tank represents a recognized environmental condition.

Recommendation: The applicant must document whether the underground diesel tank was properly resolved and closed, including a finding that the SFDPH approved these actions. If the documentation is not available, a Phase II investigation should be conducted. All of this must be described in a revised EIR.

California Campus

3698 California Street and 3773 Sacramento Street

119-19 HZ-CA

A February 8, 2008 Phase I[17]revealed one REC: an open environmental case with the SFDPH regarding documented releases of petroleum hydrocarbons to soil in the truck dock area caused by an underground fuel storage tank. (Phase I/II, p. 4) To address the REC, the

[16]California Pacific Medical Center, 2008 (January 17). *Phase I Environmental Site Assessment (Updated and Revised), Pacific Hospital,2333 Buchanan Street, California.* San Francisco, CA. Prepared by Treadwell & Rollo, Inc., San Francisco, CA.

[17]California Pacific Medical Center, 2008 (January 17). *Phase I Environmental Site Assessment (Updated and Revised), Pacific Hospital,2333 Buchanan Street, California.* San Francisco, CA. Prepared by Treadwell & Rollo, Inc., San Francisco, CA.

Applicant commissioned a Phase II investigation that involved sampling three existing groundwater wells. The applicant sampled a groundwater boring in June 2006 to evaluate potential groundwater contamination from an upgradient source and sampled again in July 2006.[18] Analysis of the groundwater samples did not detect compounds that would likely be associated with potential onsite and offsite sources. On the basis of the findings, the consultant recommended that the applicant submit a report for case closure with the SFDPH. There is no documentation in the DEIR or supporting materials that such a report was prepared or submitted. The SWRCB "Geotracker" web site, accessed in October, 2010, indicates the site is still open, and that the site will be closed only upon the abandonment of three existing monitoring wells.[19] The DEIR omitted the consultant's Phase I recommendation for case closure. The DEIR does not discuss the open status of the site. This must be resolved.

119-19 HZ-CA

Recommendation: A revised EIR must include documentation that a proper resolution and closure occurred.

3700 California Street

A February 19, 2008 Phase I[20] found one REC in connection with the Site: a finding of dark oily liquid and staining adjacent to a floor drain "indicating the material threat of release of hazardous materials or petroleum products" (Phase I, p. 5). The Phase I also documented the presence of two abandoned USTs , including a 1,000-gallon and a 4,000-gallon tank (Phase I, p. 4) According to the Phase I, a SFDPH letter approved the in-place closure of one abandoned UST; however, during the Phase I file review , the applicant could not determine which tank was abandoned. Other materials reviewed during the Phase I indicted the conversion of a 4,000-gallon storage tank to water storage but the Phase I did not conclude if this plan was completed. The Phase I states that soil samples collected at the 4,000-gallon UST in 1990 did not detect petroleum hydrocarbons as diesel fuel and the Phase I concluded "it is unlikely that past use of the tank has impacted soil at the Site (Phase I, p. 4). No documentation that the USTs were closed was found in the files during the Phase I review.

119-20 HZ-CA

The Phase I found one recognized environmental condition in connection with the Site: the dark oily liquid and staining observed near the floor drain in Room G200. A REC was not found in association with the former USTs for which the Phase I found no records of closure.

[18] *Ibid.*

[19] http://geotracker.swrcb.ca.gov/profile_report.asp?global_id=T0607500094

[20] California Pacific Medical Center. 2008 (February 19). *Phase I/Phase II Environmental Site Assessment (Updated and Revised), Children'sHospital, 3700 California Street, San Francisco, California.* San Francisco, CA. Prepared by Treadwell & Rollo, Inc., San Francisco, CA.

The applicant conducted a Phase II to address the oily staining which involved the collection of one soil sample beneath the floor drain.[21] The analysis of the sample found detectable concentrations of petroleum hydrocarbons, a PCB compound and metals. The Phase II found "detected soil concentrations were found to not represent a significant risk to human health and would not likely be considered a hazardous waste if the Site were redeveloped and soil disposal were needed" (Phase, II, p. 8).

119-20
HZ-CA

Recommendation:

Because the documentation in the Phase I did not include a record of UST closure, the applicant must conduct an additional Phase II investigation to confirm the presence of the 1,000- and the 4,000-gallon USTs at the site. In addition, the applicant must sample the USTs for the presence of potential contaminants and submit to SFDPH the results of the analysis for regulatory closure of the site prior to development. All of the new information must be disclosed in a revised EIR including measures to mitigate and remediate these potentially harmful conditions.

Davies Campus

Two Phase Is were completed for the Davies Campus: one for the "northeast corner" and another for the "southern parking area."

Northeast Corner

0n April 28, 2008, the applicant completed a Phase I for the northeastern corner of the Ralph K. Davies Medical Center Campus.[22]

119-21
HZ-DV

The Phase I states (p. 3):

> One 7,500-gallon underground tank is closed in place at the Site, which formerly contained diesel fuel for boilers and emergency generators at the hospital west of the Site. This tank was permitted by the SFFD for abandonment in 1998, and the tank was reportedly cleaned and filled with concrete. No documentation of abandonment activities or conditions were found in the records searched.

The Phase I did not document specifically who reported that the tank was cleaned and filled with concrete.

The Phase I also states the following USTs to be present at the Site (p. 3):

[21] *Ibid.*

[22] California Pacific Medical Center. 2008 (April 28). *Phase I Environmental Site Assessment, Noe Street Medical Office Building, SanFrancisco, California.* Project San Francisco, CA. Prepared by Treadwell & Rollo, Inc., San Francisco, CA.

> Two 2,000-gallon tanks for diesel fuel (actually one 2,000-gallon removed tank and one active 2,500-gallon underground tank south of the Site). The removal of the 2,000-gallon tank and replacement with the 2,500-gallon tank were permitted by the SFFD in 1998. No violations associated with these tanks were found in the documents examined. However, no documentation of removal activities or conditions associated with the 2,000-gallon tank were found in the records.

The Phase I found a REC to be associated with the 7,500-gallon UST but not with the other USTs at the site. Despite the identification of a REC, no Phase II was conducted.

119-21
HZ-DV

Recommendation:

In my opinion, because a REC was identified, and because no closure records have been found for the 7,500-galllon and the 2,000-gallon USTs, the applicant must conduct a Phase II subsurface investigation must to investigate the potential for the presence of soil contamination to be associated with these tanks. The investigation must be disclosed, along with any necessary mitigation in a revised EIR to ensure that construction workers are not at risk during earthmoving activities.

Southern Parking Area

The Phase I states[23] (p. 3):

> from circa 1913 to the 1960s, a greenhouse was located near the northern boundary of the west part of the Site, which may indicate the use or release of pesticides on the site.

119-22
HZ-DV

The Phase I also found (p. 3):

> A 2,500-gallon diesel underground storage tank (UST) for supplying the emergency generator at the southern hospital is located in the upper parking lot of the eastern part of the Site (Photograph 6). This UST is operated under a permit from the San Francisco Fire Department. CPMC personnel indicated that this 2,500 gallon UST replaced a former 2,000 gallon UST in 1988. Closure documents for the previous UST were not available.

The Phase I did not find a REC to be associated with the former greenhouse. It is important to note that pre-1970s greenhouses are frequently associated with soil contaminated with organochlorine pesticides such DDT and DDE. Given the pre-1970s greenhouse and because

[23]California Pacific Medical Center. 2008 (February 13). *Phase I Environmental Site Assessment, South Davies Campus Parking Areas, San Francisco, California.* Project San Francisco, CA. Prepared by Treadwell & Rollo, Inc., San Francisco, CA.

closure documents are not available for the 2,500-gallon UST, the applicant must prepare a Phase II analysis to include soil sampling in these areas.

119-22 HZ-DV

Recommendation:

The applicant must prepare a Phase II analysis for a revised EIR and include any measures necessary to mitigate or remediate the risk of human exposure during earthmoving activities. A Phase II must also be completed to sample for petroleum hydrocarbons in the vicinity of the 2,500-gallon UST. Coordination of the Phase II activities with the SFDPH must be documented in a revised DEIR.

Saint Luke Campus

A Phase I was completed for the tower area of the Saint Luke Campus on August 20, 2009 and found:[24]

> an inactive diesel underground storage tank at the site that was reportedly abandoned in place in 2000 by cleaning and filling with cement. This tank was "closed" in place by with the approval of the SFDPH; no documents indicating releases of fuel from this tank were found (Phase I, p. 3).

Note: The Phase I includes no information about the contents of the UST or the capacity of the UST. The quotation marks were in the Phase I itself.

119-23 HZ-SL

The Phase I concluded:

> Several other known and potential environmental conditions, which do not meet the definition of Recognized Environmental Condition, but may impact Site redevelopment were identified at the Site. These include:
>
> • The presence of artificial fill, which may contain elevated levels of metals, organic chemicals, and/or asbestos;
>
> • The presence of underground tanks in an area to be excavated;
>
> • The possible presence of an acid neutralization sump; and
>
> • The potential presence of deposits of ash from a former hospital incinerator.

There is no documentation for the UST closure. Most important, there is no discussion in the Phase I of why the above features do not meet the definition of a REC, or whether the features

[24]California Pacific Medical Center. 2009 (August 20). *Phase I Environmental Site Assessment, St. Luke's Campus Tower Area, 3555 CesarChavez Avenue, San Francisco, California.* San Francisco, CA. Prepared by Treadwell &Rollo, Inc., San Francisco, CA.

are potentially significant impacts under CEQA. These conditions may in fact meet the definition of a REC and thereby warrant the preparation of a Phase II to include sampling.

One REC was identified in the Phase I: Oily staining was observed at a utility vault indicating a release of hazardous materials or petroleum products. However, the he Phase I did not conclude that a Phase II investigation was needed, despite the finding of a REC. Instead, it recommended only that prior to Project construction an environmental contingency should plan be prepared "describing procedures to be followed to address known and unknown environmental conditions at the Site (Phase I, p. 5).

119-23 HZ-SL

Recommendation: The applicant must conduct a Phase II subsurface investigation to investigate the potential for the presence of soil contamination associated with the USTs, and to address the soil staining. The investigation must be included a revised EIR and contain mitigation or remediation measures to ensure that nearby residents or construction workers are not at risk during earthmoving activities.

Cathedral Hill Campus

The applicant prepared nine Phase I/Phase II reports to assess the potential for environmental conditions associated with the old Cathedral Hill Hotel (1101 Van Ness Avenue), the 1255 Post Street Office Building and two parcels at 1375 Sutter Street, all proposed for development under the DEIR.

1101 Van Ness Avenue and 1255 Post Street (Proposed Cathedral Hill Hospital)

119-24 HZ-CH

Although no RECs were found in a 2003 Phase I,[25] the applicant's consultant recommended additional sampling to address the potential for earthquake fill to contain elevated levels of lead in the northeastern part of the site, and recommended sampling of the expected area of earthquake fill in the site's southeast area (Phase I, p. 15). Based on the soil sample analysis, the 2003 Phase II ESA[26] determined that no significant release of hazardous materials would trigger regulatory requirements for long-term monitoring or remediation has occurred at the site (DEIR, p. 4-16.4).

In summarizing Phase II for the site, the DEIR states:

> Based on the soil sample analysis, the Phase II ESA determined that no significant release of hazardous materials that would trigger regulatory requirements for long-term

[25] California Pacific Medical Center. 2003. *Phase I Environmental Site Assessment, Cathedral Hill Hotel and Office Building: 1101 Van NessAvenue and 1255 Post Street, San Francisco, California.* San Francisco, CA. Prepared by Treadwell & Rollo, Inc., San Francisco, CA.

[26] California Pacific Medical Center. 2003 (October 13). *Phase II Environmental Site Assessment, Cathedral Hill Hotel, 1101 Van Ness Avenue, San Francisco, California.* San Francisco, CA. Prepared by Treadwell & Rollo, Inc., San Francisco, CA.

monitoring or remediation has occurred at the site. Therefore, with the exception of the limited area of earthquake fill containing elevated concentrations of lead in the northeastern part of the site and the expected area of earthquake fill in the southeast part of the site, no RECs or other potential environmental conditions were found during the ESAs of the proposed Cathedral Hill Hospital.

119-24 HZ-CH

Recommendation: The Phase II ESA determination that no regulatory intervention is needed must be confirmed by submitting the Phase II ESA to the SFDPH under a voluntary cleanup agreement for review. The regulatory determination must be included in a revised DEIR along with any measures to mitigate or remediate conditions that would pose a hazard to construction personnel or to residents adjacent to the construction or along transportation routes.

1020, 1028/1030, and 1062 Geary Street and 1100 Van Ness Avenue

A Phase II Environmental Site Assessment was completed on February 12, 2010 for an area bounded by Van Ness Avenue to the west, Cedar Street to the north, a commercial/residential mixed-use building to the east, and Geary Street to the south.[27] The Phase II was completed to follow-up on findings made in Phase I ESAs that had been previously completed for the six buildings at 1020 through 1062 Geary Street and the building at 1100 Van Ness Avenue.

119-25 HZ-CH

The applicant found earthquake fill containing high lead concentrations is present under much of the Site. During redevelopment, this material will be excavated and disposed as non-RCRA hazardous waste. This material likely underlies the buildings with no basement at 1020, 1028/1030, and 1062 Geary Street to a depth of four to six feet. Fill material underlying 1062 Geary Street shows elevated concentrations of petroleum hydrocarbons, likely as a result of activities at the former auto repair shop. This material will also be excavated during construction of the planned medical office building. Groundwater in an adjacent well in Cedar Street contained concentrations of petroleum and cyanide exceeding their health-based regulatory screening levels.

The DEIR erroneously deferred sampling of contaminants until excavation is undertaken. Under this proposal, the site's true environmental conditions would not be adequately disclosed. For example, the DEIR makes no attempt to quantify the amount of contaminated soil that would underlie the entire two-block site, or the impact the excavation, mobilization and transport of

[27] *California Pacific Medical Center. 2010. Phase II Environmental Site Assessment, Planned Medical Office Building California Pacific Medical Center Cathedral Hill Campus San Francisco, California. San Francisco, CA. Prepared by Treadwell & Rollo, Inc., San Francisco, CA.*

the soil would have on the neighboring residential and commercial properties and their inhabitants.

Recommendation: The applicant must revise the EIR to include any measures to mitigate or remediate the contaminated soil to protect the health of the construction workers and the neighboring residents or the public along transportation routes. It must also document communication with the SFDPH to ensure that all necessary regulatory actions are taken, including any necessary cleanup of groundwater and soil. Finally, a revised EIR must document an application for voluntary cleanup with the SFDPH to ensure that cleanup of the known contaminants in conducted prior to construction. If cleanup and regulatory closure is deferred until construction, the applicant may encounter conditions that will require delays while regulators determine if the contaminants have been adequately addressed.

119-25 HZ-CH

Summary and Recommendations

The DEIR and the supporting Phase I and Phase II reports document numerous instances of soil and groundwater contamination. These documents also evidence the potential for additional widespread contaminants where the applicant must conduct proper further investigation as required by CEQA. The conditions have been known, in most instances for at least two years, yet the applicant has made no attempt to engage the SFDPH. Instead, the DEIR proposes to further delineate areas of contamination only once project construct begins. These omissions result in inadequate documentation in DEIR of the extent and severity of the contamination at numerous sites throughout the Project area. Failure to adequately disclose the contamination puts the public at risk. Construction workers may be put at risk when they touch and breathe contaminants (through dust and vapors). Neighboring residents and those living along transportation corridors may be at risk from harmful dust and vapors generated during excavation and transport of contaminated soil in and through their neighborhoods.

119-26 HZ

To address known and potential soil and groundwater contamination at the proposed campuses, the DEIR proposes Mitigation Measure M-HZ-N1a (p. 4.16-43) which would require the preparation and approval of soil management plans that include "management protocols based on the site-specific environmental contingency plans." This measure also requires air quality monitoring during tank removal activities and sampling of surrounding soils to ensure that leaks have not occurred subject at that time, finally, to SFDPH approval. This is not sufficient.

119-27 HZ

The preparation of plans to address known and suspected contamination only at the time of excavation is wholly inadequate. A revised EIR is required to immediately assess the extent and severity of all Project-related contamination. The revised EIR must include alternatives and measures to mitigate or remediate all potentially significant contamination impacts. In addition, the applicant must immediately engage the City of San Francisco's Public Health

119-28 HZ

Department through a voluntary cleanup application. By entering into a voluntary cleanup agreement now, the applicant will be assured that assessment and cleanup of the contamination will be sufficient for a regulatory determination that no further action is warranted. However, all further action required by the SFDPH must be included in a revised DEIR along with the results of investigations that may be required to address known or suspected soil and groundwater contaminants. The steps that are necessary to meet SFDPH requirements must be included in a revised EIR as mitigation measures to assure the public that contaminants will be adequately addressed.

119-28 HZ

So far, the applicant appears to either hope to avoid or delay formal regulatory oversight. By doing so, the applicant not only risks delaying project construction until serious contamination issues are resolved, but also puts the public at risk because many of contamination risks have not been disclosed and thus not mitigated. The DEIR must be revised to include documentation of communication with the SFDPH and the results of any investigations that are required by the agency to protect public health. Any measures that are required by SFDPH must be stated in a revised EIR and addressed through remediation or mitigation prior to excavation.

Sincerely,



Matt Hagemann, P.G.

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PROJECT REVIEW COMMENTS

Project: California Pacific Medical Center Long Range Development Plan
Submitted Documents: Draft Environmental Impact Report (7/21/2010)
Response Date: 9/23/2010
From: SFPUC Water Conservation Section

Thank you for the opportunity to review the project referenced above. Below are the San Francisco Public Utilities Commission (SFPUC) Water Conservation section's comments.

Please consider the following two local ordinances that may affect planned development, as well as rebate programs for which CPMC might be eligible.

First, the Commercial Water Conservation Ordinance amending Chapter 13A of the San Francisco building code requires water-efficient fixtures be installed in all commercial building by 2017, upon additions that increase floor space by 10 percent, or improvements over $150,000. The requirements also apply to new construction. The ordinance mandates the following flow rates for all fixtures:

- Low-Flow Showerheads- 2.5 gallons per minute (gpm)
- Faucets and Faucet Aerators- 2.2 gpm
- Toilets- 1.6 gallons per flush (gpf)
- Urinals- 1.0 gpf

The ordinance also requires a water conservation inspection be performed by the Department of Building Inspection's Plumbing Inspection Division to certify compliance.

120-1 UT

Second, the SFPUC is proposing a water efficient irrigation ordinance to bring the City into compliance with state law AB 1881, the Water Conservation in Landscaping Act. The ordinance would require all property owners with landscaping projects over 1,000 square feet to submit landscape documentation to the SFPUC to ensure water efficient irrigation of the space. If over 2,500 square feet of landscape is planned at a given location, the SFPUC will require applicants to submit full landscape design and irrigation plans, a soil management report, water budget worksheet, and a grading design plan. Landscapes over 2,500 square feet will require the services of a licensed landscape professional to certify the necessary documentation. The SFPUC anticipates that the water efficient irrigation ordinance will go into effect early 2011.

Finally, for portions of the project that involve improvements to existing facilities, the SFPUC may be able to provide rebates for the purchase of high efficiency toilets (1.28 gpf or lower) and urinals (1.0 gpf or lower) that replace inefficient toilets (3.5 gpf or higher) and urinals (2.0 gpf or higher).

120-2 UT

If you have any questions regarding these ordinances or our rebate program, please contact SFPUC Water Conservation Manager Julie Ortiz at (415) 551-4739 or jnortiz@sfwater.org.

Tom Brohard and Associates

March 8, 2011

Ms. Gloria Smith
The Law Offices of Gloria D. Smith
48 Rosemont Place
San Francisco, CA 94103

SUBJECT: California Pacific Medical Center – Transportation/Circulation Impact Comparison between Alternative 3A and the LRDP Project

Dear Ms. Smith:

At your request, I am providing additional comments on the Transportation and Circulation Section of the Draft Environmental Impact Report (Draft EIR) for the California Pacific Medical Center (CPMC) Long Range Development Plan (LRDP Project) which was published by the San Francisco Planning Department in July 2010. My prior comments, submitted on October 18, 2010, focused on an analysis of Section 4.5 of the Draft EIR which deals with transportation and circulation impacts associated with buildout under the proposed LRDP Project. These additional comments analyze transportation and circulation impacts of the LRDP Project for the Cathedral Hill and the St. Luke's Campuses compared to those that would be associated with Alternative 3A.

These comments do not necessarily endorse all aspects of Alternative 3A. Instead, approval of Cathedral Hill and St. Luke's hospitals roughly the size of those described in Alternative 3A would significantly reduce the overall Project-related traffic impacts described in my October 18, 2010 letter.

121-1
ALT3A

As described in Section 6 of the Draft EIR, the size of the proposed Cathedral Hill Hospital and associated parking would be reduced under Alternative 3 compared to full buildout under the LRDP because the Women's and Children's Center would be relocated to the St. Luke's Campus. Under Alternative 3A, the Cathedral Hill Campus would provide a total of 400 beds and the St. Lukes Campus would provide 240 beds including the 160 beds for the relocated Women's and Children's Center. Significantly, this alternative reduces traffic congestion City-wide because two more equally sized hospitals would distribute services among two campuses instead of concentrating much of CPMC's resources at one site.

Page 6-403 of the Draft EIR concludes that "Alternative 3A would be the environmentally superior alternative other than the No Project Alternative." I concur with the Draft EIR's conclusion that "Alternative 3A would reduce some of the significant and unavoidable impacts on transportation and circulation identified under the proposed LRDP" and that buildout under Alternative 3A would not result in any additional transportation and circulation impacts near the St. Lukes Campus. As such, Alternative 3A is the preferred alternative for transportation and circulation.

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Transportation and Circulation Impact Comparison between Alternative 3A and the LRDP Project

According to Section 6 of the Draft EIR, Alternative 3A would cause no additional significant impacts regarding transportation and circulation. Instead, it listed the following **benefits** for Alternative 3A compared to buildout under the LRDP:

Traffic Impacts

- Reduces development at the Cathedral Hill Campus in Years 2015 and 2030, thereby eliminating the significant unavoidable traffic impacts at Van Ness Avenue at Market Street.
- Avoids construction of the Two-Way Post Street Variant and the Medical Office Building (MOB) Access Variant, thereby eliminating significant unavoidable impacts at Van Ness Avenue at Market Street, Polk Street at Geary Street, and Franklin Street at Bush Street.
- Reduces vehicle delays at other intersections near Cathedral Hill Campus.

121-1
ALT3A

Transit Impacts

- Adds 314 fewer AM and 258 fewer PM peak hour transit trips, about half of the net-new transit trips forecast for the LRDP Project.
- Decreases demand for the CPMC shuttle service with reduced development.
- Reduces impacts to Muni transit services with reduced development.

Pedestrian Impacts

- Eliminates the significant and unavoidable pedestrian conflict impact under the LRDP Project MOB Access Variant at the proposed Cathedral Hill MOB driveway on Geary Street.
- Adds 369 fewer AM and 303 fewer PM peak hour pedestrian trips, about half of the net-new pedestrian trips forecast for the LRDP Project.

Construction Impacts

- Shortens the construction duration because of the reduced size of the Cathedral Hill Hospital under Alternative 3A.

Parking Impacts

- Eliminates peak-period queues and spillbacks from traffic entering parking garages that would block traffic lanes on adjacent streets at the entrances to the three parking garages at the Cathedral Hill Campus.

Clearly, a number of the significant transportation and circulation impacts that would occur under the LRDP can be avoided with implementation of Alternative 3A without incurring penalties elsewhere. Six significant and unavoidable traffic impacts at three

intersections in the vicinity of the Cathedral Hill Campus would be eliminated. Also, the significant and unavoidable pedestrian conflict impact at the Cathedral Hill MOB driveway on Geary Street would be avoided under Alternative 3A because the MOB Access Variant would not be required. At the same time, the corresponding increase of 160 beds at the St. Luke's Campus would not result in any additional significant unavoidable traffic impacts. In other words, Alternative 3A, which would relocate the Women's and Children's Center from Cathedral Hill Campus to St. Luke's Campus, is by far the environmentally superior alternative with respect to traffic and circulation.

121-1 ALT3A

Many of the intersections in the vicinity of the proposed Cathedral Hill Campus are already failing during peak traffic hours as there is more vehicle demand than capacity available. These intersections currently operate at Level of Service (LOS) "F", the lowest performance measurement of efficiency. Under LOS "F" conditions, flow is forced and each vehicle moves in lockstep with the vehicle in front of it, with frequent slowing and stopping required. The number of these failing intersections will significantly increase in future years. Adding LRDP trips to these failing intersections will increase vehicle delay and gridlock beyond what is already being experienced, with no relief in sight.

121-2 TR

Transportation gridlock is particularly critical for a hospital project. Access for ambulances and for labor and delivery vehicles to the proposed Cathedral Hill Campus will be adversely impacted by the severe congestion. Intersections and roadways near the Cathedral Hill Campus, located in a high-density neighborhood at the intersection of two major traffic corridors, already experience heavy use, congestion and lengthy delays. Adding hospital patients and employees concentrated at one very large hospital campus, rather than spreading medical services across several campuses, would present unnecessary health risks for patients stuck in traffic on Van Ness Avenue trying to reach the emergency room or labor and delivery. Excessive delays for patients requiring immediate care could be a daily event during rush hour, and potentially worse in the event of an accident, routine construction, or other disruption. Such circumstances pose unacceptable and avoidable health and safety risks and should have been examined in the Draft EIR.

121-3 TR

My prior analysis recommended spreading the proposed development to several other campuses including to the St. Luke's Campus rather than concentrating services at the Cathedral Hill Campus. Access to and from St. Luke's is closer to Highway 101 for vehicles and to major transit facilities such as the 24th Street BART Station for transit patrons. Moreover, the St. Luke's Campus is the most accessible CPMC facility for those Sutter patients traveling from San Mateo and Santa Clara counties.

In my opinion, the City could eliminate all significant, Project-related traffic impacts near the Cathedral Hill Campus. With proper planning, the Cathedral Hill Campus could generate the same number of PM peak hour vehicle trips as that of the former hotel and office uses, thus avoiding the LRDP Project's projection of generating three times more PM peak hour vehicle trips than these former uses. For this to occur, the City would approve a new Cathedral Hill hospital one third the size of that proposed in the LRDP. In

121-4 ALT

addition, my analysis indicates reducing development at the Cathedral Hill Campus by two thirds would also eliminate the significant transit impacts that will occur with the LRDP Project. A size reduction on this order would eliminate many of the traffic-related safety concerns expressed here and by others commenting on the Draft EIR.

121-4 ALT

From a transportation perspective, CPMC should spread the proposed LRDP development away from the Cathedral Hill Campus to several other CPMC facilities including the St. Luke's Campus. In my opinion, this would better serve the entire City and could be accomplished in a manner that would minimize any significant transportation impacts near other campuses. A Project alternative that distributes patients and services more equally across the City should be evaluated in a revised EIR.

Should you have any questions regarding these findings, please contact me at your convenience.

Respectfully submitted,

Tom Brohard and Associates

Tom Brohard

Tom Brohard, PE
Principal





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March 8, 2011

Gloria D. Smith
Law Offices of Gloria D. Smith
48 Rosemont Place
San Francisco CA. 94103

Dear Ms. Smith:

RE: Additional Comments on the Land Use Aspects of the proposed CPMC LRDP

This letter provides additional comments on the land use aspects of the California Pacific Medical Center (CPMC) Long Range Development Plan (LRDP) published by the San Francisco Planning Department in July 2010. My prior comments, submitted on October 18, 2010, focused on land use impacts associated with the entire CPMC DEIR. These additional comments analyze the LRDP's land use impacts for the Cathedral Hill and the St. Luke's Campuses compared to those that would be associated with Alternative 3A. As shown below, the DEIR's Alternative 3A is not only the environmentally superior alternative; it is the only alternative that can conform to the City's existing planning framework. Specifically, the overarching planning principles under the City's Proposition M in combination with the San Francisco General Plan support a shift of beds to St. Luke's and making it a clinical anchor, while reducing the size of the Cathedral Hill campus. Table 1 at the end of this letter summarizes the impact and policy reasons supporting such an alternative.

122-1
ALT3A

I. The San Francisco General Plan Supports a Larger St. Luke's Hospital and A Correspondingly Smaller Cathedral Hill Campus

As explained in my comments of October 18, 2010, the proposed Cathedral Hill campus is indisputably inconsistent with San Francisco's General Plan and the applicable Van Ness Avenue Area Plan (VNAP). These plans, along with the other elements of the General Plan, provide a clear and strong vision for the Van Ness Corridor both in terms of uses and scale. Specifically, the plans call for a mix of residential and supportive commercial uses that are appropriately scaled for the Corridor. That vision has been and continues to be successfully implemented as evidenced by the existing and emerging mix of residential and supportive commercial uses. The proposed Cathedral Hill campus would be a huge departure in both use and scale from the vision set forth in these plans.

122-2
LU

The DEIR proposed a major General Plan Amendment to address inconsistencies between the proposed Cathedral Hill campus and the VNAP. The proposed amendment would carve out a new

Subarea 4. The "Van Ness Subarea 4 Medical Use Subdistrict" would encompass both the Cathedral Hill hospital and associated Medical Office Building ("MOB"). Such a carve-out for a new sub-area would create an incompatible "island" in the middle of the Van Ness Corridor, and would both overwhelm and destroy the fabric of the diverse and thriving Polk Street and Tenderloin neighborhoods. These adjacent neighborhoods have longstanding and vibrant mixed uses, diverse residents, and distinct small businesses. A carve out for the massive Cathedral Hill would put tremendous pressure on these neighborhoods to convert existing smaller, more pedestrian friendly services, affordable housing and small scale employment opportunities to uses that cater to the new hospital and MOB. In contrast, the neighborhood surrounding St. Luke's hospital has evolved with the hospital, thus a facility along the lines of Alternative 3A that would be reconstructed and located on the existing footprint, would present far fewer land use impacts.

122-2 LU

The City may decide to amend the General Plan; however, any land use inconsistencies proposed by the LRDP must be resolved according to the following Proposition M guiding principles:

- That existing neighborhood-serving retail uses be preserved and enhanced and future opportunities for resident employment in and ownership of such businesses be enhanced;
- That existing housing and neighborhood character be conserved and protected in order to preserve the cultural and economic diversity of our neighborhoods;
- That the City's supply of affordable housing be preserved and enhanced;
- That commuter traffic not impede Muni transit services or overburden our streets or neighborhood parking.

122-3 LU

The proposed Cathedral Hill Campus' uses, sheer scale and resulting elimination of both existing and required housing would be irreconcilably inconsistent with Proposition M's current policies. In addition, the 2009 General Plan Housing element includes a number of policies for the Van Ness corridor that give preeminence to mixed use and housing. For example:

- Implementation 1.6: The Planning Department will continue to implement the Van Ness Avenue Plan which requires residential units over commercial uses.

- Implementation 2.1: The City will continue to implement the Proposition M policy that requires that existing housing and neighborhood character be conserved and protected in order to preserve the cultural and economic diversity of neighborhoods.

- Policy 2.5: Preserve the existing stock of residential hotels. Residential or single-room occupancy hotels (SRO's) represent a unique and often irreplaceable resource for thousands of lower income elderly, disabled, and single-person households. Most of these hotels are close to downtown and have been subject to strong economic pressures that led to conversion or demolition…The retention of remaining units of housing permanent residents should be supported.

122-4 LU

Contrary to these and other policies articulated for the Corridor in the Housing Element and other applicable plans, the proposed Cathedral Hill campus would remove existing housing and SRO rooms, and eliminate the potential for future housing on the campus sites as envisioned by the plans.

Finally, the proposed Cathedral Hill campus is clearly inconsistent with the already in place VNAP, because the VNAP encourages high-density mixed use development over a large scale hospital and MOB. Likewise, VNAP contains strong provisions for the preservation of existing housing resources and mixed uses. According to the DEIR, major amendments would be needed to bring the project into conformance with the City's General Plan VNAP, Planning Code – VNSUD, zoning. These amendments would create internal inconsistencies within the General Plan and create vertical inconsistencies with the code.

122-5 LU

In comparison, St. Luke's is an existing medical facility which would be replaced by a new campus within the existing footprint. As such it is a superior location for additional beds and a clinical anchor. Amendments are necessary only to accommodate the proposed scale of the facilities and street configuration.

122-6 LU

II. A Smaller Cathedral Hill Campus is Essential for Neighborhood Compatibility

The proposed Cathedral Hill Campus would be located is an area that is bustling with activity and composed mainly of a mix of residential and commercial uses. The area is a focal point for high-density mixed use development because of its central location within the jurisdiction of the Van Ness Avenue Area Plan (VNAP) and the associated Van Ness Special Use District (VNSUD) (Planning Code Section 243). For this reason, the General and Area plans and supporting codes (VNSUD) have strong, interwoven and internally consistent policy guidance for mixed use including residential, neighborhood commercial services and retention of affordable housing and businesses. Because of the strong and focused policies, the Corridor has evolved into a model for vibrant, walkable mixed use development.

122-7 LU

Amendments to these plans and codes to allow an oversized, 555-bed medical center will destabilize the fabric of this area and adjacent areas such as the Tenderloin. Existing policies have already directed the retention of existing businesses, jobs, and residential and single-room occupancy hotels (SRO's), which represent unique and often irreplaceable resources that are subject to strong economic pressures that often lead to conversion or demolition.

III. Feasible Solution for Traffic and Housing Issues and Impacts

The City has a viable means of avoiding the above described land use impacts as well as reconciling some of the major policy inconsistencies. By simply shifting beds and services from Cathedral Hill to the St. Luke's campus, the City could create two equitably sized campuses that would greatly eliminate traffic and land use conflicts.

Under the DEIR's preferred alternative, the Van Ness Corridor will be subject to significant and avoidable traffic and housing related impacts. Many intersections along the Corridor in the vicinity of the proposed Project already operate at LOS F in peak hours and under existing conditions and the number will significantly increase in future years. Moreover, regional trips and associated air quality impacts will result from shifting the current population from the community accessible St. Luke's to the Cathedral Hill campus. Contrary to City policy, the Cathedral Hill campus will result in direct impacts to housing by requiring the demolition of five dwelling units and 20 residential hotels on MOB site. In addition, the Cathedral Hill MOB will result in the loss of "future" housing units which are currently required under existing plans and zoning requirements. The loss of housing presents both environmental impacts and policy inconsistencies. Downsizing the Cathedral Hill campus and shifting beds and services to the St.

122-8 ALT

Luke's campus will result in less severe transportation impacts to the Van Ness Corridor and, depending on the configuration of the downsized campus, could also result in fewer housing impacts. The St. Luke's campus already has close access to and from Highway 101 for vehicles, and to easy access to BART, making it the most accessible campus for regional patients. A smaller Cathedral Hill campus and larger St. Luke's is a feasible solution for both housing and traffic impacts associated with the proposed Cathedral Hill campus.

122-8 ALT

IV. Conclusion

The DEIR's Alternative 3A is not only the environmentally superior alternative; it is the only alternative that can conform to the City's existing planning framework. The Cathedral Hill campus requires a major departure from the planning vision for the Van Ness Corridor; a departure that will impact existing and future uses and result in irreconcilable inconsistencies in planning policies and codes. The overarching planning principles under the City's Proposition M in combination with the San Francisco General Plan support a shift of beds to St. Luke's and making it a clinical anchor, while reducing the size of the Cathedral Hill campus.

122-9 ALT3A

Sincerely,

Terry Watt

Terry Watt, AICP

Table 1
Summary of Issues/Impacts and Solutions

Issue/Impact	Cathedral Hill ("CH")	Solution	St. Luke's	Solution
Proposition M The following Priority Policies are hereby established [by Proposition M, Nov. 4, 1986]. They shall be included in the preamble to the General Plan and shall be the basis upon which inconsistencies in the General Plan area resolved: 1. Preservation and enhancement of neighborhood retail uses and future opportunities for resident employment in and ownership of such businesses; 2. Protection of the	CH campus is inconsistent with at least four principles of Proposition M. By eliminating existing housing and putting pressure on the neighborhood and adjacent neighborhoods (e.g. Lower Polk and Tenderloin in particular), for conversion. The project as proposed is inconsistent with these provisions.	Downsize CH Campus.	Consistent with and supportive of Proposition M principles.	Increasing beds and adding a clinical anchor at St. Luke's will increase the probability for project success and both preserve jobs and create opportunities for resident employment.

existing neighborhood character. 3. Preservation and enhancement of affordable housing; 4. Discouragement of commuter traffic.				
Land Use Compatibility	Project as proposed is incompatible with existing land uses in the immediate and adjacent neighborhoods.	Downsize CH project by a minimum of 400 beds and include mitigation measures protective of existing neighborhood businesses and housing.	The campus would be developed within the existing footprint.	Increasing beds by up to 240 (Alt. 3A) would be consistent with existing use and can be designed to be compatible with the neighborhood.
Planning Consistency	Inconsistent with overarching policy framework of the General Plan which provides strong policy and implementation provisions to encourage housing and mixed uses. Specifically the Housing Element, Area Plan and Special Use District which call for mixed use and appropriate scale for the Van Ness Corridor. Specifically, the sites for the hospital and MOB are located in a RC-4 residential-commercial, High Density zoning district, which encourages a mixture of high-density dwellings with supporting commercial uses.	Downsize the CH project and include housing (either in-lieu or by protecting housing on MOB site)	The project requires general plan amendments for height and street vacation, but is consistent with the existing land use. The campus is not within the Mission Area Plan. Like CH campus, the site is zoned for RH-2, but the project is a replacement of the existing medical campus on the existing footprint.	

	Inconsistent with code requirements related to height,			
Housing	Would have a direct impact by requiring the demolition of five dwelling units and 20 residential hotels on MOB site. In addition, would result in the loss of housing units that are required under current plans and zoning for a development on the campus sites.	Downsize the CH project to eliminate loss of some housing and include housing in the project (either built or in-lieu fees).	Would not impact housing.	None needed.
Traffic	Significant traffic impacts will occur as a result of the project. Many intersections already operate at LOS F in peak hours and under existing conditions and the number will significantly increase in future years. Moreover, regional trips and associated AQ impacts will result from shifting the current population from the community accessible St. Luke's to CH campus.	Downsize CH campus and shift the proposed development to other campuses where transportation impacts would not be as severe.	Regional trips will increase as a result of the shift of current patients from St. Luke's to other hospitals in the City and region.	Increase St. Luke's campus which has access to and from 101 for vehicles and to BART. Moreover, it is the most accessible for regional patients.

APPENDIX B

Planning Commission Transcript

San Francisco Planning Commission

Special Hearing:

Public Hearing on the California Pacific Medical Center (CPMC) Long Range Development Plan (LRDP) Draft EIR

Commission Chambers
Room 400
City Hall, 1 Dr. Carlton B. Goodlett Place
San Francisco, California

Thursday, September 23, 2010

1:30 P.M.

Reported by
A. Edler

APPEARANCES

Present:

Ron Miguel, President

Christina R. Olague, Vice President

Michael J. Antonini, Commissioner

Kathrin Moore, Commissioner

Hisashi Sugaya, Commissioner

John S. Rahaim, Director of Planning

Linda D. Avery – Commission Secretary

P R O C E E D I N G S

SEPTEMBER 23, 2010

1:46 P.M.

-oOo-

Item 1. Case No. 2005.0555E – California Pacific Medical Center (CPMC) Long Range Development Plan (LRDP) – Draft EIR.

MS. AVERY: Good afternoon. This is a Special Meeting of the San Francisco Planning Commission for Thursday, September 23rd, 2010. Prior to taking roll, let me just acknowledge a couple of things. This is going to be a very long hearing, it is crowded, we have overflow in the North Light Court, and it is going to be very important that you turn your cell phones off, your pagers, any electronic devices that may sound off during the proceedings. It is also going to be very important that you not engage in secondary discussions during these proceedings. If you feel the need to do so, please step outside and conduct your conversations, keeping in mind that you might not be let back into this room. With that, I would just remind the public that this is a public hearing to receive comments on the draft document. The staff is not here to respond to your comments in

any way today; there will be a Response to Comments document published later, and your comments will be responded to at that time. With that, roll call.

Commissioner Kathleen Moore – Here; Commissioner Bill Sugaya – Here; Commissioner Mike Antonini – Present; Commissioner Ron Miguel – Here; Commissioner Christina Olague – Here.

Thank you. Commissioners, the item on calendar before you today, it is a single subject calendar, and the item is a public hearing on the California Pacific Medical Center Long Range Development Plan, the Draft EIR.

MS. JAIN: Good afternoon, President Miguel and members of the Commission. I am Devyani Jain, Planning Department staff. I am the Environmental Review Coordinator for the California Pacific Medical Center, Long Range Development Plan. As you know, this is a hearing to receive comments on the Draft Environmental Impact Report for the proposed project. The proposed project is CPMC's Multiphase Plan to meet State Seismic Safety Requirements for Hospitals, expand medical facilities, and establish a 20-year development framework for its four existing medical campuses, Pacific, California, Davies, and St. Luke's campuses, and a new medical campus at Cathedral Hill.

The proposed Cathedral Hill campus would include development of a 15-story, 555-bed hospital, and two medical office buildings, the Cathedral Hill MOB and the 1375 Sutter MOB. An underground pedestrian tunnel is proposed beneath Van Ness Avenue, connecting the Cathedral Hill MOB and the new hospital.

Pacific campus development would include a new ambulatory care center and underground parking. Davies campus development would include two medical office buildings and parking improvements. St. Luke's campus development would include a new six-story, 80-bed replacement hospital, a five-story medical office expansion building, and parking improvements. CPMC will sell the California campus by 2020, after relocation of its in-patient services to the Cathedral Hill Hospital, and other services to Pacific campus.

In response to Requests for Supplemental Guidance to assist in the review of this Draft EIR, on July 28th, Planning Department staff circulated an overview summary of the Draft EIR to the Planning Commission, the Board of Supervisors, and interested members of the public. This document is also available here today. The Draft EIR is a full EIR that comprehensively analyzes all 18 environmental topics. This Draft EIR found that implementation of

the proposed project would result in significant unavoidable environmental impacts related to transportation, noise, air quality, and greenhouse gas emissions.

Now, I would like to draw your attention to a couple of procedural points. I want to note that staff is not here to answer questions on the Draft EIR today. All comments made today will be transcribed and responded to in writing in the Comments and Responses document, which will respond to all verbal and written comments received, and make revisions to the Draft EIR, as appropriate. I would like to remind all speakers that this is not a hearing to consider approval or disapproval of the proposed project. Approval hearings will follow the Final EIR Certification. Your comments today should be confined to the adequacy and accuracy of information, and analysis contained in the Draft EIR. I would also like to request that you speak slowly and clearly so that the Court Reporter can produce an accurate transcript. Also, commenters should state their name and address so that they can be properly identified, and so that they can be sent a copy of the Comments and Responses document when completed. The Court Reporter is sitting at the back.

After hearing comments from the general public, we will also receive comments on the Draft EIR from members of the Planning Commission. The public comment period for this project began on July 21st and extends for 90 days until 5:00 p.m. on October 19th, 2010. A potential commenter on this Draft EIR has raised concerns about the availability of environmental documents related to the proposed project. Planning staff have timely responded to all requests for environmental documents consistent with the Department's practices. A reference memo regarding this was distributed to the Planning Commission and is available here today. This concludes my presentation. Unless the Commission members have any questions, I respectfully request that we open the public hearing. Thank you.

COMMISSIONER MIGUEL: Thank you. I will open the public hearing now. I have somewhere around, if my count is right, 116 requests for comment cards already, and there may be more that will come in. Each speaker will be allowed three minutes. I have an additional request that, out of courtesy to those people who are in the overflow room in the North Light Court, that once you have spoken, if you would please leave this room to allow others to come in, so that

they would be available quicker when their turn comes. You can then follow the proceedings downstairs, main floor of this building, in the North Light Court, or actually, if you have a computer at home, you could follow it there. So, with that, I will call approximately three names at a time, if you would come up, each of you following the other.

COMMISSIONER SUGAYA: Yes, I have to report that I do not have a conflict of interest, but I need to, I think, air the situation. The company that I work for has been doing work for a Sutter Health Medical Facility in Sacramento. This is an affiliate of Sutter Health, which is the overarching organization to which CPMC also is affiliated. In checking with the City Attorney's Office, they felt that that connection, since it is a separate hospital, and CPMC is a separate entity, so to speak, the fact that there is an overarching Sutter Health Affiliate situation, they did not feel that presented a conflict.

COMMISSIONER MIGUEL: Thank you. Commissioner Olague?

COMMISSIONER OLAGUE: Yeah, I just had a request that an item be calendared for next week that is not part of this discussion, so I had made the

request earlier that I be given just a couple of minutes to request that this be calendared. I wanted to calendar the Park Merced calendaring issue for a Commissioner discussion. I do not know if there is a second or not.

COMMISSIONER MOORE: I would express my support for that, I think it is coming too rapidly on the heels of other large projects and I do not think now is the right time.

MS. AVERY: I am sorry, Commissioners, I did not hear clearly. I know that you have a cold, but you asked for –

COMMISSIONER OLAGUE: That there be a time on next week's calendar during Commissioners' comments or something, but placed on the calendar to discuss the calendaring of Park Merced.

COMMISSIONER MIGUEL: I think we can do that without a vote. That is a calendaring issue, unless you had something, Commissioner?

COMMISSIONER ANTONINI: Yeah, I would be supportive without comment on the advisability of what we are going to discuss, but certainly calendaring is always something we should discuss, and having it calendared to discuss calendaring next week sounds reasonable to me.

COMMISSIONER MIGUEL: All right, with that, I will start calling names. Dick Schrum, Tanya Castanian [phon], and Sui Kwong.

MR. SHRUM: Can I speak?

COMMISSIONER MIGUEL: Please.

MR. SCHRUM: Yes. I want to thank the Commission for all your consideration, your goodness, and your kindness shown me. I resided at 1054 Geary Street not many years, only 49. And I am a young senior citizen, just 86. But I want to thank them for all you have done, all the people on the staff, and made it possible, now I am residing at the Grenada on Sutter Street. Thank you for everything, your goodness, your kindness, thank you. PC-1 OTH

MS. AVERY: Mr. President, if I can just restate your earlier announcement that, for those of you who are downstairs in the North Light Court, if you hear your name, please come up, let the guards know that your name has been called, so the President can keep going and the hearing can keep going, and we do not have to wait. The President will call a number of cards at one time, so if you hear your name, please come up and let the guards know that your name has been called.

COMMISSIONER MIGUEL: The other mic.

MS. CASTANIAN: Oh, sorry. Just give me a second. Good afternoon. My name is Tanya Castanian. I am one of 350 dialysis patients. CPMC wants to sell our care to a for-profit company with a history of litigation over patient safety issues. We are all concerned about our own safety of our being transferred to Da Vita and over 100 of us signed the petition in protest. The EIR is incomplete because it does not consider the cumulative effects on City services or traffic resulting from unsafe conditions like 911 calls, calls by the sale. Also, CPMC submitted a plan that included providing dialysis and, before that plan was even approved, they cut the service. CPMC cannot be trusted to provide the services they say they are going to provide. We ask you to hold their feet to the fire to ensure that our lives are not put in danger by this plan. Thank you.

PC-2 HC

PC-3 HC

PC-4 HC

COMMISSIONER MIGUEL: Sui Kwong. In the mean time, I will call some other names. Marianna Ferris, Jack Scott, Bernie Sherman.

MR. SCOTT: Mr. President, Commissioners, my name is Jack Scott and I represent Neighbors of Cathedral Hill. We strongly object to the construction of a mammoth hospital project planned by CPMC on the proposed site. The project proposed is

PC-5 OTH

PC-6 HC

not good for the City and not good for the residents of the southeast section of the City. Reduction of services at St. Luke's would further overload those of the San Francisco General Hospital. The current plan proposes to construct two separate parking garages, one for the hospital, and one for the medical office building; combined, they would represent plus or minus a thousand parking places. A thousand parking places equates to a thousand cars, which equate to 10,000 daily automobile trips. The already congested Van Ness corridor, Franklin Street, Post Street, and Geary Blvd. would be further impacted with these garages and these numbers of cars. The problem is size, the reduction of local services, noise, traffic, emergency vehicles, spot zoning violations, disregard for the Planning Department and Planning Commission established zoning restrictions, among other things, interfering with the success of established small businesses currently in operation along the Van Ness Corridor, the impact this project will have on the already over-extended Muni system. We urge you to study the recommendation of the Planning staff and act on adopting the environmentally sound and workable alternate 3A. Thank you for your indulgence and understanding, the Neighbors of Cathedral Hill.

PC-6 HC

PC-7 TR

PC-8 ALT3A

COMMISSIONER MIGUEL: Thank you.

MR. SHERMAN: Thank you. My name is Bernard Sherman and I am with San Francisco Tomorrow, on whose behalf I am speaking. San Francisco Tomorrow firmly believes in the long-term importance of CPMC and major hospital development transcends any short term benefits such as professed job creation. It is incumbent upon the City and developers to demonstrate legal commitment and secured needs before approval of the EIR regarding the following issues: developments context within the overall Master Plan for health care, emergency and disaster needs. To this end, the combined efforts of the City's health providers need to pool resources, ensuring 24/7 acute care is available and evenly distributed for geography and population require them, you cannot make this incumbent solely on CPMC, everybody together. Demonstrating means of mitigation of the long term impacts of each development as the effective affordability of housing, community services, and businesses. And economic speculation weakens community diversity. The onus of institutionalizing such salutary means lies with the City and not with those affected by the negative impacts. A demonstrated commitment in means of mitigation of

PC-9 HC

PC-10 PH

PC-11 TR

interim construction phase impacts, for example, the construction of parking and staging areas will likely impair each site's livability and commercial viability. Japantown, on whose organizing committee I serve, could face commercial disaster. In addition, I have just found, as you will, that there is a 30-inch gas line running up Franklin Street. The Fire Department was just informed of this two days ago. I am sure all of us will be surprised and we need to deal with that mitigation before we approve anything else. Thank you.

PC-11 TR

PC-12 HZ

COMMISSIONER MIGUEL: Thank you. Marianna Ferris.

MS. CAMPBELL: Good afternoon, Commissioners. My name is Bertie Campbell. I am Vice President of the Cathedral Hill Neighborhood Association. I live on Cathedral Hill and have for 10 years. I am reading a letter on behalf of our organization and I have copies for each of you, as well. "The DEIR does conclude that Alternative 3A is the environmentally preferred alternative to the CPMC proposal to build an unsafe 555-bed hospital on Cathedral Hill and an 86-bed unsustainable hospital at the St. Luke's site. We support the concept outlined in Alternative 3A of distributing beds and services

PC-13 ALT3A

more equally between the proposed Cathedral Hill and St. Luke's sites. The Long Range Development Plan, as proposed, would have devastating impacts on health care provided to underserved communities located South of Market and devastating environmental impacts on the communities near the proposed monster Cathedral Hill Hospital. Alternative 3A+ would reduce these impacts on health and environment by redistributing services between St. Luke's and Cathedral Hill to create two approximately equal size hospitals. Alternative 3A would locate 160 beds from the California campus to the St. Luke's campus, creating two sustainable hospitals. Alternative 3A limits development on Cathedral Hill to that permitted by the City's current height restrictions. 3A reduces impacts on Muni operations now at capacity, traffic congestion, overflow neighborhood parking, decreases in pedestrian and bicycle access and walkability in the neighborhood, accessibility to emergency vehicles, accessibility in a disaster. 3A reduces the effects of massive increase in building height, including shadows, wind, views and urban design. 3A reduces the effects of a Pill Hill on local serving businesses and neighborhood character. Conversion of the area to a medical monoculture, while improving the long term

PC-13 ALT3A

PC-14 HC

PC-15 ALT3A

PC-16 ALT3A

viability of existing businesses, residences, churches, and community facilities. 3A reduces noise caused by emergency sirens, traffic, construction, loading dock, and mechanical equipment. 3A reduces construction impacts, dust, noise, vibrations, truck deliveries, and the effects of evacuations – or excavations, sorry about that. Therefore, we urge the Planning Commission to support Alternative 3A plus additional mitigations as the most viable alternative to the proposed CPMC LRDP which would significantly reduce the devastating impacts on our central City communities. Thank you very much for your time.

PC-16
ALT3A

COMMISSIONER MIGUEL: Thank you. If you will please wait until your name is called. Ms. Ferris was called – sorry; they took my cards for some reason.

MS. AVERY: Mr. President, before we go on, we have to acknowledge that there was a request for reasonable accommodation from a group of people, a group of elders who believe that they need to be able to speak early in this process, as opposed to waiting until 8:00 or 9:00 tonight, and we would like to acknowledge that that request has come in and grant that request. So, if you are a part of the request for reasonable accommodation to speak early, and you

are outside of this room, you need to come to the room, let the guards know, and we will let you in one at a time after someone else has spoken. If you are part of that request and you are in this room, we would ask that you stand on the far side of the room so that we can let you speak prior to calling other names.

COMMISSIONER MIGUEL: Thank you.

COMMISSIONER OLAGUE: I am wondering if we need translation? Or no? I am not sure if everyone who is elderly speaks English, but I do not know if we have translation available.

MS. AVERY: No one has made a request for it, so I do not have it.

COMMISSIONER OLAGUE: Okay, that is fine.

MS. KWONG: My name is Sui [Kwong]. I come from TNDC. Today I help the senior from the Tenderloin Neighborhood. I hope CPMC can provide, you know, the healthy care for the low income seniors and the families. And I hope CPMC can provide jobs for the San Francisco residents, and I hope CPMC can provide the housing for the low income families, too. Thank you very much. PC-17 HC

COMMISSIONER MIGUEL: Thank you. Are the people you just referred to also going to speak? Or

are you speaking for them?

MS. KWONG: I speak on behalf of the seniors.

COMMISSIONER MIGUEL: Okay, then if they would just stand up. Thank you.

MS. KWONG: Thank you so much. [Applause]

COMMISSIONER MIGUEL: So, you could – you may leave the room so others can come in.

MS. KWONG: Sure.

COMMISSIONER MIGUEL: Thank you.

MS. FERRIS [presumed]: Commissioners, I speak for a group of people that are outside. May I have them come in?

COMMISSIONER MIGUEL: You may have them come in and stand on the side.

MS. FERRIS [presumed]: Thank you very much.

COMMISSIONER MIGUEL: The far side, because it blocks the door, otherwise.

MS. FERRIS: President Miguel and Commissioners, thank you for this opportunity to make public comment. My name is Marianna Ferris, F-e-r-r-i-s. I live at 3631 Caesar Chavez, next to the proposed St. Luke's Hospital site. I am here today representing a coalition of neighbors and neighborhood groups surrounding the St. Luke's Hospital campus. I

PC-18 TR

represent the Lost Block Association, Tiffany Neighbors, and the San Jose Guerrero Coalition to Save our Streets. Many of the families in our Coalition live adjacent to the hospital campus and along the proposed truck routes that wind their way through our residential streets. All of our lives will be impacted both during construction and after the building is finished. We stand together before you to make our public comment. We are concerned with the adequacy of the Alternatives Analysis, and several of the Impact Analyses, including traffic, noise, and air quality. We are particularly concerned because there are very young, elderly and infirm residents who live in the buildings that border the proposed construction site, truck routes, and in the immediate neighborhood surrounding both. As a group, we are actively engaged in a productive dialogue with CPMC to gain clarity and explore agreement, given that the existing Site Plan places a high intensity commercial building adjacent to small scale residential housing. Due to the complexity of the DEIR and the proposed project, discussions are ongoing and require more time. We respectfully request that public comment remain open at the end of today's hearing and that the hearing be continued to accommodate ongoing discussions. Thank

PC-18 TR

PC-19 ALT

PC-20 TR

PC-21 OTH

you very much for your time.

COMMISSIONER MIGUEL: Thank you. Lois Scott, Helene Dellanini, Jessica Weimer.

MS. AVERY: If people have come in and are identifying themselves as part of those who requested the reasonable accommodation, we should let them go before the names called.

MS. SCOTT: Good afternoon. I am Lois Scott, a resident of the center of the City. What is the basis for land use regulation? Health, welfare and safety of the community. What is the basis for environmental review? To protect the environment, including human life. A big issue in this proposed project is seismic safety, it is driving hospital rebuilding and the standards of safety for patients in their beds. The larger issue is the safety of all of the citizens of San Francisco in an emergency and their access to acute care. The Draft Environmental Impact Report should have the context of a citywide hospital plan, not just the five sites included in the DEIR. Another major issue, and I think you just heard it with the group from the near downtown neighborhoods is the medical needs of the residents, particularly in the near downtown neighborhoods in proximity to the proposed Cathedral Hill site. It is important not to

PC-21 OTH

PC-22 LU

PC-23 HC

PC-24 HC

shut out charitable care and to have only a high-end facility. This should be part of a citywide plan, as well. A big issue for Cathedral Hill, itself, is transportation, and the future capacity of our already stressed public transit system. This impact needs serious mitigation, both capital and operating costs. Alternative 3A, which conforms to existing regulations, the scale of the Van Ness Plan, and to the capacity of transportation in San Francisco, should be the preferred alternative, along with preparing a citywide plan so you have more context for reviewing these proposed changes. Thank you.

COMMISSIONER MIGUEL: Thank you.

MS. JONES: Good afternoon. My name is Sister Elaine Jones and I live in the Tenderloin. I am here to let you guys know that my husband and I, Mr. Arthritis and I, have a very hard time getting across streets. I was coming down Van Ness to take the 47 Bus, it took me 65 seconds to get across the street, and then this guy decides he wanted, because he saw a parking space, he wanted to cut in front of me, almost killing me just to get this parking space, I mean, it is based on common sense, the seniors in that area, it takes time to get across the street. The common sense, the impact on these seniors, it is

PC-24 HC

PC-25 TR

PC-26 ALT3A

PC-27 TR

not going to help us, it's gonna make it worse. We're going to end up isolating because we can't get out of our rooms to go down the street because we're in fear of our lives. And also, the health and safety of the senior citizens, it's just like you're telling them, "Well, let's breathe in all that bad air," you know? And it's just based on common sense. If you take your time and sit out there, or walk down Van Ness, that's one of the busiest streets other than Market Street, and I just don't understand it, you know, where are you going to put the ambulance? Where are you going to put the people? Where are you going to put the trucks and all this stuff? Where are you going to put them? You know? If somebody wants to get to the hospital and they don't have a way to get there except within an ambulance, and that costs money for us. It just really don't make sense. And I want to ask you guys to look at the common sense of this whole thing, it doesn't benefit anybody but the rich. And I'm sorry, that's the way I feel because I have suffered with mental illness, they're not going to accept me into that hospital. I'm going to end up having to go all the way to San Francisco General Hospital because I am poor, and it's not benefitting me, so why do I want this? Look into it. Look deep into this because

PC-27 TR

PC-28 AQ

PC-29 TR

PC-30 HC

PC-31 HC

it's going to impact more seniors than anybody else, and I'm sick of them picking on the seniors. Thank you. [Applause]

PC-31 HC

COMMISSIONER MIGUEL: Thank you.

MS. AVERY: Okay, if we can hold our applause, there are a lot of people, and the more you applaud, the more you delay this hearing.

COMMISSIONER MIGUEL: Do the people who just came in wish to speak?

MS. BROWNSON: Good afternoon, Commissioners. My name is Carol. I am a senior and I have lived in Tenderloin for almost 14 years. Official my stay in the Tenderloin and I am proud of my community. That is why I also want to see it improve for residents. Today I want to share and express my concern about the proposed Cathedral Hill hospital. As a senior, I am worried about the proposed loss of care that this hospital is primarily intended. Does it mean that seniors in low income families are not going to be accepted in this facility? We need a hospital that will accept seniors in low income, families, as well. We want to make sure that Medi-Cal medical patients can also avail in the same CPMC facilities. The same applies for St. Luke's Hospital. St. Luke's must be beds large enough

PC-32 HC

to ensure health care is provided to all communities. Therefore, I am demanding that CMPC assures us that they will not ignore the community. We want the CPMC to sign a community benefits agreement and build a larger centers. Thank you.

PC-32 HC

COMMISSIONER MIGUEL: Thank you.

MS. AFENIR: Good afternoon, Mr. Commissioner. My name is Felicidad Afenir, a resident of 201 Turk Street and a member of the Tenderloin Filipino American Community Association. We are here today to voice our concern regarding the proposed CPMC project to construct a health care facility in Van Ness and Geary. Considering this development in our community, but this development should go to the advantage of the residents. Traffic will be congested in this area, considering that this area is a main route of public transportation, transportation will be much – it will be impacted and traffic will be congested, and people who commutes daily in their respective destinations will experience hardship. There are solutions to be made by CPMC to mitigate the problems. We demand CPMC must upgrade each existing hospitals, affiliated existing hospitals like Davies, Sutter and St. Luke's, instead of downgrading. We don't want to lose these hospitals because they have

PC-33 OTH

PC-34 TR

PC-35 HC

already earned their good service to the community and they should also increase primary care access in our community-based clinics and long term commitments to partner with community-based clinics in providing secondary care in their hospitals.

PC-35 HC

COMMISSIONER MIGUEL: Thank you.

MS. [UNIDENTIFIED SPEAKER]: I just come to ask that they put back St. Luke's Hospital. My children were born there and all our community need it there. We don't ask for charity, we just ask for service. They were born here and they need that service, all the community there in Bernal Heights. I really thank you for letting you know, we do need that hospital. Thank you.

PC-36 HC

COMMISSIONER MIGUEL: Thank you.

MS. MARQUEZ: Mi nombre es Rosa Marquez. No hablo mucho Ingles, pero – yo tengo 45 anos, mi madre, mi – todos los servicios [no translation]

PC-37 OTH

COMMISSIONER MIGUEL: Thank you. Those of you who have read written statements and may not have had a chance to finish them, or even if you have, if you want to submit that paper, your written statements to the Secretary, that will become part of the record. So, if you wish to leave those statements with the Secretary, please do so.

MS. DELLANINI: Good afternoon. My name is Helene Dellanini. I am the Association Manager for Daniel Burnham Court, a residential and commercial condominium building on the corner of Van Ness and Post. We have 245 residential units and 103,000 square feet of commercial space. Our residential population is approximately 325 people, including a number of children, as well as some seniors. Our commercial tenants include a number of medical offices that utilize highly sensitive equipment such as lasers for eye surgery and ultrasound technology. Daniel Burnham Court is literally surrounded by CPMC's Cathedral Hill Project. On the south side of our building is the main hospital site, on the north side of Daniel Burnham Court is the medical office building at 1375 Sutter. And across Van Ness, diagonally from Daniel Burnham Court, is a medical office building at Van Ness and Geary. Naturally, our residents and tenants have a number of concerns, both about what it would be like to be surrounded by this extraordinary construction project for the next five years, as well as the long term impacts that the hospital and the medical buildings will create for our community. Earlier this year, we initiated discussions with CPMC. We have voiced our reasonable and rational concerns

PC-38 NO

PC-39 NO

about specific impacts that the project will have on our residents and tenants now and in the future. Our dialogue continues with CPMC and its construction team. CPMC has indicated that they are willing to make certain accommodations to address our concerns. We are hopeful that those discussions will result in certain specific mitigations. Our team has reviewed the Environmental Impact Report and has many practical solutions for the findings that were significant to Daniel Burnham Court, but were not assigned any mitigation, especially relating to noise and traffic. We will be submitting a letter of comment which will describe and support our suggestions. We hope the planning staff, Commission, and Board adopt these practical solutions into the project's Condition of Approval if they are not enveloped into the final EIR. We look forward to continuing this dialogue with our perspective new neighbors and remain optimistic that CPMC will do the right thing for its closest and most heavily impacted neighbors. Thank you.

PC-39 NO

PC-40 OTH

PC-41 NO

PC-42 OTH

COMMISSIONER MIGUEL: Thank you.

MS. WEIMER: My name is Jessica Weimer and I have been a Registered Nurse for 38 years. I have spent 33 of those years with CPMC. And I would like to discuss with the published San Francisco health

PC-43 HC

goals that were in the *Chronicle's* paper today and how that is at odds with what CPMC proposes. The first goal on the list is to increase access to quality medical care. With the closing of CPMC, the downsizing of both St. Luke's and the Pacific campus, it is going to make it much more difficult for the underserved to get their health care. The next point is the stop of spread of infectious diseases. These people are going to have to rely more and travel further on public transportation while they are ill, exposing even more people to infectious diseases. And also, it may increase the use of ambulance service; the improvement of behavioral health care – they are already decreasing the beds at St. Luke's and Davies campus, and there are also plans at the Pacific campus to decrease the number of beds for psychiatric care. Also, to raise healthy children – the California campus has one of the only pediatric ER's in the City and that would be closed down, eliminating access for people to bring their children into the ER. Also, to have improved health and access to health care for people with disabilities – by eliminating beds in hospitals in the outlying areas and where it is also underserved, decreasing the services at St. Luke's, eliminating California Pacific Medical Center, it will

PC-43 HC

PC-44 HC

PC-45 HC

be even more difficult for patients to get to the hospital. They are also eliminating the sub acute and acute rehab services, and they are closing the dialysis that was already mentioned. And another goal that is on the list is to eliminate health disparities. With the plan that CPMC has, I think this is only going to increase the disparities in health care in San Francisco, it is going to put a burden on the lower income people to try to get access to health care at the Cathedral Hill site. Thank you very much.

PC-45 HC

PC-46 HC

COMMISSIONER MIGUEL: Thank you. Magarita Lopez Perez, Mary Sarkarian, and Dina Hillard.

MS. PEREZ: Good afternoon, President Miguel and Commissioners. My name is Margarita Lopez Perez.

COMMISSIONER MIGUEL: If you could speak into the microphone?

MS. PEREZ: Absolutely. I work at St. Luke's, CPMC. I would like to submit this opening letter if I may to the Secretary. Will I be able to do that?

COMMISSIONER MIGUEL: Yes, just leave it there. Thank you.

MS. LOPEZ PEREZ: Thank you. Our future depends on Cathedral Hill. We need hospitals that are

PC-47 OTH

earthquake safe and provide more and better service to our patients and to our community. We write you today because we need your support to make that happen. If CPMC is not permitted to build seismically compliant hospitals by 2015, the majority of the medical center will be forced to close. We will lose our jobs as a community, and we will lose critical access to health care. We are proud to announce that, after 21 months of bargaining, we won a new contract with unprecedented job security at the newly rebuilt medical center. Jobs guarantee, job training, jobs protected for seven years, CPMC has guaranteed these job protections well beyond the life of the contract through January 1st, 2017. That is an important victory for us. Now, we need you to stand with us to protect the safety of our workplace and our ability to provide quality affordable patient care to our community. We support the Cathedral Hill building project because it will improve safety. Our new hospitals will nearly double the number of earthquake-safe beds in the City. San Francisco currently only has 600 of the 1,500 earthquake-safe beds that the City requires on a daily basis. To ensure quality patient care, our new hospitals will improve patient care by incorporating the medical advancements that

PC-47 OTH

PC-48 PH

PC-49 HC

reduce infection, shorten overall hospital stays, and increase access for patients with disabilities. The new facility will also centralize services at the Cathedral Hill and Davies campuses, which will prevent sick patients from having to shuttle from one campus to another to receive the services they need.

Enhanced community access – CPMC will expand services most utilized by the community. This includes a 25 percent increase in overall ER capacity and an overall increase in the number of staffed acute care beds throughout the medical center. To make health care more affordable for the community, CPMC has committed to the City to increase contributions to charity care by 79 percent and will increase its uncompensated care for Medi-Cal patients by 22 percent in the next five years. Additionally, the St. Luke's rebuild and the new Cathedral Hill will provide access to the state-of-the-art acute care for the underserved Mission, Tenderloin, and Western Addition neighborhoods, build a stronger local economy in the midst of the cuts and layoffs –

PC-49 HC

COMMISSIONER MIGUEL: Thank you.

MS. PEREZ: Thank you.

MS. SIRAKARYAN: Good afternoon, President Miguel and Commissioners. I am going to continue on

PC-50 PH

from Ms. Lopez's, where she left off. My name is Mary Sirakaryan. To follow-up with Ms. Lopez's – "…build a stronger local economy: In the midst of our cutbacks and layoffs, the building project will serve as an economic stimulus for the City, creating 1,500 new jobs, preserving 6,500 health care jobs, and encouraging new business around our new hospitals. While the City struggles with an immense budget shortfall, CPMC's plan will be paid for entirely through private funds and will require no public financing. Absent these improvements, most of the medical center will be forced to close at 2015. The resulting loss of jobs and access to quality health care for San Francisco would simply be devastating. We urge you to join us in making the plan to rebuild CPMC a reality. Our jobs, our patients, and our community depend on your support. Sincerely, the SEIU, UHW Bargaining Committee with CPMC." Thank you.

PC-50 PH

COMMISSIONER MIGUEL: Thank you.

MS. HILLIARD: Hi. Is this okay? Hello, Commissioners. I deeply appreciate this opportunity to speak before you today. My name is Dina Hilliard and I am a 12-year resident of the Tenderloin. I am also the Associate District Manager for the North of Market Tenderloin Community Benefit District. We are

PC-51 OTH

a core member of the Good Neighbor Coalition. The proposed CPMC development at Cathedral Hill is something that has concerned residents of the Central City for several years now, and the Good Neighbor Coalition formed as a way to directly address these concerns. We began our work at the coalition by serving over 800 Central City residents in five languages, who spoke loud and clear of their priorities and concerns regarding the proposed development. They expressed four major areas of concern: access to quality health care, increased opportunities for affordable housing, local economic development, and the prioritization of educational and economical opportunities for youth within the Central City. When CPMC presented their Institutional Master Plan to this body, they declared that this development will be a tremendous opportunity and resource for the Tenderloin community. We were disappointed and frankly offended to find the geographic scope of their Draft EIR blatantly ignores the impacts of the development upon the Tenderloin and Central City. It is difficult to understand that CPMC makes claims of servicing our community and then denied those services have any impacts on that community. Additionally, the Good Neighbor Coalition was surprised to find CPMC is

PC-51 OTH

PC-52 HC

PC-53 LU

PC-54 LU

assuming to be granted a complete exemption from the Van Ness Special Use District requirements. Assuming exemption from this plan makes the Draft EIR deficient in its analysis of this development's responsibilities around housing and neighborhood stabilization. The Good Neighbor Coalition believes this is a wonderful opportunity for CPMC to engage with Tenderloin and Central City neighbors, and come to a legally binding resolution that reflects the community's concerns. But we cannot engage in these discussions if this EIR will not validate or acknowledge that our community exists. Thank you.

PC-54 LU

PC-55 OTH

COMMISSIONER MIGUEL: Thank you. Jeff Buckley, Steve Woo, Marc Anthony, Cliffton Smith, if you are downstairs in the North Light Court, please come up; if you are here, could you come up to the podium?

MS. AVERY: Mr. President, while we are waiting for the next speaker, if I could just remind all of those who have spoken to leave the room? There are people waiting outside to come in, so we would like your seat, basically. Thank you.

MR. ANTHONY: Good afternoon, Commissioners. My name is Marc Anthony. I am part of the Good Neighbor Coalition, as well, and also part of the

PC-56 OTH

Community Housing Partnership. I am also a community organizer here in San Francisco and a resident in the Tenderloin for the last seven years. And I would like to reach out and touch you with a little information in regards to the Good Neighbor Coalition, which is focused on maximizing the local hiring in the community around the surrounding hospitals. The DEIR also cites and legal around the policy settings in the area, particularly in existing local hirees. What we are trying to say is, all the people that are living in the Tenderloin or around the community area, even the Union workers that are out of work, that are registered in that area, that we are looking for them to get some of the jobs that are offered. And hopefully CPMC will pay attention to what I am saying. Thanks.

PC-56 OTH

PC-57 PH

COMMISSIONER MIGUEL: Thank you. While we are waiting for the others, I will call Erin Chin, Betty Huey, Lisa Cleis, Elaine Zamora. If your name has been called, please come up. Thank you.

MR. WOO: Good afternoon, Commissioners. My name is Steve Woo. I am representing the Good Neighbor Coalition. We are a coalition of residents and nonprofits and community-based organizations. I am here to talk about the housing issue with regards

PC-58 PH

to our Tenderloin neighborhood. The Draft EIR is deficient in terms of addressing the housing issue. There is no mention of the Van Ness Avenue Area Plan. It is almost a forgotten afterthought. And we want to see it addressed. This project would represent a huge investment of corporate dollars into our neighborhood and that is going to significantly alter our community. First of all, the impacts of the number of jobs that will be brought into the community on housing, the impact, that alone is going to force a community that is marginal and already at risk of displacement into further risk. And so we are really asking the Commission to take a close look at the Van Ness Avenue Area Plan and asking CPMC to really address the Van Ness Avenue Area Plan within this Draft EIR, it is almost not addressed at all. And so, we, as community organizers, and as community members, we have been doing a lot of outreach and a lot of education about this to see what our community feels, and a lot of people are wondering, a lot of people are curious why this has not been addressed, why it has been ignored, and so our community is very closely watching this situation to see what type of enforcement will be brought to already existing law and to see if this developer is going to get away with

PC-58 PH

PC-59 LU

PC-60 PH

PC-61 LU

PC-62 LU

not following the law. So, we continue to watch very closely, we continue to ask CPMC and this Planning Commission to make sure that the Van Ness Avenue Area Plan is enforced and that the 3:1 housing requirement is enforced. Thank you.

PC-62 LU

COMMISSIONER MIGUEL: Thank you.

MR. BUCKLEY: Hello. My name is Jeff Buckley. I am the Director of the Central City SRO Collaborative. We are a member of the Good Neighbor Coalition. So, I wanted to first give you each a copy of the Little Saigon Tenderloin Traffic Study so you can read it, it is going to be instrumental in what I am discussing in a moment. So, we take issue with two parts of the Draft EIR. The first is in terms of the way that the EIR assesses traffic flow and the impact that traffic is going to have within the Tenderloin area. The EIR assumes that those coming to CPMC from Mission Bay, SOMA, or Potrero Hill will take Van Ness to reach the facility, and it projects a big traffic impact at Van Ness and Market. But the reality is that drivers know that the fastest route is either to go up Seventh Street, which becomes Leavenworth north of Market, or up Ninth, which becomes Larkin. Most avoid driving on Market, or they avoid driving on Van Ness whenever possible. So, the EIR's assumption that

PC-63 TR

PC-64 TR

the Tenderloin will be spared from massive increased traffic really is ignorant of reality. The second is that, you know, I find it profoundly disturbing that they would build a facility here, outside of the Tenderloin and really deny medical access to the residents who live there and, in the mean time, create a speedway for those outside the neighborhood to be able to have the quickest access to the facility. And what we are seeing, really, is that when you exclude the Tenderloin residents, there are many of us who are trying to make this a better neighborhood, a more livable neighborhood for the residents who are there, and for the businesses who work there, and there are many excellent businesses, as well, that I think many times are forgotten. And so, what we see here in general is CPMC kind of following almost like a Wal-Mart strategy, building new hospitals to put competitors out of business and they leave CMPC with a near complete monopoly. Because what we are really concerned about is, if they build this facility, that they're going to be, you know, not only taking away from St. Luke's, but they're also going to be taking away from Saint Francis. A lot of residents, you know, when General is on red alert, the residents go to Saint Francis, and that's one of the realities of

PC-64 TR

PC-65 HC

PC-66 HC

PC-67 HC

this Master Plan, is how much it's going to short the Tenderloin Residents. And so, I think what we'd ask is that they fund the recommendations of the Tenderloin Little Saigon transit study, this will not only slow traffic through the neighborhood, it'll also divert traffic away by reducing the time that drivers can save by using Larkin and Leavenworth, rather than Van Ness. And CPMC can also easily grant health care access to nearby residents. And so, the idea and the concept is one in which CPMC has the choice to make a win-win situation here, and we expect them to do that, and we hold you accountable for doing that, too.

PC-67 HC

PC-68 TR

PC-69 HC

COMMISSIONER MIGUEL: Thank you.

MS. CHIN: Can you hear me? Hi. My name is Erin Chin. I am here with the Good Neighbor Coalition. For the last two years, I worked as the Tenderloin Community Convener, which means I worked with local schools and after school programs, youth serving agencies and organizations, to assess and address the needs of youth in our neighborhood. The Tenderloin is home to approximately 4,000 people under the age of 18 in an area that is approximately a half square mile, so that makes it the densest concentration of children and families in the City, actually the densest concentration of children and

PC-70 PH

families west of the Mississippi. Despite this fact, there is only one local elementary school and no middle or high school in the neighborhood. What this means is a large number of our children must travel in and out of the neighborhood daily, usually using mass transit or on foot, so when I was listening to some of the seniors talking about their concerns with traffic in the neighborhood and getting across the street, as somebody who has tried to cross the street with 30 kind of ditzy five-year-olds, it's a huge concern for safety in the neighborhood. The majority of the children in the Tenderloin live in single parent or single grandparent-led households. Of the children who live with both parents, the majority of those households have both parents working two jobs each. Because of all these factors, after school programs and youth services in the neighborhood are vital. Valued institutions like the Boys and Girls Club, the YMCA, and Glide, struggle to meet the need in the neighborhood. We are currently working on a comprehensive health and wellness program tailored to the local youth population, including long term support for local youth and childcare centers that encourage the development of healthy lifestyles and job training, scholarship, and internship

PC-71 TR

PC-72 PH

opportunities for youth in the neighborhood. We believe that, you know, when CPMC says they're going to come into the neighborhood and provide all of these benefits, including jobs, that these jobs should be accessible to your youth in the neighborhood. Thank you very much.

PC-72 PH

COMMISSIONER MIGUEL: Thank you.

MS. HUEY: Hello and good afternoon, Commissioners. My name is Betty Huey. I am a youth leader in the Chinese Progressive Association. I am here today to urge you not to approve the CPMC's Draft EIR because it is inadequate and it does not address the native impacts in our community. The Draft will greatly reduce services at St. Luke's Hospital. Members of the low income community understand the difficulty of obtaining affordable health care. My father, for example, works in a restaurant as a cook and he works under pressure with sharp knives and hot stoves, so when my father gets cuts and burns, he does not go to the hospital because he does not have health insurance. Like most low income families, it is out of their budget to buy health insurance. This summer, our youth program, we collected over 1,000 signed postcards in the southeast neighborhood of San Francisco, demanding to keep services at St. Luke's

PC-73 PH

PC-74 HC

PC-75 HC

Hospital. During our outreach, I have encountered parents who say that their sons and daughters were born in St. Luke's Hospital and have met seniors who have said St. Luke's was their hospital. There are many working class families who rely on St. Luke's Hospital, and this is why we need to maintain the charitable services there. So, please, consider the consequences of CPMC's development for the future of San Francisco. Thank you.

PC-75 HC

COMMISSIONER MIGUEL: Thank you.

MR. TRACY: Good afternoon, Commissioners. My name is James Tracy. I am part of Community Housing Partnership and we are a proud member of the Good Neighbor Coalition. It may actually surprise you, but I actually agree with CPMC on some points, this is a very important project for the future of San Francisco for jobs, for economic development, and for, most importantly, the health care question. Where I may differ is exactly how these issues are going to be resolved. Are they going to be resolved in a way that make win-win situations, that makes St. Luke's viable, that benefit the Tenderloin and Central City communities, and also recognizes people that operate in the Central City community, that Cathedral Hill has a back door, as well? And are we going to see an

PC-76 OTH

PC-77 PH

engine of grassroots economic development that provide the jobs and the health care? Or are we going to see an engine of displacement? And those questions have not been resolved yet primarily because the EIR, as Dina said, really only sees as far as Polk Street and we, of course, are very concerned about the impacts on Polk Street with lower Polk neighborhoods where we have started the dialogue with them, that we think will be fruitful, but we also want the City family to see beyond Polk Street, to see a neighborhood that needs to benefit from positive economic development, which means local hires for the permanent jobs, which means adequate affordable housing contributions, which have not been adequately addressed as yet in the EIR. So, we can see the same results that happen when the large hotels started moving in on the other end of the neighborhood. There were similar anxieties at that time, that the Hilton and the other hotels would displace communities, but thanks to grassroots participation and community organizing, those developments provided jobs and affordable housing for the surrounding communities, and a degree of stability that the Tenderloin would be even in a worse place without that. And so we call on the City family, it is not just about Sutter/CPMC, it is about all

PC-77 PH

PC-78 PH

PC-79 PH

branches from the Mayor, the Planning Commission, and the Board of Supervisors, to simply step up and make sure that this becomes an engine of empowerment and grassroots economic development, so we can look back and be very proud of the work that we have done together through all these rather long hearings that you have to sit through. Thank you.

PC-79 PH

COMMISSIONER MIGUEL: Thank you.

MS. CLEIS: Hi, my name is Lisa Cleis and I am a community organizer with James Tracy, at Community Housing Partnership. Regarding health care and CPMC, the Environmental Impact Report is also disturbingly silent on the impacts this project will have on health care delivery to the surrounding neighborhoods. We are particularly concerned with the impact on Saint Francis Hospital, who will now have a major competitor moving in next door. It has not yet been determined if Cathedral Hill could cause Saint Francis to close its doors, or reduce or alter its services. Saint Francis is a major provider of health care to low income patients in the Tenderloin. And Saint Francis also loses money every year. The fact that CPMC ignores the impacts this facility may have on surrounding communities is a symptom of their lack of an overall plan for delivering health care to low-

PC-80 HC

PC-81 HC

income people. We want to establish policies to serve low-income communities at Cathedral Hill, regardless of their type of insurance or status as an insured. While CPMC's claims of progress and charity care and its support for a healthy San Francisco is encouraging, other trends in the Hospital's corporate behavior raises concerns for our community. In 2009, the Health Commission stated that CPMC charity care falls short in comparison to other hospitals. Charity care at St. Luke's has significantly dropped since CPMC's acquisition in 2007, and in its own Zip Code, St. Luke served only 160 patients in 2008, compared with 500 in 2006. The need for charity care is the highest in the Tenderloin and a similar record at Cathedral Hill would be appalling. The Good Neighbor Coalition is asking this hospital to make a serious commitment to serving poor people. We want CPMC to have a multi-decade plan and partner with community-based clinics. CPMC should bolster primary care in these clinics, who see a bulk of Medi-Cal patients, then create a clear path of referral into CPMC Hospitals for secondary care. This will guarantee that many government insured and uninsured patients will have access to CPMC Hospitals and this will ensure low income patients are not referred off to San

PC-82 HC

PC-83 HC

Francisco General. Thank you.

COMMISSIONER MIGUEL: Thank you. Anyone else whose name I have called? If not, David Elliot Lewis, Raven Allen –

MS. AVERY: There is a gentleman on the side at the door there.

COMMISSIONER MIGUEL: Okay, come on up. As I call your name, if you will stand on the side, as well? George Mayer and Randy Shaw.

MR. SMITH: My name is Cliffton Smith and I would just like to say that I support the Good Neighbor Coalition and we need jobs and we need health care.

COMMISSIONER MIGUEL: Thank you.

MR. MAYER: Good afternoon. My name is George Mayer. I live at 2660 Great Highway out in Carmen Chu's District, but I spend most of my Sunday mornings attending religious services at the Unitarian Universalist Church on Cathedral Hill. For more than four years, I have chaired a task force at the church, focused on CPMC's construction plans and developments, with a special focus on protecting our historic sanctuary and minimizing negative impacts on congregational and neighborhood life. Our task force has met frequently with CPMC representatives, Geoffrey

PC-83 HC

PC-84 HC

PC-85 NO

Nelson, Ralph Marchese, and their associates. We sincerely appreciate their help in addressing many of our concerns and correcting some of our misunderstandings. One of the issues that remains unresolved and is of serious concern to me is the loading dock and the noise that it will generate. The loading dock will be a concrete structure shaped like a bandshell. Noise from inside this bandshell will echo through the neighborhood. The UU sanctuary diagonally across the intersection has huge stain glass windows that will, unfortunately, transfer this noise quite effectively into the church. I had been most concerned about back-up beepers on delivery trucks that will go beep, beep, beep, during our religious services; I learned from the Draft EIR that two other processes will be even worse, a medical waste trash compactor called Aduromed, and a repetitive revving of engines to offload oxygen. Mitigations listed in the EIR for reducing these horrible impacts seem quite inadequate. I also learned from the Draft EIR that Alternative 3A would be environmentally superior. Reducing the size and operational scope of this hospital would help reduce many negative impacts, including loading dock noise, mandating that sealing surfaces inside the loading

PC-85 NO

PC-86 ALT3A

PC-87 NO

dock be covered with reverberation reducing coating would help, requiring coordination with neighborhood churches when scheduling these and other noisy operations would seem appropriate. Restricting deliveries during religious services would be environmentally and ethically responsible. Thank you.

PC-87 NO

COMMISSIONER MIGUEL: Thank you.

MR. ALLEN: Can you hear me?

COMMISSIONER MIGUEL: Yes.

MR. ALLEN: Good afternoon. My name is Raven Allen. I am the lay health advocate of San Francisco Lighthouse Church and, in the name of the Church and Jesus Christ, peace and greetings to you. Pretty much everything that needs to be said has been said. What disturbs me about CMPC is that there has not been what I would call a BPSI, a biological bio-psychosocial Impact Report, that there has not been an impact reporting regarding how it would not only affect psychologically the residents of this area, but physically. Because there has been a cut in services, a drastic cut in services within San Francisco, the church has been forced to step up in return to becoming a social service providers, however, we have not had a great deal of assistance in doing that. And, for many families within this area, the church

PC-88 OTH

PC-89 HC

has been their means of psychosocial support, even physical support in terms of giving food and clothing. CPMC has not been completely honest because it has not, for one thing, contacted and dealt with in an open dialogue with those churches that are going to be immediately in this construction area, which is going to be at Ground Zero. My church, San Francisco Lighthouse Church and two others are actually at Ground Zero in that project. That project not only disrupts our service, it disrupts our ability to deliver services to those that are the marginalized working class of the City. It also has potential to dislodge families and create greater racial tensions within the city between Hispanics and African-Americans, so that it impacts not only us in the Western Addition, but it also impacts the Polk Gulch area. We have not been contacted and dealt with in terms of how to be integrated into this entire process, in terms of being provided with funding for moving, if necessary, acquiring another building, if necessary, and continuing to provide increased services to those individuals that no longer receives because there are no services left in the City to receive. I believe that until CPMC has actually integrated the churches into its overall plan of

PC-89 HC

PC-90 OTH

PC-91 OTH

services that it is able to ethically deliver services, and therefore it should not have its plan approved because it has not been with respect to the church, and therefore the community serving the church. Thank you.

PC-91 OTH

COMMISSIONER MIGUEL: Thank you. Peggy Linrod, Elaine Jones, Paul Lentz, Retilah Patel. Well, I asked everyone whose name was called to stand on the left.

MR. SHAW: Well, I didn't know how far we'd gone in my journey up from the North Light Court. Thank you, President Miguel. Randy Shaw, Director of a Tenderloin Housing Clinic. You know, I've been coming to Planning Commission meetings for almost 30 years and we have an overwhelming throng here, I mean, you can't see it here, I wish we could all be in a stadium because you would see this – we have a huge group down in the North Light Court, and I can assure you, at least 80 percent, if not 90-95 percent of the people here are opposing the project as it is currently constituted. And if you've noticed, what happened in other cities where CPMC always said, "See, the people support us, see all these people," we've got them beaten by about 90:10, percentage wise here, and I think it's because there are so many moving

PC-92 OTH

parts in this project. And I want to just focus really on ones that are of particular interest to me because I've worked so hard over the last 30 years to improve the uptown Tenderloin. We have had a lot of issues we work with, I've been before you many many times to try to improve it, I know you have been very sympathetic. But now we face a situation where they are going to route several thousand cars through the Tenderloin and have no mitigations and, in fact, the EIR doesn't even mention it. If you heard Mr. Buckley's testimony before mine, the EIR has – the people who wrote that never drive, apparently, because how would anybody coming from Mission Bay, Potrero Hill, the South of Market, and get off the Bay Bridge, somehow make a left turn on Market Street at 7th and 9th, and decide to go up Van Ness? That is exactly the opposite direction. What anyone who drives there, you guys know, you know, Dr. Antonini, you drive up 7th, and you make a left on Geary, or you drive up 9th and make a left on Geary, and then you go back down O'Farrell, that is logical. You won't find that in the EIR, no, there are no impacts at all, and that needs to be rewritten, and that's why we think CPMC needs to step up and actually mitigate these significant impacts. Fortunately, we have this Little

PC-93 OTH

PC-94 TR

PC-95 TR

Saigon transit plan that has already been done to address the already existing excess traffic with the one-way streets, which need to be two-way streets, with the wider sidewalks, really to improve the neighborhood, and we need CPMC to fund that study –- not fund the study -- implement the study, which can be done for a very small amount of money in light of a $2 billion project, and it really allows CPMC to say, "Oh, no, we're not wrecking your community by building this, we're improving it." And I have copies of the study, there's a lot of interest – when the study was complete in 2007, the plan was implemented, but we've had a little bit of financial problems in the last few years, as you know. The other issue on the health access, which I will let other experts address, is that you can't tell people in the uptown Tenderloin that they can't access a hospital within walking distance, but have to get on our wonderful Muni system and spend four hours getting to S.F. General, back and forth. You can't tell them that. And CPMC needs to address that, and then we can move forward. And the last thing I'll say is, people keep saying to me, "Randy, CPMC loves to talk, they want to negotiate and sit down." I've never heard of them. I've never heard of anyone from CPMC contacting us. Thank you.

PC-95 TR

PC-96 TR

PC-97 HC

PC-98 OTH

COMMISSIONER MIGUEL: Thank you.

MS. LINROD [phon]: Good afternoon. My name is Peggy Linrod [phon]. I am also – I am at Ground Zero at this project where it would impact traffic. I live right on the corner of Geary and Larkin. I've seen all the time when there was emergencies, and they had accidents where cars actually ran over residents right there on Geary and Larkin, it took exactly 20 to 30 minutes for any NTM's any ambulance to get to them, and that is very important that they take that into consideration, even though the hospital might be right down the street, it might be a problem getting to it. I also want to say that I've been here for a year in San Francisco, and even I know, and I pretty much haven't drove in it, that it's the compact that they are going to take Geary and Larkin every time, and during the commute hour, it's very congested, and when you go from a one-way street on Larkin and you turn on Geary to go towards Van Ness, usually when you're ready to cross the street, the cars – people in the cars are going to use that as their corner, as a right-hand turn, they will not stop. So, I think it would cause a problem and it would take in consideration, I guess, the studies of this neighborhood traffic safety report that was done

PC-99 TR

PC-100 TR

because it also implement maybe having more crosswalks with actually numbers going across because some of it in those areas do not, they just turn green, or just turn red, and some of the streets that they are not projecting, but they will go on, and the second thing, create more of a barrier to the space on the sidewalk so that the residents will have more space because we do have a lot of residents that are handicapped, that have wheelchairs, so all that can be in consideration, and I don't think that anyone will necessarily site a hospital coming in, but I heard the no speaking worrying about her jobs, it is people in this community, like I said, like I'm also working with Central City with Jeff Buckley and would love trying to create jobs for this area, and it would turn them, even though they think they have the lowest voice, we are having a Tenderloin convention in 2010, so we would like California Pacific to, you know, if they want to donate funds to us and our committee, and our convention that we're having, we will be happy for them to accept their donations, so they are going to be part of our residents and our community service. Thank you.

COMMISSIONER MIGUEL: Thank you.

MR. LENTZ: Good afternoon, my name is Paul

PC-100 TR

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PC-102 OTH

Lentz and I'm a resident in the Tenderloin and also work as a Tenant Organizer at the Central City SRO Collaborative. A lot of good points have been made today concerning people's concerns and outright opposition to the CPMC. So, I'm not going to repeat what has been said, but I will make two points, 1) my question, are we going to allow business to come into the Tenderloin, but not allow us to do business with them? Because, you know, a lot of us are on Medi-Cal, Medi-Care, low income, without any insurance, and I just don't understand how an entity can come in and only serve people basically who live outside the neighborhood. I just don't understand the fairness in that. And the second thing is that, you know, if this thing is allowed to happen, there's going to be a lot of jobs. The question is, where are these jobs going to go to? Are they going to have this entity operate in our neighborhood, but not hire any of us? Again, I don't see the fairness of that. Thank you.

PC-102 OTH

PC-103 HC

PC-104 PH

COMMISSIONER MIGUEL: Thank you.

MS. JONES: Good afternoon, President Miguel and members of the Planning Commission. My name is Yolanda Jones. I am a community partner. I represent YCATC, which is Yolanda's Construction Administration, and I am a local resident, born and raised in Bayview

PC-105 OTH

Hunters Point. The document fully discloses the project's impacts and adequately meets the California Environmental Quality Act. I believe the project and the project alternatives were thoroughly analyzed in the DEIR. Herrera Bolt has an LB Program in place and they have brought my firm on, YCATC, located in Bayview Hunters Point, as a certified HRC Local Business. I will be a part of the workforce and development team. My employees presently now are all from San Francisco, and this is a great opportunity for my firm to not only grow, but become a full paying citizen in society from a community that has normally been overlooked. I ask that you please – and request that the Planning Commission move forward with the process and the DEIR is a thorough and comprehensive document, and I pledge to hire community locals because I am a born and raised and high school graduate from this city and I believe in this City. Thank you.

PC-105 OTH

PC-106 PH

PC-107 OTH

COMMISSIONER MIGUEL: Thank you.

MR. PATEL: Good afternoon, Commissioners. My name is Retilah [phon] Patel. I am a landlord in San Francisco. I have several buildings in the District that are going to be impacted by CPMC's new site. I am in support of the site because I think the

PC-108 OTH

development is a positive, but at the same time, I think I understand that there are going to be impacts that this EIR is not addressing, specifically traffic, and for me, as a business owner in the corridor with residential hotels and apartments, particularly Little Saigon, which there is a traffic report, a study that has been done, the traffic right now, the way it is set up is it's going to go down Geary and O'Farrell, and I'm a San Franciscan, born and raised, first generation, I travel in the City, I live in the inner Sunset for 20 years now, moved out to inner Richmond the last five, and I'll tell you, I try not to take O'Farrell and not try to take Geary. The only reason I do is I take my kids to school right there on O'Farrell and Franklin. But, to say that people from out of town that are going to be coming in to take the service of CPMC will just go up O'Farrell and Van Ness is not the truth; the truth is, they are going to go up Larkin with a straight shoot of three lanes, and that's the heart of Little Saigon, and there is a going to be Eddy, Ellis, as our exits and entrances to that corridor. People will also go up towards, I think, Bush and those other streets, and come wrap back around because people won't realize, with the new bus lanes that have been added in the recent years on

PC-108 OTH

PC-109 TR

both of those streets, Geary and O'Farrell, they have become very congested and, even through the 4:00 to 6:00 p.m. no parking time, there are a lot of businesses that utilize that lane for drop offs, deliveries, and I think that is a very important fact that San Francisco is a transit city first, but people do drive. I drive every day. And I know everybody doesn't – it is not maybe the right day to drive, but I drive every single day in the City, and I park in the City, I live in the City, and I enjoy our City. And I think that we have to be just a little bit more alert. If CPMC is doing such a great project, it is a large project scale, I don't think the Cathedral Hill is built well, anyways, and so this project is going to be a nice asset to the City for myself and for my generations to come, my two boys are going to see the next phase of this, but I think that they need to bring back and support this study in Little Saigon, specifically, for traffic needs and to make it a neighborhood, and remember that the Tenderloin is a neighborhood, and is one of the up and coming neighborhoods just like every neighborhood in San Francisco, and I would urge that anything passed would have to do with supporting and funding Little Saigon's traffic study, and I think you guys hold the power to

PC-109 TR

PC-110 OTH

PC-111 TR

do that, and I would appreciate that. Thank you.

COMMISSIONER MIGUEL: Thank you.

MR. PATEL: Good afternoon, Commissioners. My name is Sam Patel, I am a resident, an owner of a resident hotel in the Tenderloin on Ellis Street. I am also the President of a the Independent Hotel Owners and Operators Association. Several members of the Association own residential hotels in the area that, in the Tenderloin area. The residents of these hotels are going to be impacted by the traffic created by this project and I urge you to ask CPMC to fund the traffic calming and pedestrian safety improvements that are needed. Thank you.

COMMISSIONER MIGUEL: Thank you. Neil Patel, Margarita Mena, Yolanda Jones, Joe Brown.

MS. MENA: Buenos Tardes. [Spanish]

TRANSLATOR: Good afternoon, my name is Margarita and I live in the Tenderloin. I am a mother. I know that you guys are here because you are talking about building a hospital, but I just want to share some of my concerns. A lot of us live in the area and we walk in that area that you are talking about, and I am really concerned about the danger that is going to happen for our children because we walk in that area. My biggest concern, of course, is the fact

PC-111 TR

PC-112 TR

PC-113 TR

that because we walk in the area, you know, it is already dangerous to begin with. What are we going to do about the traffic situation? I am also concerned because it has not been clear to me whether this hospital is going to take care of the families in the neighborhood, which are mostly unhealthy kids. So what I just wanted to say, obviously this project affects a lot of people and that worries me. Also, housing. I am worried about if we are going to need to look for further housing, and so I don't know if this has been dealt with.

MS. MENA: Gracias.

COMMISSIONER MIGUEL: Thank you.

TRANSLATOR: Hello, my name is Maria and I also live in the Tenderloin. I am the mother of two children and I am also here to talk about the hospital. I am really concerned about the fact that this hospital might not help low income families, and particularly the families that I know will be affected how have Medi-Cal or Healthy Kids. And also, I want to talk about the traffic. So we kind of feel like this hospital is going to happen anyways, but I've got to tell you I'm really concerned about it and I really feel like the one thing I want to talk about is also the jobs. We have a lot of people in the

PC-113 TR

PC-114 HC

PC-115 PH

PC-116 HC

PC-117 TR

PC-118 PH

neighborhood, and are the people in the neighborhood going to get the jobs? And are they really going to get the medical services? And is everyone going to have access to medical services from the Tenderloin from this hospital?

MS. ?: Gracias.

COMMISSIONER MIGUEL: Thank you.

MS. MANNING: Hello, I am Sandra Manning. This is Joe Brown. We are residents of the Pier Hotel that is in the Tenderloin, 540 Jones Street. The EIR ignores the project's traffic impacts in uptown Tenderloin. CPMC plans to turn the Tenderloin streets into speedways, bringing thousands of cars rushing through the community each day to reach the new hospital. So, while CPMC worsens the quality of life for residents like me, it also plans to deny health care services to me and other low income people who live near the planned facility. Does this make sense? Is this in the best interest of me and the neighborhood, residents of the city? I don't think so. So, is CPMC saying that low income Tenderloin residents like me will be denied access only blocks from my home? That is not right. Ten thousand new jobs will be created. Will I be considered for one? Not if the CPMC has its way. CPMC can address these

PC-118 PH

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PC-123 TR

issues by funding the recommendations of the Tenderloin Little Saigon transit study. This will not only slow traffic through the neighborhood, but only divert traffic away by reducing the time that drivers can save by using Larkin and Leavenworth Street, rather than Van Ness. CPMC can also grant health services to nearby residents. Neighborhood residents get priority hiring. CPMC has a choice to pursue a win-win approach and, finally, CPMC can be a good neighbor if it chooses to be. There is no need for corporate greed. Thank you.

PC-123 TR

PC-124 HC

PC-125 PH

COMMISSIONER MIGUEL: Thank you. Lorenzo Listana, Denise Rowe, Mike Williams, Nella Manuel.

MR. LISTANA: Good afternoon, Commissioners. My name is Lorenzo Listana and I have lived in the Tenderloin for five years now, and I am also a member of the Tenderloin Filipino American Community Association. As a resident of the Tenderloin, I am proud of my community and I want to see it improve for the residents, however, I am very concerned about the proposed Cathedral Hill hospital because of its great impact on our neighborhood. I am particularly concerned about its effects on housing and the traffic situation in the Tenderloin. My family resides in affordable housing for low income. The need for more

PC-126 OTH

PC-127 PH

housing would be more defined as the number of employees in the hospital increases. I am apprehensive that the CPMC will not provide affordable housing for its employees, it will create more housing problems because of increased demand. So far, there is no clear plan for affordable housing in the CPMC project, as mandated by the Van Ness Special District. Creating housing would also help alleviate the traffic problem that this project may cause in the Tenderloin, as employees from that use their cars to go to their work if they live in the neighborhood. Our community has a right to be heard as we are the ones to be affected. I believe that community partnership is necessary to address these issues. We urge the CPMC to initiate dialogue with community-based organizations before it is a community partnership for a common goal, for bringing equitable development in the Tenderloin. Thank you very much.

PC-127 PH

PC-128 PH

COMMISSIONER MIGUEL: Thank you.

MS. MANUEL: Good afternoon, Commissioners. My name is Nella Manuel and I have been a resident of the Tenderloin for almost 20 years. I am very concerned with the CPMC project. They have no design to give the community what it wants. We need more affordable housing. The Tenderloin neighborhood is a

PC-129 OTH

PC-130 PH

place where housing is very hard to find. I know many Filipinos who are living more than seven people to one studio unit because they cannot find any affordable housing. I myself, I am afraid of displacement and I am currently homeless, sneaking to a certain building. CPMC plans to bring thousands of new employees into my neighborhood. Where will they find housing? They will look to the surrounding neighborhoods where people like me are already struggling to find affordable housing. This will cause displacement of the low income residents already living in the Tenderloin. And I am afraid that my current state of homelessness will only get worse. To prevent this, we must demand that CPMC follows the Van Ness Area Plan requirements to build affordable housing. By following this plan, it will ensure that my community will have adequate affordable housing and not be displaced. Additionally, traffic impacts in the Tenderloin will be huge because of the CPMC. Many CPMC employees will be commuting to work at this hospital, causing more traffic and more pollution in my community. To solve this, CPMC must build more affordable housing so that people can live near where they work. This is why the Van Ness Area Plan is important. Do not approve this project,

PC-130 PH

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PC-132 PH

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PC-135 PH

Commissioners, until CPMC agrees to give the community what it wants. Thank you.

COMMISSIONER MIGUEL: Thank you.

MR. WILLIAMS: Good afternoon, Commissioners. I would like to thank you for your time. My name is Mike Williams. I have been a resident of the Tenderloin Neighborhood since 2001 and, as a resident, of course, I'm very familiar with the neighborhood and pretty much everything that goes on in it, and I'm very active in the neighborhood, also. CPMC, there is no question that there is going to be – that this hospital is going to be built, okay, the questions that I have regarding it is, or some of the things I'd like to see is, 1) that they actually recognize that there are people living in Central City, that being the Tenderloin where I live. There will be an impact, definitely, on traffic, there already is an impact on traffic, believe it or not, because I live at the corner of Eddy and Taylor, and there are constant crashes there, pedestrians are run over, cars are constantly slamming into each other, in other words, a lot of car wrecks and so forth. A lot of people currently that come into the City use that whole area where I live as a – it's like a speed zone, okay? And people just fly through there. I feel that

PC-135 PH

PC-136 OTH

PC-137 TR

this hospital basically is going to increase that problem, okay, so the notion somehow that it's not going to be impacted, our neighborhood, is a false one. Number two is, I would like to see folks in our neighborhood hired as part of this new project and, of course, I would like to see CPMC follow the City Special Land Use procedures with regard to building affordable housing. Why do I say that? Because they're taking away housing. They're taking away housing, they're taking away jobs that are already, that have existed there, and I would like to see that replaced. I think they have a responsibility in coming to this neighborhood, and also to take insurance from, you know, like Medi-Cal, Medi-Care, whatever, that people have, we have a lot of seniors here, we have an aging population, as you all well know, and I think that they should all be considered in this plan as they go forward. Thank you.

COMMISSIONER MIGUEL: Thank you.

MS. ROWE: Good day, Commissioners. My name is Denise Rowe and I have lived in the Tenderloin for the past 22 years. As a long time resident, I'm proud of my community and I want to see it improve for the residents that live here now. So far, I've been very concerned by CPMC. The Tenderloin is a diverse

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PC-140 OTH

PC-141 PH

community with a growing Filipino population. The recent exposure of CPMC's discrimination against hiring Filipino nurses is appalling. Discrimination is wrong. I do not want to see a project built in my community that will discriminate against hiring from the diverse community that surrounds it. I'm proud of the diversity of the Tenderloin and I am unsure that CPMC's new hospital will respect that. All people deserve to be hired at CPMC. Discrimination in hiring is wrong and discrimination in providing health care is wrong, too. When I hear about the proposed luxury care hospital at Cathedral Hill, I get worried. None of it sounds accessible to me. I am a long time Medi-Cal, a recent Medi-Care patient. What guarantees do I have that Cathedral Hill doctors will see me? So far, none. What CPMC should do is increase primary care access in our community-based clinics and make long term commitments to partner with community-based clinics in providing secondary care in their hospital. This would help ensure many Medi-Cal and Medi-Care patients like myself that are able to use CPMC facilities. So far, CPMC has not agreed to any of this. Our communities have the right to compete for jobs, as well as health care at CPMC. Thank you.

PC-141 PH

PC-142 PH

PC-143 HC

PC-144 HC

COMMISSIONER MIGUEL: Thank you.

MR. GALICIA: Good afternoon, your Honor, ladies and gentlemen. Well, I am proud to introduce myself. My name is Gaudioso Galicia who resides in Tenderloin area for almost 20 years. And ever since I live there, ask any people from any government officials because I know, I understand the situation, we must also help the government, not only us helping the government to help us, we must be giving back, but it so happened that one day, or rather, three days ago, okay, I was invited by our neighbor that I must join this group or this organization, and I ask him quickly, he said, “Oh, it is good organization that will prepare us for building big huge hospital and housing,” and, “Oh, yeah? Is that so?” So, I said, okay, I will join the group, so that is why I am here in front of you ladies and gentlemen. Maybe before I ask any people from any government official but because very soon this very year, my big family is coming soon, and then you cannot – you know, it is the government who force me to live here in America and then that is why, you know, I am sorry to mention the situation in the Philippines is quite difficult, you know, it is really bad, really, and that is why I prepared my family to join me, that’s why I only want to ask to your government to consider our plea to give

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us that opportunity so that I can house my family, big family, and then not totally free, it should be affordable, and understand let my family live in house, or else, otherwise, we will get evicted and when my big family will come, we will be out on the street, so that is big problem, so that is why, if you will be considerate enough to give us the time to approve our plea. Thank you so much.

PC-145 OTH

COMMISSIONER MIGUEL: Thank you.

MS. PANTIG: Hi, good day, Commissioners. I'm Lidia Pantig and I have lived in the Tenderloin for six years. I am here today to express my concern about the CPMC Hospital. We need jobs for the residents of Tenderloin. We are mostly low income families and many of us have been unable to find jobs. The proposed CPMC project will be an opportunity for many Tenderloin residents to find good jobs. We want to make sure that CPMC guarantees that they will be hired from Tenderloin residents. They must give priority to people coming from the community following the program of San Francisco. We also deserve to work at CPMC. I demand CPMC to initiate dialogue with community-based organizations in order to come up with a common agreement on this issue. We want CPMC to assure us by signing a complete agreement. Thank you.

PC-146 PH

PC-147 OTH

COMMISSIONER MIGUEL: Thank you. Catalina Dean, Robert Barham, Pilar Ek, any of you here, if you would come up. Any of the names that I have called that are down in the North Light Court, if they would please come up? Michael Theriault, Hiroshi Fukuda, Rose Hillson, Patricia Hogan.

MR. THERIAULT: Commissioners, Michael Theriault, San Francisco Building and Construction Trades Council. The Environmental Impact Report for the California Pacific Medical Center Project certainly appears to be the standard environmental impact report, they hit all the usual stuff, they do it as well as any environmental impact report could be asked to do. I am confident that there are paths available for California Pacific Medical Center to address the legitimate concerns being raised by the neighbors, and so on. And I have seen them in action and know they will continue to work to do so. I will caution that, however, having been before you many times before, I've seen that questions about environmental impact reports can multiply out infinitem and that we should consider actually a little bit of a limit to that, that is imposed by the type of project we're looking at. This is a project that is well along in design. It is a hospital

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project which is far more complex than other projects that we commonly build in San Francisco. It is not sized up or down as readily as a condominium project, for example. It involves demanding structural considerations and interlocking dense mechanical and electrical systems. These are not easily changed. In addition, the project has already been approved by the State Office of Health Services, and that approval would – the process would have to start all over again if the project were substantially changed. So, any major change that you propose in the project is going to set it back possibly years. There are, of course, state deadlines in that regard, but there is a deadline that is far more important in that regard, and that is the one that none of us control, that could come any day, so I ask you to bear that in mind when you consider the possible multiplication of concerns about an environmental impact report. I will also bring a personal note to this and that is, when my youngest son was born at what was then Pacific Presbyterian Hospital, and what is now California Pacific Medical Center, with an umbilical cord wrapped around his neck and with a heartbeat that came and went, it was a tremendous comfort to have a full range of services available in that hospital for him, and

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PC-149
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that is what this institution at Cathedral Hill would do. So, I ask you to bear those things in mind, also, when you consider this. Thank you.

PC-149 HC

COMMISSIONER MIGUEL: Thank you.

MS. HILLSON: Good afternoon, Commissioners, President Miguel, Director Rahaim, my name is Rose Hillson. I am a member of the Jordan Park Improvement Association, a long time resident of the Richmond District, and I am not going to go into all the bullet points, I have submitted a document and e-mailed them to you, as well, and to the Secretary, Ms. Linda Avery. I have a few points here. Let's start with the CPMC DEIR analyzes transportation circulation impacts in the immediate vicinity, intersections located at very short distances from the project site, but when the proposed CPMC campus project alters the number of parking spaces, totaling 3,890 spaces in the end, at these newly built buildings, and continues to use the existing parking spaces at various other CPMC-owned sites, and leases parking spaces from neighborhood garages, it has an impact in all the neighborhoods with these facilities. In the Richmond District, we have impacts on the Laurel Hill Village Shopping Center because currently there are not enough parking spaces at CPMC garages and nearby lots. This

PC-150 TR

spills over into the Jordan Park area, as well as the Laurel Heights neighborhoods. Then, you have CPMC using the 16th and Geary garage by the Rite Aid and Ross Stores. When CPMC takes the parking spaces in that garage, as they have been for years, nobody can shop along Geary and this hurts the Geary merchants. And the residents around that area are actually circling as far out as 21st Avenue, as far south as Fulton, and as far North as Lake. Why are the neighborhood residents in the Richmond having to suffer parking and congestion issues for a hospital that cannot meet its parking demand? The idea of taking away residential parking zones by SFMTA will hit even harder on the Richmond residents with CPMC people parking all day in so-called "free zones." Other issues involve CEQA violations, City General Plan violations, Better Streets Plans soon to be adopted violation, and one thing I really would like to talk about, since we're not having too much time but 48 seconds, is there's a rare species of Manzanita at the Davies campus and, according to CEQA, Appendix G, Section 17, Paragraph A, this will threaten to eliminate a plant, reduce the number of a rare or endangered plant or animal, and it is considered rare according to *Hort Science Consultant Report*, and I

PC-150 TR

PC-151 LU

PC-152 BI

submit to you my full report. Thank you very much.

COMMISSIONER MIGUEL: Thank you.

MR. BARHAM: Good afternoon. My name is Robert Barham and I stay at the McAllister Hotel, just two blocks away. I understand that the need for progress as far as trying to create jobs and everything, but we also have to think about the health and the safety of the people that live within the community. And if we increase the traffic, you're going to aggravate the asthma and the heart condition of people that already have these existing illnesses. As far as being productive, if they were hired from the same community in which they are building in, and then they're commuting to a hospital benefit, but what is the sense of earning money within the community if you can't go to the hospital in which you have built? You know, so I'm just saying, take close consideration on everything that they're offering the City in the community before deciding to get and permit in order to go on with the building. Thank you very much.

COMMISSIONER MIGUEL: Thank you.

MS. DEAN: Good day, my name is Catalina Dean. And I would like to I guess just recap because everything that everybody has said has already been said, so the first gentleman that spoke, he thanked

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PC-153 AQ

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PC-155 OTH

this Board for being here. I know some of you members because I have worked with some of you, and I guess what I'm trying to say is that I can only tell you what my experience is. I live here in the Tenderloin and my last experience was very horrible. I took a real giant scream over somebody who, when I was trying to cross the street when it said "Walk," he almost ran me over, and the thing that saddened me the most is he was an older gentleman like I was, and he grabbed his head like this. I felt his sorrow of almost running me over, and I felt my heart pounding, thinking I was going to be under that car. And this is even before any hospitals or before anything here, you know? And so this is a town of sanctuary and this is the reason why I'm here, and so, you know, welcome the hospital, sure we need them, you know? But, like the first statement, "I thank this Board for being here and existing here," and what I depend on them, because they are a lot smarter than I am and know this job better than I could ever even guess it, you know, is to be accountable, and to be clearer about everything, that everything is very clear and accountable with the hospital and with the feelings of the community, and with people like Bobby who is concerned about the children, the families, you know, the fresh air, all

PC-155 OTH

PC-156 TR

PC-157 OTH

of these things, it's what we depend on you to do that, you know? And I'm sorry to say this, and I don't mean this as a threat because I totally respect you, but, you know, somebody has got to be accountable for it and I depend on you to do it, and I thank you for this time.

PC-157 OTH

COMMISSIONER MIGUEL: Thank you.

MR. SHIKUDA [phon]: Good afternoon, Commissioners. My name is Hiroshi Fukuda [phon] and I am the Board President of Konko [phon] Church in San Francisco Japantown, it is on Bush and Laguna. We are concerned because the DEIR for CPMC doesn't address Japantown, or doesn't recognize Japantown as a cultural resource, and we are only three blocks away. Japantown serves as a cultural resource for many Japanese Americans who live throughout the Bay Area.

PC-158 CP

Public transit is not a good option for many of them, and if they cannot come visit and support Japantown merchants, they will be threatened. This, in effect, will have almost the same kind of impact as the plan to build 400 condos on the Japan Center. That would close, demolish the garage for several years – two to five years. This will be somewhat similar unless CPMC has adequate and satisfactory mitigations on the parking issue. One of the mitigations was to reserve

PC-159 TR

PC-160 TR

400 spaces in the Japan Center, well, they already have 400 spaces in the Japan Center, that is for staff presently. So, I don't quite understand how they could have another 400 unless they have plans to redirect the workers there, the staff, to another site. That hasn't been explained, and it needs to be. The DEIR does not address the cumulative impacts on several other projects, namely the 1481 Post Street project, which is proposed for 38 stories, and that would have a significant impact, and that, if it is approved, will be in the same timeframe as the CPMC project. Alternative parking mitigations need to be explored more fully, the need to explore the downtown garages, the Port of San Francisco, Candlestick Park, Cow Palace, possibly the Presidio, etc. But this is a very important issue for us because it could mean the economics of our ability of Japantown merchants, and they need to also consider seriously to phase the project so that the medical office building could be developed and the parking space used there, initially, and that way decrease the impact. And also, another factor is that CPMC should force their contractors to obey – abide by the San Francisco Transit First Policy. They need to make them follow the policy. Please have CPMC mitigate those factors. Thank you.

PC-160 TR

PC-161 TR

PC-162 TR

PC-163 PH

PC-164 TR

COMMISSIONER MIGUEL: Thank you. We are going to take a 10-minute break.

(Off the record.)

(Back on the record.)

MS. AVERY: The Planning Commission is back in session. Commissioners, you are still in the midst of public comment.

COMMISSIONER MIGUEL: Correct. The lady with the baby would like to come up if you wish to speak?

MS. MAGDALENA MARCIAS [phon]: [Spanish]

TRANSLATOR: Hi, my name is Magdalena and I have eight years living in the Tenderloin. I am a mother with three children, of which my children go to Redding Elementary over there by Pine and Post. And as you know, we walk a lot through the neighborhood, and we are walking in the area where you are planning to build the hospital. And that's one of our concerns, is that it's going to generate a lot more traffic, which is going to be much more dangerous for pedestrians, particularly families walking in that area. I just want to share with you, I've had a lot of bad experiences with cars in the Tenderloin, and various times I feel like cars often don't respect pedestrians or respect stop lights, or respect the

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TR

velocity in the neighborhood. And, actually, just yesterday I was actually walking, picking up my children from school, and the driver did not want to respect my green light and the right for me to walk at the crosswalk, so I just want to share with you that I'm just really concerned about the traffic issue.

PC-165 TR

COMMISSIONER MIGUEL: Thank you. Jose Morales, Patricia Ruiz, Natalie Logan.

MR. MORALES: Good afternoon, Commissioners. My name is Jose Morales and I have been here in San Francisco for a long time. I am 81-years-old, and I came around 1965, and I lived in the neighborhood near the hospital for 43 years until they evicted me illegally. But I am still fighting for justice, everybody in the neighborhood knows, and I would like you to know that I have followed St. Luke Hospital's history and I think my feeling is that, ever since this corporation took over, California Medical Center took over the hospital, for me, it has been a disaster because they are only concerned with making a lot of money and in a town like ours, San Francisco, we need a lot of help because there are a lot of evictions, as you know, evictions for nothing, that's what makes it even harder and more painful to live in San Francisco. So you are the pros, the people that really can do

PC-166 PH

something for us by intervening, doing something that these people, they become awfully rich, and you probably have been reading in the paper over the Mayor that is making $800,000 a year and it is a filthy – I live on $400.00 a year and you see me, well, I am still functioning, and why do people have to make so much money? And I have one of my friends that one time he had an injury, a car hit him on the knee, or it was coming out, another car came and, anyway, messed up his knee. And I went to visit him at St. Luke's Hospital and I was horrified that his bill was $30,000 a day, pardon me, $30,000 a month, something like that. Why do they have to charge so much money? It's not good for the people. What about our Social Security? They are taking away our money for the future generations that – why continuing also to save Social Security for future generations. So please save St. Luke's Hospital, they – that hospital should be built first, and the other hospital will have to be reduced to that level or less. St. Luke's Hospital first. Thank you very much.

PC-166 PH

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MS. Ruiz: Good afternoon. Thank you, President Ron Miguel and members of the Planning Commission for hearing my comments.

MS. AVERY: I need you to speak right into

that microphone.

MS. RUIZ: My name is Patricia Ruiz and I am a resident of San Francisco. I have lived in the Mission District area for 11 years. And I am a mother of two young boys. I work for a financial company in San Mateo for nine and a half years, and I really wanted to find a job in San Francisco, so I wouldn't be away from my family for long each day. I went to Mission Hiring Hall for help in finding a job in San Francisco. I interviewed with Herrero Bolt for a receptionist office assistant position and I have now been working with this project since April of this year. I had asked the Planning Commission project forward with their review and approval for the EIR because I have seen the project team work long hours putting together this document. I believe all issues have been thoroughly analyzed. For me, personally, I approve of this CPMC project, means that I have growth opportunities in a career that I can help support my family and stay in San Francisco. This project will give me steady job for many years. Thank you.

PC-168 PH

PC-169 OTH

PC-170 PH

COMMISSIONER MIGUEL: Thank you.

MS. LOGAN: Thank you, President Ron Miguel and members of the Planning Commission for hearing my comments. My name is Natalie Logan and I am a

PC-171 PH

resident of San Francisco. I resided in the South of Market District for 10 years, and am a low income mother of two young boys. I began working on this project in August 2008 as a temporary employee, supporting the Director of CPMC's Enterprise Development Department, as well as the Program Manager for Sutter Health's Facilities Planning and Development Department. I have recently become an employee through First Source as a full-time employee for Herrero Bolt, the General Contractor of the proposed Van Ness and Geary project. I ask that the Planning Commission proceed forward with their review of the Draft Environmental Impact Report because I believe this project's alternatives have been thoroughly analyzed. I have sat through countless internal meetings on this project and believe that my colleagues have put their hearts into this. Many of them have stayed in the office working nights and weekends to assure that all aspects of the EIR were covered and addressed. I have reviewed the document and it discloses the project's impacts and it adequately meets the California Environmental Quality Act. I ask that you please accept the Draft EIR and allow us to move forward with this building of the five-campus project. If this project moves forward,

PC-171 PH

PC-172 OTH

PC-173 PH

it will provide me with a stable career path and gainful benefits for years to come. It will also open up job opportunities for the residents of the San Francisco community, as well as providing us with the assurance and the comfort of knowing that, in the event of an emergency, we as residents and visitors of San Francisco can be adequately covered by the state-of-the-art medical facility. Thank you.

PC-173 PH

PC-174 HC

COMMISSIONER MIGUEL: Chris Retajczyk and Paul Dziadij [phon]. And Reiko Furuya and Taffy Dollard. If I called your name, if you would come up, please?

MS. FURUYA: My name is Reiko Furuya, San Francisco resident. I am a Registered Nurse in Intensive Care Unit at St. Luke's Hospital. There are lots of CPMC and St. Luke's nurses here, and I ask them to stand up so you can see. The number of patients in ICU fluctuates because of the nature of service, just like any other Critical Care Unit. But when CPMC says they have 15 ICU licensed beds in our ICU, in reality, we do not have sufficient nurses to operate 15 ICU beds. Once my patient's family say to me, "Last time, when my mother was ill, you guys were full, so she had to be sent to Seton," and he told me how difficult was for a family with limited

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transportation to be with their elderly mother, who spoke only Spanish during her hospitalization away from home. Around the time he mentioned our fully occupied and many of us worked 16 hours double-shift, nobody could afford the time to open another unit with five beds. CPUC plan is also going to take away our sub acute and SNF beds. As an ICU nurse, I have sent patients to sub acute and witnessed their slow, but successful recovery. Some even walked out from hospital after a few months of intense rehabilitation. As a nurse, as a human, I have painfully wondered where CPMC will place those patients, where those people will live. No matter what socioeconomic background people have, once they become ill or injured, they need care. Because there is population in South of Market, St. Luke's becomes essential to so many more lives in the future. We need more beds, more services, more supplies, and more sustainable care, sustainable support to continue our services in the community. Please help us. So many vulnerable people depend on us. Thank you.

PC-175 HC

PC-176 HC

COMMISSIONER MIGUEL: Thank you very much. For those people who stood are not going to speak, if you and anyone who has spoken would please leave so others could sit down?

MS. AVERY: And all of you who are surrounding the door, you have created a fire hazard, so, instead of just moving in a few inches, could you come to the other side of the room or find a seat that is open.

COMMISSIONER MIGUEL: Please.

MR. DZIADIJ: Good afternoon, President Miguel and all members of our Planning Commission. My name is Paul Dziadij and I am a resident of San Francisco, and a client of the CPMC PEP Jobs Program. I support CPMC's proposed Long Range Development Program Plan as represented in this Draft Environmental Impact Report. And I believe that the Planning Department did a thorough and comprehensive job analyzing the proposed project and its alternatives. I am here today as a citizen and recipient of CPMC's free services through PEP Jobs at CPMC and, although CPMC is just a hospital, they provide me with services to find a job, as I do have Epilepsy, as a person with a disability. It's difficult for me to find a job in today's current environment and economy, and people like myself with Epilepsy and a disability often have to overcome more obstacles than regular folks in the economy, so I find that difficult as a person. And PEP Jobs has been

PC-177 OTH

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there for me and they've been supportive of guiding me through the economy and how I can use my disability for benefit. I've been a client of PEP Jobs for about a year now and received support and guidance from them. They've helped me with referrals, navigation, and websites to use, and how to survive through today's difficult economic times. I believe anyone can get a job, and I believe that anyone can reach their desired destination, although it may require detours, I believe that destination could be met, and PEP Jobs has helped me through this process to reach my destination, and they have helped me realize my detours. I urge you to go forth with this project because I want you to realize that CPMC is not just a hospital, that they have services to offer like PEP Jobs, for people like myself, and I want others to benefit from these services, as I have. Thank you very much.

PC-179 PH

PC-180 OTH

COMMISSIONER MIGUEL: Thank you.

MS. DOLLARD: Good afternoon. My name is Taffy Dollard and I have been a Registered Nurse for 30 years, the last 12 working in Labor and Delivery at the CPMC California campus. As we are hearing today from many people, there are points to be made regarding the multitude of problems with the current

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plan to rebuild CPMC on Van Ness Avenue. I would like to address specifically the issue of safe access to the facility for all patients, particularly those who would be displaced from St. Luke's. At the California Street campus of CPMC, we primarily serve patients with private medical insurance. At the prior four hospitals where I worked, many of my patients had lower incomes and did not have private medical insurance. Many did not have cars and depended on public transportation. Of course, in all cases, I never failed to provide safe and compassionate care to all my patients, regardless of economic status. CPMC's proposed plan, as it now stands, with downsizing rather than expanding St. Luke's, will eliminate timely and safe access to medical care to much of our community, many of whom, including pregnant women in labor, will be forced to travel across town by crowded bus to the proposed medical center. Please do not allow this to happen. All citizens deserve safe access to medical care. Thank you.

PC-181 HC

PC-182 HC

PC-183 HC

PC-184 HC

COMMISSIONER MIGUEL: Thank you. Marie Regairdo, Peggy Lenoir, Bertie Campbell, Robert Barham. If I called your name, please come up. Thank you.

MR. RODRIGUEZ: Hello and thank you, President Ron Miguel and the Commission. My name is Rigo Rodriguez and I work for the General Contractor, Herrera Bolt, as an intern, doing mostly administration things. And I want to say there is a vast experience from United States, from around the world, in construction and medical issues, and this is what these two companies have, a vast experience. This project didn't start out of the blue, there was a lot of planning, there was a lot of consideration of the laws, all the community, as well, it was expected to have situations, so even this is planned, even this situation right now is what is planned. I have been part of the team that the gentleman just a little while ago mentioned, the mechanical, the electrical, and the structural, I belong to the Mechanical, Electrical and Plumbing, and every week we have a meeting of what the things we have to do, and every single week and every single day, these issues are addressed – the community, the pollution, the traffic impact, and all that. It is a work in progress for us, and this is the reason why we are here, but it's been planned thoroughly, every square inch of that hospital is being planned. The Environmental Report is a document that addresses every single one of those

PC-185 OTH

PC-186 OTH

issues and one fact for me is that I am working there because my interaction with Mission Hiring Hall, which is a community agency, and City College of San Francisco, in turn deals with Mission Hiring Hall, which in turn they deal with CCSF students. I take all these affairs as a transparent way of credible and medical parties involved, as a transparent way of engaging with the community. Therefore, I would like to see this Environmental Report accepted. Thank you very much.

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OTH

COMMISSIONER MIGUEL: Thank you.

MS. RAGAIRDO: Hello. I represent – I am a Registered Nurse from St. Luke's Hospital and I represent not only the nurses, but now the patients.

COMMISSIONER MIGUEL: Your name?

MS. RAGAIRDO: I'm sorry? My name is Maria Ragairdo. I work at St. Luke's Hospital. I have been there for 30 years, I feel like I am crawling out of the night shift again, I worked the night shift coming here to represent. We hardly ever get the limelight, so bear with me because I don't speak in groups that often. Just recently, I had a patient named Mrs. Rodriguez and I have to go home crying that morning because she was one of the patients that came to me during the night, assisting her to the commode and

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HC

telling me, “Maria, I want to thank you.” And I said, “Why?” She said, “Because I saw you a year or so ago.” I said, “Where?” She said, “On TV, and I want to thank you because, as you know, I only speak Spanish and my English is very limited, and you spoke many times and I saw you and I just want to thank you, I have never thanked you before, and you know, I’ve been a regular in and out of the hospital so many times, and I cannot go physically to represent myself at the City Hall with the Supervisors, so please do it for me.” So, on behalf of her, I am here also, and also because I work at St. Luke’s. If you go back and see the tapes, you know that we have been here so many times, and I know, I see different faces, I don’t know any of you, if you were not here the last time, it was Alioto and the others, you can clearly see that, I mean, even today, you know, Local 250, I sat there and I almost fainted. If you see those tapes, they were here standing by us, you know, together, fighting for not downsizing St. Luke’s. I mean, all we want is a win-win situation, you know? Maybe make St. Luke’s – with 86 beds, I mean, we pressure them to say 86 beds, they were not even saying that six or seven months ago. They put this ribbon committee, you know, at St. Luke’s to make it more fair, but that’s all we want is

PC-187 HC

PC-188 HC

fairness in this deal. I mean, fight for St. Luke's because that side of the city only has San Francisco General and, as we stand here and speak, we only get the real bad patients, we only get the low income, you know, we get the patients that CPMC can't handle, or Davies, they send them to us because either they were too loud, or too stinky, or too whatever, but all the negativity, they come to us, and we are still not with a contract, so I congratulate Local 250 for settling their contract, but we are still fighting for ours, and it's been many years. I don't know why they don't settle with us, working the night shift, I just wonder. Now that Local 250 is here, it made me mad knowing that they settled with them and not with us, I mean, they treat us like a second hand citizen. So, I mean, I'm a minority anyway, so I know how that feels. But anyway, keep your hearts open again, we beg you, not only the nurses, but the patients at St. Luke's, to make it a fair deal for everybody. Thank you.

PC-188 HC

PC-189 PH

COMMISSIONER MIGUEL: Thank you.

MS. KONG: Good afternoon. My name is Florence Kong. Good afternoon, President Miguel and Planning Commissioners. I am the President of Kwan Wo Ironworks [ph.] and the President of the Asian American Contractors Association. I believe this

PC-190 OTH

project and alternatives are thoroughly analyzed in the EIR Report. San Francisco needs this CPMC project. We need the construction jobs and we need to put small businesses to work. These hospital projects will create jobs for San Francisco and it will indirectly lower the crime rate, when everybody has their jobs. My company has been brought in part by the Contractor for Cathedral Hill Hospital. I look forward to construction so that my employees, all San Francisco residents, will have work to support their families and give back to the San Francisco economy. I know that the contractor has an LBE program in place with ambitious goals to hire more small San Francisco contractors and San Francisco businesses. Many jobs will be created for San Francisco residents. Please, accept this DEIR. We need these hospitals for San Francisco. Thank you.

PC-190 OTH

PC-191 PH

PC-192 PH

COMMISSIONER MIGUEL: Thank you. Nella Manual, Linda Pentag [phon], Maria Servillion [phon]. If you are down in the Light Court, please come up. Cassidy Bloyd [phon], Donald Thompson [phon], Mark Schroer, Chris Poland.

MR. POLAND: President Miguel, members of the Planning Commission, I am Chris Poland. I am a structural engineer, earthquake engineer, with over 40

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years of experience. I am the Chairman and CEO of Degenkolb Engineers, one of San Francisco's oldest and largest structural engineering firms. I am an expert in earthquake engineering. I chair two Congressionally mandated committees that advise earthquake programs at the national level, one is a research program, the National Earthquake Hazard Reduction Program, and the other is related to the Veteran Affairs facilities nationwide. I also chair the San Francisco Planning Urban Research Association's Resilient City Initiative, and we are working hard and looking at what San Francisco needs to have done to be able to recover from the next great earthquake. I would also like to say that I was a member of the Hospital Building Safety Board, which advises the State Hospital Program from 1991 to 1999, right during the time that the SB 1953 requirements were being developed. The DEIR process is intended to identify harmful aspects of projects and to minimize them, and I would like to suggest to you that major earthquakes that can strike the Bay Area represents the greatest harm to the Bay Area, and this project is one of the projects that will minimize the impacts of earthquakes to the Bay Area. The USGS is predicting an earthquake occurrence for decades that has

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suggested in the last couple of years that there is a 99 percent chance that means it is inevitable that we will have a major earthquake in California in the next 30 years. The Bay Area is one of the two most likely places that will occur. And we know that a repeat of the San Francisco 1906 Earthquake will cause 3,400 casualties, up to that many, it will also cause 60,000 injured in the region, and we know that the majority of our hospital beds will not be usable. This is a lesson that California learned in 1971 and that was 40 years ago, with the San Fernando Earthquake, they passed legislation, California passed legislation, and we have been building better buildings ever since. In 1994, SB 1953 came along and is aiming to bring us to fix the hospitals that have not been corrected. These projects have been working toward a goal for a long time and they will make their goal by 2015, and that is great; if they are approved, that is 45 years since we found that there was a problem, if these projects are set back to be redesigned, my experience as a structural engineer over 40 years working on hospital projects, it takes eight, 10, 15, 20 years to get these projects done, it is very complex, it is hard to do, you can't downsize them easily, if they go back to redesign, we can expect another 10-15 years of delay,

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that is 60 years since we found out that there was a problem. This is getting to be too long. I urge you to keep this process moving forward toward approval so San Francisco will be better prepared to recover from our next major earthquake. Thank you.

PC-194 OTH

COMMISSIONER MIGUEL: Thank you.

REVEREND TOWNSEND: Reverend Arnold Townsend. Very quickly, I'm representing San Francisco NAACP. You received a letter from our President, I am a Vice President of that organization. I wanted to encourage you to approve this Draft EIR. We certainly believe that it is adequate, that it adequately addresses California Environmental Codes. And I want to remind folks that, you know, this is talking about the adequacy of the EIR, it is not talking about whether you agree with the development or not. Agreement will come later, we hope. There is a lot of work to be done. We plan to do a lot of work and discussion with the hospital. The hospital is needed, but in that need, there are a whole lot of other needs that can and should be addressed. We have been in some discussions with the hospital, for example, about creating now the kind of training programs that young people in our communities, especially our dispossessed communities, can come out

PC-195 OTH

PC-196 PH

of those training programs and work at these hospitals when they are open, or any hospital for that matter. I find it fascinatingly sad that, when all these nurses were asked to stand, there was not an African-American nurse in the group, it has not always been that way, that used to a be a profession that we pursued and were very involved in, but because of what is happening in our communities and in education now, it's not that way. This is an opportunity to do some brilliant things around hiring for people in our community. This hospital, this hospital system, and the other hospitals, have an opportunity to take this and use some of the community benefit funds to do some training and some preparation of people. Affordable housing is wonderful, we need it, but even affordable housing ain't free, you've got to be able to pay for it, and if you don't have a job that can pay for affordable housing, you can't live in this town anyway. Sure, we can do a lot of good things, but this project and this hospital desperately needs to be built, and not only because, you know, there is going to be an earthquake, but if there is going to be an earthquake, hospitals are going to be needed. Of course, if it occurs in 30 years or more, I'm certain it won't be my problem; I'd like to live to be 100,

PC-196 PH

PC-197 PH

PC-198 PH

PC-199 OTH

but I'm pretty sure the 1960's killed all chances of that. Some of you will get that on the way home. But – a lot of chemicals. But the reality is, quite frankly, that this is important to this City. Yes, it will change that corner, it will change the neighborhood, I think it will change it for a good thing. Finally, let me say this, the hospital will create some noise, you give up things when you live in the City, but you get some other things. Hospitals are noisy, but they're close to you. You know, street cars are noisy, but you can get back and forth relatively simply. You know, sirens make a lot of noise, but you don't have to wait two hours for the fire truck or the ambulance to get there. When you live around California and Van Ness, or Geary and Van Ness, that is not a cul-de-sac in Napa, it is in the City with all of the good and the bad that comes with living in the City, so I think we need to accept that, see how this hospital can improve not only the Tenderloin community, this hospital, actually, I started meeting with the people building this hospital about five years ago because it was in the former redevelopment project area. Thank you so much for your attention.

MR. AUNE: I think I was there with you,

PC-199 OTH

PC-200 NO

PC-201 OTH

Reverend back in the ‘60s.

REVERAND TOWNSEND: Yeah, I’ll pray for you.

MR. AUNE: Well, good late afternoon, members of the Planning Commission. My name is Benjamin Aune. I am the President and CEO of Operation Access, it is a San Francisco-based nonprofit that arranges donated surgical and specialty care for low income uninsured people in the Bay Area. We do this work in partnership with 80 community clinics that identify and refer patients. We work with 31 hospitals, and we have over 900 medical volunteers – surgeons, nurses, anesthesiologists, and so on. And I am here to say that we are fortunate to have CPMC as one of our partners. They have participated with Operation Access since 2001. During the past five years, they have provided donated surgeries to around 500 low income, uninsured people from the Bay Area, and the charity care dollar amount is equivalent to about $3 million. We have 22 surgeons who volunteer their time and skills to serve this vulnerable population, and the care is provided at no cost to the patient. We recently conducted a patient survey and, of the 31 hospitals that see our patients, the top patient outcomes were at CPMC. Actually 100 percent reported an improved ability to

PC-202 HC

work because of the care they received, and 100 percent reported improved quality of life. So, we know that these patients are getting outstanding quality medical care, even though it is free to them, it is all being donated by CPMC and the other hospitals. There have been many perspectives and concerns addressed here this afternoon, certainly, and despite some of the comments made by some of the speakers, I have seen the great community benefit that is provided to the community through CPMC, and on a regular basis. And I can assure you that CPMC is committed to providing charity care. Furthermore, I believe CPMC plays a critical role in the area's overall economy and health infrastructure. I believe its long range plan and this proposed project will upgrade our City's health facilities, can help ensure access to the best possible medical care into the future. So, please accept the Draft EIR and move it along. Thank you very much.

COMMISSIONER MIGUEL: Thank you.

MR. SCHROER: Good afternoon, President Miguel and members of the Planning Commission. My name is Mark Schroer and I have lived half a block from CPMC Davies Campus on Scott Street for 21 years. I personally support CPMC's proposed Long Term

PC-202 HC

PC-203 OTH

PC-204 OTH

Development Plan, as evidenced in the Draft Environmental Impact Report, and I believe that the Planning Department did a thorough and comprehensive job analyzing the proposed project and its alternatives. In addition to being a neighbor to the Davies campus, I am the past President and a current Board member of Friends of Duboce Park. And for the past four years, CPMC has been a great neighbor and a very good partner to Friends of Duboce Park. They have consistently worked with and collaborated with Friends of Duboce Park on a number of projects. They were the lead donor for the Scott Street Labyrinth that was dedicated in 2007, and they've committed a sizeable donation to the latest capital project in Duboce Park, the youth play area next to the playground. And we hope to break ground on that project early next year. Duboce Park, like other parks in other neighborhoods, is very important to the entire Duboce triangle, and their contributions to park projects benefit the entire community by improving the quality of life in our neighborhood. The proposed project as outlined in the DEIR will increase usage of Duboce Park and other parks and recreational facilities near the Davies and St. Luke's campuses through development and projected activation

PC-204 OTH

PC-205 RE

by both patients and employees. Both at Davies, as well as for other campuses, CPMC's proposed projects include street beautification efforts that include tree plantings and landscaping enhancements. Some improvements have already been made on the east side of Davies, where they did some traffic calming. I request that the project proceed forward. They are great neighbors and we want this project to go on. Thank you.

PC-205 RE

COMMISSIONER MIGUEL: Thank you.

MS. SERVILLION[phon]: My name is Maria Ascension Servillion [phon]. I am a Registered Nurse. I work at St. Luke's Hospital. I have been there for 35 years. I work in the ICU. I am not opposing CPMC rebuilding St. Luke's, I am opposing their plan of cutting back on some of the services, like closing sub acute and closing skilled nursing facility, and also like downsizing ICU, it would become less numbers of beds. I have worked there all these years, it is a very good place to work, we all work together. We take care of patients who are mostly medically indigent patients, and retired Vets, and to make them better, and we work very well together. So, it's my wish that it would just be the same size as it is right now, instead of cutting it back to less

PC-206 HC

services, so some of the services won't be there with the plan for the new hospital. I thank you.

PC-206 HC

COMMISSIONER MIGUEL: Thank you.

MR. McCORMIC: Good afternoon, Commissioners. My name is Kevin McCormic. I am the Media Relations Manager at CPMC. And I would like to read the letter from Chris Retajczyk, who was called earlier, but unfortunately had to leave. It took me a couple of minutes to get here because I had to type it up because, being a doctor, I couldn't actually read his handwriting. "Dear President Miguel and Members of the Planning Commission: Thank you for the opportunity to speak this afternoon. This is Chris Retajczyk, I am a proud 17-year resident of San Francisco, a practicing neonatal intensive care physician and the former Director of Neonatal and Prenatal Transport for California Pacific Medical Center. I trained at UCSF in the Pediatric Intensive Care Unit and I am a current member of the St. Luke's Medical Staff in Pediatrics. I feel my background gives me a unique perspective on Pediatric systems and health care delivery and critical care in San Francisco. I want the development of the UCSF Children's Hospital and San Francisco General, as well as the CPMC Hospitals at Van Ness and Geary and at St.

PC-207 HC

Luke's. Timing is everything in Pediatric emergencies. Delays of just minutes can literally mean the difference between life and death. Not having a labor and delivery facility that is readily accessible and can provide critical care can cost lives. Having all our high risk deliveries concentrated in one location at Van Ness and Geary means that all the expert staff needed to handle any emergency are on hand, not just for the infant, but also for the mother. Some people have talked about an alternative to the existing plan, but that would concentrate all children's services on the South of Market and put the City at great risk in the event of a disaster, earthquake, fire, biological attack. All of these would stress the normal system. By having all of these facilities in close proximity, it would limit access routes for emergency services, concentrate neonatal services in one section of the City, and put the pediatric population at risk. Having a central location for these well served by major bus and public transportation routes allows for better access for all patients, including children. Thank you, Commissioners."

PC-207 HC

COMMISSIONER MIGUEL: Thank you. Yolanda Jones, Joan Miller, David Meckel, Tyler Krehlilz. If

I've called your name, come on up.

MR. MECKEL: Good afternoon, President Miguel and Commissioners. My name is David Meckel. I am the Director of Research and Planning at the California College of the Arts, where I founded San Francisco's first professional architecture program 25 years ago. My expertise is in City Planning, Urban Design, and Architecture. I have reviewed the contents and findings of the Draft EIR. I find that this report more than adequately addresses the potential impact of the CPMC projects. The CPMC planning work is smart, sustainable, and urbanistically [sic] sophisticated. It puts hospital beds and services where transit and people are located, and does so in a way that enhances streetscapes, route stops and solar access. The Long Range Development Plan places facility enhancements scaled appropriate to the surrounding urban context in the Pacific Heights, Duboce Triangle, and Mission District neighborhoods, while concentrating the highest density of beds and services at the Van Ness location where the highest density of people and urban fabric will accommodate them. That location also uses an innovative mid-block drive through and drop-off to remove traffic and killing from the surrounding

PC-208 OTH

PC-209 PD

PC-210 PD

streets, which to my knowledge is the first time an urban hospital in California has fully integrated this functionality into the building footprint. In summary, I find that, in the Draft EIR, the project and project alternatives are thoroughly analyzed, the project impacts are disclosed, and the CEQA requirements are adequately met. I respectfully request that the Planning Commission support the Draft EIR so that our City and citizens can be served as soon as possible by these seismically safe and urbanistically [sic] appropriate CPMC facilities. Thank you.

PC-210 PD

PC-211 OTH

COMMISSIONER MIGUEL: Thank you. If I have called your name, please come up. Guillermo Rodriguez, Joe Fong, Richard Margary, Ed Shaferalta.

MR. RODRIGUEZ: Good afternoon, Commissioners, Guillermo Rodriguez, Director of Cityville in the Mayor's Office of Economic and Workforce Development. I would like to take a few minutes to comment on CPMC's Long Range Development Plan, Draft EIR, and how this project relates to the Workforce Development component. In addition to this Commission's review of the EIR, you will also weigh in other aspects of the LRDP that will also have impact. The EIR analysis does not directly focus on workforce

PC-212 PH

specifically, but as this Commission knows, is that you continue to evaluate the merits of this program, and should this program move forward, one of the conditions as part of any project that is approved by this Commission, the First Source Hiring Agreement regulations would apply to this project, and for at least the last six months, our office, OEWD, has been in direct conversation with CPMC and its lead trade partners around the development and construction of the proposed buildings. And in that discussion, we would just like to share a couple of the key areas of agreement as part of that first source agreement. I am pleased to report that our discussions have not only been positive in creating a best in class first source agreement to match the building approach that CPMC is undertaking, but has resulted already in the hiring of San Franciscans to begin to work in this predevelopment phase. So, again, on the part of CPMC, they have already started hiring San Franciscans in anticipation of a First Source Agreement in showing their good faith efforts. The First Source Agreement that our office is negotiating with CPMC, which we will bring back to this Commission, consists of three components. It will cover construction, that includes training, building a strong and well qualified

PC-212 PH

PC-213 PH

PC-214 PH

pipeline of economically disadvantaged San Francisco residents through a State certified apprentice programs, prioritizing those neighborhoods most impacted by the construction program. We will also be looking at permanent jobs for the completed facilities, and a voluntary commitment to you small and local businesses in the construction program. The details of the agreement are still being negotiated. I look forward to coming back to this Commission with the full details and share that with you. Thank you.

PC-214
PH

COMMISSIONER MIGUEL: Thank you.

MR. MARGARY: President Miguel and Commissioners, good afternoon. Thanks for listening to all the comment today, including my remarks. I am Richard Margary, representing today the Buena Vista Neighborhood Association. We have about 400 current members and serve about 4,500 households around Buena Vista Park. CPMC's Davies Medical Center Campus is our close neighbor and is a very highly regarded and valued resource for our neighborhood, as well as for the whole City. BVNA worked closely over the last several years, going back the better part of 10 years, I believe. We worked closely with them as part of a neighborhood group working with CPMC, especially to plan the elements for the Davies campus changes, which

PC-215
PD

are in the Draft EIR. Throughout the process, CPMC was most responsive to our concerns and was a good neighbor in all respects. Many of the elements of the Davies campus plan represent neighbors' input and requests. We urge you to move forward with the Draft EIR, it is thorough and comprehensive, it adequately addresses key issues, and provides mitigations for understandable concerns. There are appropriate amendments to the final version that can address comments that you heard today and during the current comment period. We further urge you to move forward for final approval of the citywide CPMC project, as proposed. Shovels need to get in the ground right away on this project. Please, enough stalling and deferrals, would all stakeholders of this project please take the attitude to move forward positively to make this project happen? That can be done if people want it to happen and if they want the benefits for our community. There are seismic dangers that go on daily, as you heard a few minutes ago, that require this. The new facilities fit well into the City's larger plans for the Van Ness and the Geary corridors, and they will provide world class, state-of-the-art medical care that we need in San Francisco for the neighbors and the facilities around St. Luke's, in the

PC-215 PD

PC-216 OTH

PC-217 GE

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PC-219 HC

proposed new Cathedral Hill location, and for our neighbors in the Davies area. Thank you very much.

COMMISSIONER MIGUEL: Thank you.

MR. KIM: Thank you, Commissioner Miguel and members of the Planning Commission. My name is Joe Kim. I have a small Japanese restaurant, 123 Van Ness Avenue next to building. Since in America business has slowed down, the Circuit City has gone bankrupt and the closest theatre was closed down, as well as a hotel has been closed down in that area. Since that, not only me, but also small business owners have in this area business is a very slow, and then we have been suffering because the economics has slowed down and it is very painful. If you ask any of our neighborhood small businesses in this area, you will find out, we are looking forward to this hospital coming very soon. Now, if this hospital is coming to this area, there are two kinds of development, the one is the people who have property because the property will go up and they will build up equity and the vacancy will disappear and the people who get the jobs, directly they will get benefit. Now, we can, just like me, people who don't have property, we will get indirect benefit; for example, people who get the jobs, they will spend money, sometimes they will go

PC-219 HC

PC-220 PH

outside and buy dinner, sometimes they go outside to shopping for their kids, school supplies, and shoes, and clothes, money is circling, not only that, the property is built up and sooner or later they have to fix them up, update it, and people who get the maintenance, they need the job, they can spend the money, too, just like all the people, and that will benefit all of us. This will make us all happy and not only us, but also maybe Mayor of San Francisco, then maybe Washington, D.C., big Obamasan maybe like it too. So I vote for this one. Thank you.

PC-220 PH

COMMISSIONER MIGUEL: Thank you. Joel Koppell, Paul Grech, Mark Astavan.

MR. KOPPELL: Good evening, Commissioners. Joel Koppell, San Francisco Electrical Construction Industry. The partnership of our Electrical Contractors Association and our Local 6, trained electrical workforce. We build buildings. We build two-story, single-family homes, we build 60-story residential buildings, we build stadiums, and we build hospitals. There is no more important building you can ever build than a hospital. Building hospitals is the single most important investment we can make in this City. I don't want to reiterate too much of the structural engineer's words, but in the worst case

PC-221 OTH

scenario, in the case of a natural disaster, not only do these hospitals need to still be there, they still need to be functioning 100 percent in order to take care of everyone else. I am speaking to you as a San Francisco resident property owner, my office is at 55 Fillmore, blocks away from the Davies campus and the Neurosciences Building to be at Noe and Duboce, and we are really looking for forward to this project. I am telling you that this is going to be a completely positive impact on the environment of San Francisco, overall. I please urge you to move this through the process of the Planning Commission. I have been following this since the multiple hearings at the Health Commission. I did want a couple of items addressed, specifically, which has happened, CPMC actually reached out to me and personally worked at the California campus and Pacific campus for years at a time as a foreman inside wireman, and day in and day out had noticed that there were some issues with the loading dock in these locations, and I want for my own sake to be comfortable speaking to you tonight to know that those issues will be handled. And one thing the project does have working for it is the amount of one way streets that will encourage easier transition from streets into the property. It is a lot more difficult

PC-221 OTH

PC-222 OTH

PC-223 PD

PC-224 TR

the more intersections there are, and the more two-way traffic there is. But CPMC told me about their Transit Demand Management Plan, which made me feel a lot better about things, and the fact that they're going to use multi-level driveways and incorporate loading stations that are designed to get vehicles off the roads. So, Van Ness and Geary, Post and Franklin, one way streets are going to help mitigate any of these issues. So, once again, we urge the approval, we think this document is adequate, and thanks for your time.

PC-224 TR

COMMISSIONER MIGUEL: Thank you.

MR. VITSITCH[phon]: Good afternoon, President Miguel and members of the Planning Commission. My name is Ed Vitsitch [phon]. I am a principal of Cambridge CM, it is a construction management company. And I have managed health care projects, planning, designing construction, for better than 30 years, including several hospitals, some in San Francisco. In that capacity, I have been heavily involved in the development of Environmental Impact Reports for those hospitals. I have followed the Sutter project, and our firm does not do any work for Sutter. I have followed the Sutter project and have had an opportunity to review the Environmental Impact

PC-225 OTH

Report mitigation section and plans as they relate to construction at the various sites, also I have reviewed the Contract Construction Coordination Plan. The project impacts have been fully disclosed, thoroughly analyzed in a very professional manner. The EIR is thorough, all impacts have been addressed in a very thoughtful way, and mitigation measures have been skillfully addressed. While most mitigation measures reflected in the plan are in keeping with best industry practices, some of them go beyond to address the concerns of neighbors of the project, especially at the Cathedral Hill site. Examples are noise and vibration monitoring, the use of equipment that generates the least vibration noise and pollution, staging and sequencing that produces noise and vibration to the extent possible on a project of that size and complexity. All of it has an extensive communication plan and the appointment of a construction coordination manager who can quickly and authoritatively deal with issues as they arise. I have worked with the contractor, Herrera Bros. before, also with the designers, SmithGroup, and found them to be innovative, professional, and responsive. The challenge of this project was planned in a highly professional way and the team is committed to

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accomplish it with the minimum feasible impact. I urge the Commission to move this project ahead. Thank you very much.

PC-228 OTH

COMMISSIONER MIGUEL: Thank you. Susan Girardo, Brian Webster, Terence Dunnagan, Ramon Hernandez, if you are still downstairs, please come up. Michael Pappas, Manny Lanier. Kamani Hamid [phon], Joe Fong.

MR. HAMID [phon]: Good evening, President Miguel and members of the Planning Commission. My name is Kamani Hamid [phon] and I am a small business owner in the Tenderloin area for the last six years, and I just recently had an opportunity at a Polk and Geary location to open up a business, and I took the opportunity because I knew that CPMC was coming into the area, and knowing the fact that the area was not really for business, that is, like my friend Joe Kim from the Sushi Bar, he was not really positive, but knowing the hospital was coming, I took the opportunity to go ahead and to build the business, and I support the project and I think it will do good for the neighborhood and it will lower the crime rate in the area. As you probably know, that area is not really friendly, so I think it will change for the better and it will be positive. It will be friendly

PC-229 PH

PC-230 OTH

for customers and tourists in the area, it will have economic advantage for the residents of San Francisco in hiring, and also for us to hire people because we will be hopefully generating business from the traffic we get. I think it is a positive thing and I urge you to support and approve the project. Thank you.

PC-231 PH

COMMISSIONER MIGUEL: Thank you.

MR. HERNANDEZ: Good afternoon, Commissioners. My name is Ramon Hernandez, the District Manager of the Local 261 Labor in San Francisco. I represent over 3,000 members, men and women that live here in the City, and I urge you guys to support this project, it will be a good project for our San Franciscans. I believe all the building trades, we are facing a slowdown in work, we have got 10-30 percent unemployment, that would be a good project for all of us and for San Francisco. I tell you guys, I am speaking in favor of that project, I would appreciate it if you guys would support it. Thank you.

PC-232 OTH

PC-233 PH

PC-234 OTH

COMMISSIONER MIGUEL: Thank you.

MR. WEBSTER: Hello, my name is Brian Webster. I am a resident of San Francisco and I would like to thank President Miguel and the members of the Planning Commission. I am the Chief of Staff at the

PC-235 OTH

Institute of Laboral de La Raza, a community-based organization here in the Mission District of San Francisco. We have been around for almost 30 years now. We provide legal services to the working poor, helping to enforce the California labor laws. Our Board of Directors is made up of members of Labor Unions, including the Laborers International Union of North America and many others. I am a member of Local 510, the Sign and Display Workers Union, and I just wanted to say that I believe that the project and the project alternatives have been pretty well analyzed by the Draft Environmental Impact Report, and that the document discloses the project's impacts and adequately meets the California Environmental Quality Act. I think this is going to be – the project itself is going to be a very good thing for San Francisco, particularly in terms of employment creation, the 1,500 jobs, the Union construction jobs that are going to be created. I think that is going to be great for San Francisco and for the economy right now. We at the Institute are big supporters of green building projects and also environmentally focused operation systems, and we know that CPMC is committed to that. I would also like to echo Mike Therialt [phon] -- some of Mike Theriault's [phon] comments from the Building

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PC-236 PH

PC-237 OTH

PC-238 OTH

Trades Council. This project is definitely well along in this process, it has been approved by the State Office of Health Services, and I would just urge you to approve the Draft Environmental Impact Report, and I am sure that the City Supervisors and the other City bodies can deal with the other issues. Thank you very much.

PC-238 OTH

COMMISSIONER MIGUEL: Thank you.

[UNIDENTIFIED SPEAKER]: Good afternoon, I wanted to read a statement from Dr. Fung Lam, who was called earlier, but had to leave for a surgery. "Good afternoon, President Miguel and Commissioners. My name is Fung Lam and I have been delivering babies in San Francisco for 25 years. I support the CPMC rebuild project as evidenced in the DEIR. The Planning Department has done a thorough job of evaluating the proposed project and its alternatives. There is nothing as joyous as the birth of a baby, nor as devastating as the death of a mother. While the majority of deliveries occur without event, severe complications can arise quickly, unexpectedly, and can have severe consequences for both the mother and baby. For many years, we have successfully and dramatically reduced the rate of maternal mortality, however, in the last 10 years, from 1996 to 2006, California

PC-239 HC

maternity mortality rates have tripled from 5.6 per 100,000 to 16.9 per 100,000. Indeed, our Obstetrics Chair, Dr. Elliott Mayne, could not be with us today because he is in Washington, D.C., heading a task force trying to reverse the national trend of increasing maternal complications. These efforts have clearly identified the need for consolidation of a acute care services for pregnant women, whether it be intensive care services, surgical support, laboratory and blood product access, or availability of interventional radiology, access to and ready response of all of these ancillary services are critical in ensuring the safety and well being of mother and child. Our pregnant patients have increasing high risk factors. They are older, with more underlying medical conditions. There are higher rates of multiple gestations. It is unacceptable and unsafe to transfer these patients across town for emergency or critical care services. Let me be clear that I am in full support of community-based medicine. For many years, we struggled to maintain a separate OB Unit at Chinese Hospital, but it became clear that the Chinese Hospital Unit could not provide all the necessary services. It couldn't keep up with the technology, and it could not maintain the staffing for 24/7, 365-

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day a year care. Our Chinese patients are now cared for at our California Campus Unit where providers like me have the resources, tools, and support to maintain their health and safety, sometimes in life and death situations, and we will continue to do so in the new facility. Thank you.

PC-239 HC

COMMISSIONER MIGUEL: Thank you. Rigo Rodriguez, Natalie Logan, Florence Kong, Lorie Martins.

MS. MARTINS: Good afternoon, and thank you, President Miguel and Planning Commissioners. My name is Lori Martins and I am one of the owners of Koko Cocktails located at 1060 Geary Street, and will be one of the small businesses that will need to relocate due to the hospital project. I am here today to publicly acknowledge and thank California Pacific Medical Center for working with me and my staff to ensure our successful relocation; however, I do need to take this opportunity to speak for the residents who live above my business, as they have not settled. Two of them are 74-years-old, on fixed incomes, and have at this point in their lives no opportunity to earn more income. I would like to see CPMC ensure that they have a place to live for the rest of their lives. I also live five blocks from the proposed

PC-240 PH

PC-241 PH

PC-242 OTH

hospital project and would like to see CPMC partner with community organizations, such as the Good Neighbor Coalition, to ensure that they are active members of our community, and don't just plop down and not be involved. Again, I would like to thank CPMC for their help in moving my business, and hope their project moves forward. Thank you.

PC-242 OTH

PC-243 OTH

COMMISSIONER MIGUEL: Thank you. A couple duplicates here -- Lance Toma, Patricia Ruiz, Benjamin Aune, Dr. Ted Lee.

MR. LEE: Good afternoon, President Miguel and members of the Commission. My name is Dr. Ted Lee. I am a primary care physician and also the Associate Medical Director at the Northeast Medical Services. We are also known as NEMS, N-E-M-S. We are the largest federally qualified health center in San Francisco targeting the medically underserved Asian population, for almost 38 years. I believe that every resident of San Francisco should have access to the best medical care. NEMS has collaborated with CPMC over the years to provide specialty care services to our underserved population, including the delivery of more than 400 babies, NEMS newborns, at CPMC each year. The proposed centralized location for its new campus at Van Ness and Geary will be in closer

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PC-245 HC

proximity to the patients that we serve, particularly those in Chinatown. This means fewer bus trips for those taking public transit, and more accessible healthcare. This means less distance for our families to go to deliver their babies. The proposed Van Ness and Geary campus also locates a full service Pediatrics and Emergency Department and also in-patient hospital next to the highest density of infants and children in the City, as healthcare just begins for our NEMS babies upon their delivery. Additionally, CPMC and NEMS have developed a referral process for in-patient care to actually all of NEMS 1,100 healthy San Francisco patients, this is roughly 25 percent of the overall healthy San Francisco Program population. CPMC recently also announced that it is further expanding its commitment and participation to the Health San Francisco Program. So, I want to thank you for your time and I request that you accept CPMC's DEIR without delay. Thank you.

PC-245 HC

PC-246 HC

PC-247 OTH

COMMISSIONER MIGUEL: Thank you. Anyone else whose name I have called?

MR. TOMA: Good afternoon, President Miguel and members of the Planning Commission. My name is Lance Toma. I am the Executive Director of Asian and Pacific Islander Wellness Center. We are a health

PC-248 OTH

services education research and policy organization. Our mission is to educate, support, empower, and advocate for Asian and Pacific Islander Communities, particularly API's living with and at risk for HIV and AIDS. We have two offices in the Tenderloin, one that focuses on Asian and Pacific Islander health and one that focuses on transgender health. I am here to voice support for CPMC's proposed Long Range Development Plan, as evidenced in the Draft Environmental Impact Report, and after I did review this report, I do believe that the Planning Department did a comprehensive job of analyzing the project and its alternatives. The proposed location for this new campus at Van Ness and Geary is within two blocks of my agency, where many of my clients and patients reside. The Tenderloin is a neighborhood, as you know, composed of many Asians and Pacific Islanders, as well as transgender community. This proposed Cathedral Hill location will allow for increased access for many of our clients and patients, as well as providing more accessible healthcare options. API Wellness Center is currently expanding our services by becoming a free primary care community clinic, and we have been working with CPMC, who has been supporting our efforts. CPMC has, in particular, provided us

PC-248 OTH

PC-249 HC

PC-250 HC

with support to conduct a neighborhood needs assessment in the Tenderloin, to better understand the healthcare needs for the API community in the Tenderloin. It is important that we understand these needs of those in our communities who have not historically accessed the healthcare system, so that we can work together to correct this. The proposed Van Ness and Geary location provides a platform for CPMC to expand its existing programs. I also see that their long term engagement with us and others in the Tenderloin will ensure that CPMC is attentive to community needs, and that the many community-based assets in the Tenderloin are in partnership with CPMC's long term plans. I respectfully ask that you, the planning Commission proceed forward with this process. Thank you very much for your time.

PC-250 HC

PC-251 OTH

COMMISSIONER MIGUEL: Thank you. Siu Cheung, Carolina Moratillo, Felicidad Afenir, Gaudioso Galicia, Kevin Brown, Joseph Snooke, Flavio Casoy, Paul Wermer, Jane Martin.

MR. SNOOKE: Good afternoon, Commissioners. Joseph Snooke, Bernal Heights Neighborhood Center and Coalition for Health Planning in San Francisco. It's breaking down very simply that CPMC has four campuses which are basically hospitals with other associated

PC-252 HC

services. What CPMC plans to do is phase out the California campus, concentrate out-patient services at their Pacific campus, and concentrate in-patient services at the new facility at Van Ness and Geary on Cathedral Hill. The description of St. Luke's, however, in the project plan focuses on a new medical building and a new hospital building that is significantly smaller than the existing hospital. What we see in the DEIR is that there is no vision for St. Luke's, there is no anchor. Functionally, it reads as though it is simply an access point for specialty services provided at Cathedral Hill or Pacific campuses that are in-patient and out-patient facilities. I just want to remind you that St. Luke's operates as a fully service hospital, primarily providing charity care for well over 100 years, until Sutter Health took over, and Sutter Health and CPMC are basically the same corporate entity. This takeover has happened a few years ago. And instead of using its financial strengths to build on the tradition of charity care, St. Luke's and Sutter and CPMC have been systematically dismantling the charity care that has existed at St. Luke's. So, what we are asking is that the EIR study the alternative, or an alternative to what is presented as Alternative 3A.

PC-252 HC

PC-253 ALT3A

The reason is that there was a demand of the community that St. Luke's stay open and what we're seeing is that there are signs that there's going to be a continued dismantling of the charity care and of the commitment to the Southeast neighborhoods and the care that is necessary in those neighborhoods by CPMC. What Alternative 3A does is it shifts services and beds from other campuses to, instead of everything going to the in-patient facility on Cathedral Hill, that some of those beds be shifted to St. Luke's. What we don't like is that it is just women's and children's services. Those women and children's services, as the previous speaker was leading to, those services need to be dispersed, a lot of those services need to be dispersed throughout the neighborhoods of San Francisco, and what we want to see is not just a dispersing of services that are equitable and accessible in different communities throughout the City, but also there be some anchor that is more than just an emergency department and women and children's services at St. Luke's, there needs to be something – there needs to be a vision around St. Luke's, because we don't trust that it's going to remain open. We had to create a blue ribbon panel in order to keep it open, and before the blue

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ribbon panel, Sutter Health said that it was going to keep St. Luke's open, and then, after the blue ribbon panel, they admitted that they had intended to close it. We don't trust that there is any vision for St. Luke's, and we want to make sure that it is a viable hospital for the future. Thank you.

PC-254 HC

COMMISSIONER MIGUEL: Thank you.

MS. MARTIN: Hi. My name is Jane Martin and I am with the California Nurses Association, and I am also on the Board of San Francisco Pride at Work, which is a member of the Coalition for Healthcare Planning. There is a huge problem with this Draft Environmental Impact Report, and that is that it fails to analyze the healthcare implications of the plan.

PC-255 HC

We support the environmentally superior alternative of a bigger St. Luke's that Joseph was talking about, with a clinical anchor, and a smaller Cathedral Hill. And that alternative is environmentally superior in terms of traffic and the analysis that has been done, and it is also better for healthcare. The EIR is incomplete because it does not analyze the burden on City services, for the services that CPMC will no longer provide. CPMC has closed over 70 percent of psychiatric services, despite a growing need for these same services and, instead, their psych patients are

PC-256 ALT3A

PC-257 HC

shifted to other providers. CPMC also plans to close the vast majority of their SNF beds, long term care for the elderly and disabled, and to downsize St. Luke's. All of these would result in huge impacts on the City's public healthcare system, and that needs to be analyzed. The EIR also does not analyze Sutter's regionalization. Sutter's Business Plan, if approved, would entail ridding itself of 1,300 hospital beds in the Bay Area in a way that anticipates the transfer of patients between cities. CPMC's plan is a part of the same Business Plan, and Sutter's operations all over the Bay Area, and it should be analyzed in terms of the cumulative effects of those plans. We encourage and will continue to encourage CPMC to come to the table and engage in a real substantive dialogue around healthcare impacts, the size of St. Luke's, jobs, affordable housing. We hope that that happens, but we really need an Environmental Impact Review that looks at the healthcare impacts, and it shouldn't be approved the way it is right now. Thank you.

[Applause]

COMMISSIONER MIGUEL: Thank you. Please, that only takes up time.

MR. WERMER: Good afternoon, Commissioners. My name is Paul Wermer and I am here tonight wearing

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hats of both Pacific Heights Residents Association and the CPMC Neighbors Coalition, which is a group that has worked with the Pacific site facility since 2002, on planning the new activities, as well as local operational issues. I will start by saying something new, which is that we do appreciate the outreach CPMC has just begun to our neighborhood, on plans for that site, so with luck, when the project level EIR for that activity comes forward, we won't have so much to bicker about. There is a lot of stuff here that's already been covered by other people, but I want to frame it a little bit differently. There's been a lot of discussion about traffic, and the DEIR traffic and circulation analysis is, in fact, significantly inadequate. It deals with the conventional CEQA application of looking at commute traffic at peak hours. However, CEQA does not say Thou Shalt Not Consider Other Impacts; in fact, if you read the enabling legislation, it talks about quality of life as the driver, and how the environment is important for a healthy quality of life; by the way, I'm not a lawyer, but I do try to read some of the source material to understand why something may be so. So, the problem is it looks only in many cases at the peak PM traffic, that is not when the worst impacts

PC-260 OTH

PC-261 TR

occur in many neighborhoods. In my area, the schools are letting out at about 3:00 p.m., there are peak traffic deliveries at that time, listening to the concern in the tenderloin with traffic in schools, increasing traffic outside of the peak PM period is going to have a direct impact on the residential environment. That is not considered in this document. The data used for the Pacific site was comparing daily averages, but you're comparing daily averages of visitors on a 24 hour operation to something that is moving to a daytime operation. Very difficult to make sense out of that, it doesn't leave us uncomfortable, and it is a data gap. The assessment of the bicycle and pedestrian impacts is inadequate. It looks at how pedestrians fit on the sidewalk, it doesn't look at the vehicle interaction with the pedestrians – it is a big deal. And I want to tough on the 3A plus. The services that are alluded to earlier, both before and after care, are significant. I have dealt with this in my family, and I have dealt with the discontinuity of care when people are turfed out of a hospital because they no longer need the in-hospital beds, but are instead sent to some third-party skilled nursing facility. The continuity of care, the continuity of documentation, and the communication between the

PC-261 TR

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medical staffs is a disaster and causes great problems. That is another impact. Thank you.

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COMMISSIONER MIGUEL: All right, Debbie Perkins Kalama, Eileen Prendiville, Robert Atkinson, Jane Sillon.

MS. PRENDIVILLE: Good evening. Can you hear me? My name is Eileen Prendiville, and I am a Registered Nurse, and I work in the Newborn Intensive Care Unit at the California Campus of CPMC. I have been here with some of my co-workers from my unit and from the Pediatric ICU, and many of them had to leave either to go to work or to pick up kids. We take care of the most fragile infants and children during their often long and protracted hospitalization, and between us, and there are 10 of us, we have over a combined service of 244 years at the California Pacific Medical Center. We have seen a great deal of change in healthcare over the last few years. I can safely say that we became nurses because we care about each other and we want to make a difference in people's lives in their time of need. We care passionately about our patients and our community, especially when it comes to health care. One of our concerns is the size of this proposed hospital, where all tertiary care would be consolidated in one building. A huge hospital on

PC-264 HC

PC-265 HC

busy Van Ness Avenue could be disastrous after a massive earthquake. While the building most likely would be standing, wounded patients and staff, as well, would have extreme difficulty in getting their in a timely manner, as traffic would be gridlocked. It is not good planning to have all of these services at one facility, and I disagree with my co-worker neonatologist, Chris Retajczyk, but it wouldn't be the first time that nurses and doctors disagree. Now is the time, Commissioners, before it is too late, to make sure that the healthcare needs of San Franciscans are met effectively, as hospitals prepare to comply with the State's Hospital Seismic law. We urge you to make sure that CPMC scales down the size of Cathedral Hill and increases the services and the size of St. Luke's in order to make it a viable hospital that will provide equal access to care for all of our patients and their families. Thank you.

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PC-266 HC

COMMISSIONER MIGUEL: Thank you. Michael Lyon, Tony Gazetta, Yanica Brooks.

MS. [UNIDENTIFIED SPEAKER]: Hi, good afternoon, Commissioners. Thank you for listening to all the testimony you've heard thus far, I'm sure you have another hour or two of it. My name is Barbara and I've been working in the Tenderloin for the last

PC-267 OTH

five years with Latino families. And so what I wanted to just share is you heard some testimony from some of our families, a lot of our families had to leave, like the nurse before me said, 3:00 is pick-up hour, and people must get there. But I wanted to share one thought that one of the moms who wasn't able to speak, who wanted me to communicate to you. Her name is Bianca and she lives at Geary and Larkin, and what she said to me is, as of last week, that was the first time she'd heard about the hospital. And for me, I really have to ask the Commissioners, what has been the process of CPMC reaching out to the community, particularly in a multi-lingual fashion? Because a lot of the families – and I actually did a survey of our families – only one person had heard about the hospital. And we're talking about Geary and O'Farrell. I also submitted one packet with the surveys and I submitted a report from Urban Solutions indicating that the Geary and O'Farrell corridor has the highest density of Latino families of all the Tenderloin, and so, for me, it is a very serious concern with Latino families, that a lot of these families weren't noticed about the hospital, and are going to be deeply impacted by this project. I'm not going to repeat a lot more. I want to actually kind

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OTH

of go over what some of the survey says since I don't feel like CPMC has really outreached to our community, I thought, well, we had a meeting on Friday, let's find out what our families think about the hospital and what they think about this plan, and so I did a survey just to the 27 folks that were there, or 26 folks that were there, and this is just the outcome because I don't know if this helps, but I just want to share it, of the 26 there, 20 live in the Tenderloin, four live along the Franklin corridor, which is on the other side, folks forget a lot of folks live along Franklin Street. Eighty percent of the respondents that I talked to had either Medi-Cal or Healthy Kids. So, for me, it's really disconcerting to see the build of a hospital where 88 percent of our families might not have access to it. Another thing to really share is that a lot of our families go to General Hospital, they also go to community clinics. When I asked what kind of hospital they'd like to see in the neighborhood, most of them said, obviously, a hospital that serves the needs of the children, emergency rooms, and dental services was a huge thing. But the other thing that really came across, which really talked to the EIR, is the traffic and the contamination issue. I know that before you have been

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a million and one pedestrian reports, in the Tenderloin, it is one of the most dangerous pedestrian areas to walk through, it is also the highest density of children, and so, for us, it is very disconcerting to see that we're going to have another 10-20,000 more cars coming through the neighborhood where we already have one of the highest pedestrian deaths, and you know, I had a family years ago where the child was killed, two-years-old, and so it's something that affects us when we work in the community, we see our families get hit by cars, and I've got to tell you, the traffic thing is a very serious issue, as is the pollution, the construction. Again, the map that is one of the packages shows that a lot of our families live on the block at Larkin and Geary, how is that construction going to handle it? And I don't believe there's been a open and meaningful community process, so we definitely ask you to listen to what the Tenderloin has to say. I think a lot of folks that came before you haven't been outreached to in a very meaningful way, and that's something that's going to really effectively shift between this hospital with the community, and I've got to be honest, the folks that I did see come forward, a lot of them seem to be connected to CPMC in some financial way or another,

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and so that really bothers me. I mean, I think there are a lot of families and we really need to address their needs. Thank you for your time.

PC-270 OTH

COMMISSIONER MIGUEL: Thank you.

MS. SANDOVAL: Good afternoon. My name is Jane Sandoval. I am a staff nurse at St. Luke's. I've been a staff nurse for 25 years. I currently work in the Emergency Department and I've been there for 15 years. Three years ago, CPMC announced their stealth plans to close St. Luke's and this was to, in their words, provide a spectrum of services consistent with community need. Fast forward to 2010, three years later, I'm still speaking. We save the hospital, so to speak, but I'm going to call it a stay of execution because the current plan is doomed to fail. Past the storm of protest from the community and nurses, and this is the very same community that was thought to have needed the closure of St. Luke's because that was the need of the community and their Master Plan. Although CPMC has promised to keep St. Luke's open, there are many concerns regarding the rebuild. First of all, is their track record. I think that many people have already testified to their track record and their follow-through, or lack thereof. There has continued to be service cuts, it

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has already been mentioned, the lack of psychiatric beds, the skilled nursing facility beds are in jeopardy, and most recently, the dialysis services are slotted for closure. Bottom line – things that don't generate money are not inclusive of the spectrum of services. The current rebuild of the emergency department for the rebuild of St. Luke's calls for increased square footage, but not necessarily emergency department beds. The plan for a psychiatric holding area is flawed. Psychiatric patients need placement, not an Emergency Department holding area. Often, patients stay up to 72 hours in the Emergency Department until their hold is exhausted, or placement is found, and often placement is not found. The Emergency Department continues to be full, often overflow from San Francisco General, and just a fall-out from the economic slowdown, people are coming to the Emergency Rooms because it's the only place where they can receive care. Also, a concern is the lack of labor peace at the hospital, it is an ongoing issue for the last three years, as well. We, the members of the California Nurses Associations, unlike our counterparts who spoke earlier, cannot and will not agree to a contract that limits our patient advocacy. Parity is not only with the community of the

PC-273 HC

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underserved, but also with the staff nurses of St. Luke's; it is a common goal, or asked of CPMC, as well as transparency. The ultimate patient advocacy we as nurses can do for our patients is to support an adequate sized, full service St. Luke's, not a downsized version, which is not consistent with the community need. I believe the community need has been well addressed at today's hearing, as well as the hearings of the last three years. Thank you.

COMMISSIONER MIGUEL: Thank you.

MR. GAZETTA: Good late afternoon. I am Tony Gazetta from the Plumbers Union Local 38 in San Francisco. I, too, am a City resident, work down on Market Street. We've heard the concerns of a lot of the residents that are going to be impacted by the Cathedral Hill and all of what CPMC is going to do. The residents near Cathedral Hill want more services of St. Luke's, residents near St. Luke's want nothing to do with the new hospital, they want the one they have. Residents of the Tenderloin have worries of unsafe conditions due to increased traffic. I represent members of Local 38, the Plumbers and Pipefitters Union, which is part of the building trades in San Francisco. We understand some of these concerns. Mine, as well as that of many of my

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brothers and sisters from the building trades is jobs, construction jobs which pay a wage, which allow the workers to support their families. Forty percent of the membership of the Building and Construction trades in San Francisco, many of whom are City residents, are unemployed or under-employed. Employed workers spend money and fuel the local economy, these unemployed workers literally cannot afford more delays. I urge you to approve this EIR and get San Francisco working again. Thank you.

PC-276 PH

COMMISSIONER MIGUEL: Thank you.

MS. BROOKS: Good evening. My name is Yanica Brooks. I'm a Registered Nurse at the bedside at CPMC's California campus hospital-based skilled nursing floor, aka Post-Acute Services, for over 15 years. We serve Medi-Cal, Medi-Care, uninsured, poorly insured, mostly elderly and disabled persons suffering from chronic and/or acute conditions requiring multiple IVs, complex dressings, and intensive nursing and medical care from a few days to up to six weeks or longer. I am concerned that CPMC's Draft EIR plans for the elderly and disabled only include the 38 beds at the Davies campus SNF, and has included the California and St. Luke's campus SNFs. Instead, CPMC has verbally committed to provide 62

PC-277 HC

community or campus-based beds. There is a difference in community and campus-based SNFs and I have provided the Commissioners with an outline of those differences. What you don't see in that outline is that CPMC has tried in the past with pilot programs to place our patients in freestanding SNFs, only to see increased re-hospitalizations and even, unfortunately, death, and no one wants that. CPMC has stated that the two SNFs are not in the EIR Draft because they are working to develop a transitional care model for homecare based care after hospital discharge, to bridge the gap between hospital discharge and home. While good, this still speaks only to those people going home. What about the growing elderly population and the chronic SNF bed shortage in San Francisco that is estimated to be 30 percent over the next decade? What will happen is vulnerable people are sent home too early, or have to go outside of San Francisco for care. It is well known in our facility that CPMC wants to close our unit and has wanted to for some time. From a business perspective, we serve a patient population that is an income loser, rather than a bottom gainer. We actually would be closed now, as documented in CPMC's prior plans, and we have only remained open because community outreach that CPMC

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Sutter would cut these services has caused CPMC to pause in their plans. I stand before you as a Registered Nurse with concerns over citywide healthcare for the elderly and disabled, these people should not be thrown under the bus in lieu of a new state-of-the-art hospital. I urge the Commissioners to hold CMPC to continue with their studies over successful recovery at home, but to not eliminate any skilled nursing beds in their final environmental report. Thank you.

PC-277 HC

COMMISSIONER MIGUEL: Thank you.

MR. [UNIDENTIFIED SPEAKER]: Good afternoon. I am a Local 377 Ironworkers Business representative representing over 2,500 Ironworkers in the greater Bay Area with a great many of them being San Francisco residents. I am here today on behalf of these members who support CPMC's project. As you know, the construction industry has been hit especially hard in this recession, and presently we have at least one-third of our members under-employed or unemployed. This project would put a great many of them back to work, as well as bring a state-of-the-art hospital facility downtown. As Planning Commissioners, I know you have a great many weighty issues to deal with in approving the Draft EIR, but I hope you will consider

PC-278 OTH

PC-279 PH

the position impact you have on the employment in this community at a time when good paying jobs are particularly needed. I urge you to move the project forward, as expeditiously as possible, and help us put our members, as well as many other construction workers, back to work. Thank you.

PC-279 PH

COMMISSIONER MIGUEL: Thank you. Rosa Marquez, Linda Chapman, Patricia from New Community Employment Program, Linda Carter, and Bruce Hicks.

MS. CHAPMAN: Linda Chapman, 1316 Larkin Street. I'm here today representing the Van Ness Plan, which I hope you will become familiar with if you aren't already. I realize it may sound old and musty, but for more than 20 years, it's been the guideline that has directed what's been developed on Van Ness, and what CPMC has proposed violates every objective of the Van Ness Plan. Now, I also believe that a win-win solution is probably, probably even though no hospital is supposed to be built, no office buildings, nothing but housing with retail beneath, you know, minimal retail. I believe that this is not a bad location for a hospital to replace an office building and a hotel, provided that, in other respects, it follows the Van Ness Plan. If it's going to completely violate the Van Ness Plan with the

PC-280 PH

height limit, with not producing housing, etc., which is required of every developer at a ratio of 3:1, and of course will not all be located within the Van Ness area, but could be located on many sites in the Polk Gulch, Tenderloin, and even South of Market, if they pay for that. Otherwise, there is the No Project alternative, which means they can still build their hospital, but they can build it on the campuses where it is instead of bringing it here. Now, this is a very well reasoned document. The reason for the 130-feet had to do with the land form, it graduates up from the water up to 130-feet, that allowed for development of housing, but it did not overwhelm the historic commercial buildings that are there, architecturally significant. It also would avoid producing a great deal of traffic on a street that is already at an impasse of traffic, that would occur with either a great deal of high-rise development or office development, or this development. It was determined that this was the most important boulevard in San Francisco besides Market Street, that it deserved this kind of consistent treatment, and that, in addition, it was the perfect place for housing. It was near downtown, it was on transit, and there were a lot of infill spaces for that. So, that is what we

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should have for the most part. If they are going to build this here, we must consider the fact that Van Ness is prone to be completely tied up with traffic. How are these people, who is it so important to get them all immediately to care, it took me two hours this winter to get from Pine Street to 22nd and Mission. How fast will people from the Mission be able to get over to the hospital? And that was only because it rained in the morning, you know? The bus driver said, "Get off and walk to market," and everybody did because, you know, the traffic was just completely tied up. Also, on other occasions, it is Highway 101, that is a consideration, too, as well as being the local transit agency is a major street, and for the Golden Gate transit. Now, I've ridden in on Highway 101 when it is all blocked up and people go over to Polk Street and drive down and block up Polk Street, the whole area around there could be blocked up, so we don't need to have a lot of extra parking there, which will only bring in more cars. Even the alternative 3A or B, which is the downsized alternative, increases the parking on that location by one-third, and I think we should not increase the parking at all. There was a time when, you know, you had to have a minimum amount of parking, but even with

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residences now, we're no longer doing one per one parking in all locations, we're considering the transit oriented policies, which I just noticed in the paper the other day, MTA is saying people should generally be using their cars in order to go grocery shopping or delivering their children to school, or, of course, if you were very sick and needed to go to the hospital, so when I say 3A, essentially I'm thinking that is pretty much 3A is in the document, green for our neighborhood, lots of housing in the areas that need it, and also maybe they need to consider distributing some of these services like the maternity services around to various hospital, rather than putting it all on one site. I will conclude by saying that, yes, they've been doing community outreach and they've done some with lower Polk neighbors, but the other night they came to lower Polk neighbors, they heard many concerns about impacts on traffic, on retail, and on noise, and then they told everybody not to come here, they convinced everyone not to come because they would have to sit in the overflow room, and they would be better off watching it on a television at home. Now, is that community outreach as you understand it? Or they e-mail me only to come and support it, but they don't e-mail us when

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they're doing a presentation.

COMMISSIONER MIGUEL: Thank you. Carol Brownson, Allen Wolfsey [phon], Jose Villanuevos [phon].

MR. HICKS: My name is Bruce Hicks and I work at St. Luke's Hospital, but I am not a Nurse, and I noticed from listening to this that it's pretty clear that the Nurses don't support the project, at least they certainly don't support the downsizing of St. Luke's. Now, as CPMC seems to be desperate to provide evidence that some workers somewhere support this project, so we've been asked for our supervisors many times over the years to sign these little cards, or make some statement that we support the project and, of course, everybody wants to support their supervisor, they want to make their supervisors happy, but they still haven't gotten that many signatures. So, they found the SEIU, which is the top down run Union, run from Washington, D.C., to support them in this effort to try to provide evidence that there are some workers somewhere that support this project, but SEIU hasn't managed to come up with the presentations like the Nurses just did, they just have a few of the top leaders saying we support this, but not a whole line of people. So I want to tell you what happened

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PC-288 OTH

to me. I was told there was a party across the hall and that they'd be serving punch and there would be a raffle, a drawing, and there would be cake and ice-cream and everything, so I took a break and went over, and they asked us to sign up for the raffle, so I signed up for the raffle. Well, guess what? I didn't look closely, there were a whole bunch of people signing up for this party, the fine print said when you signed up for this, that you are signing that you support this project. So, in other words, they are using all kinds of sneaky methods to try to pretend like they have workers supporting the project, but people who work at St. Luke's don't support it because they can see they're being downsized out of existence.

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COMMISSIONER MIGUEL: Thank you.

MS. CARTER: Hello. My name is Linda Carter. I've been a resident of San Francisco for 44 years and a proud RN at Saint Luke's for 40 of those. I am coming to you today, though, as a San Francisco resident. I am really really concerned about several issues, one of those is, well, the fact that this plan makes it top heavy with most of the medical services being North of Market, nothing further southeast of the City. In the case of a disaster, we would be cut off, basically, and if we are a very small hospital of

PC-289
HC

80 beds, there's no way that we could handle whatever San Francisco General can't handle in the case of a big earthquake. That bothers me, but the other thing is the lack of concern for these elderly patients who are not in our SNF and also in our sub acute. Sub acute patients are patients who have long time illness, often dependent on ventilators, and they can't be placed anywhere else, there are very few centers that take them in the Bay Area, one in Kentfield, one over in San Leandro, and we are the other one. I really really am distressed that they're not talking about replacing these. For the SNF beds that are closing, they are opening another 38 new beds at Davies, but there's nothing to say where they're going to put the rest of the patients, and patients often are leaving the hospital much more ill these days, they are going home sometimes with IVs that need to be given, or IV antibiotics that need to be given. Most patients' families don't feel comfortable giving these medications at home. So, they really need a transitional place, a skilled nursing facility that is hospital-based, so that if they do get in trouble, they're right there. We often get patients from both the SNF and the sub acute and I'm just concerned that, at the size that they're proposing for St. Luke's, we

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will not survive. And perhaps for another – maybe another five years, but then we would look at them closing us anyway. Thank you.

COMMISSIONER MIGUEL: Thank you. Emily Lee, Betty Huey, Rachel Ubara.

MS. LEE: Good afternoon, Commissioners. My name is Emily Lee. I'm a community organizer at the Chinese Progressive Association. We work with low income Chinese immigrant folks in San Francisco, many of whom do not have access to affordable healthcare. Our community supports the superior alternative of having a bigger St. Luke's hospital in southeast San Francisco, with a smaller Cathedral Hill Hospital. We believe that the Draft EIR is incomplete and failing to adequately analyze the healthcare implications of rejecting this alternative and having a larger St. Luke's. Additionally, the Draft EIR does not adequately refer to some elements of the General Plan, specifically it doesn't address the commerce industry element, Objective 7, Policy 7.3, which states that the City seeks to promote the provision of adequate health and educational services to all geographic districts and cultural groups in the City. The General Plan acknowledges that the clustering of major health facilities in relatively few areas creates

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problems such as limiting the access of residents in other parts of the City to the healthcare and employment opportunities that these major institutions offer. So, the City should actively encourage the decentralization of major institutional facilities to other areas of San Francisco, particularly those presently without adequate services. And as many folks have already mentioned, that's the southeast sector of San Francisco, which has the largest number of immigrants, people who speak a language other than English, children, seniors, families. And, you know, right now there are only two hospitals there, St. Luke's and S.F. General. So we feel that the Draft EIR doesn't analyze how reducing the healthcare services at St. Luke's will actually result in the clustering of health services in the northern sector of San Francisco and limiting access for residents in the southeast. And if CPMC is allowed to continue on the path that they propose with their Long Range Development Plan, we are on our way to a healthcare crisis in San Francisco. If St. Luke's is downsized and more low income and uninsured patients are pushed out, that burden undoubtedly is going to fall on S.F. General where patients already experience long wait times, and with our record budget deficit, and cuts in

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safety, how can San Francisco afford to pay for the additional patients that profitable corporations like CPMC are turning away? So we clearly can't afford that and we, as a community, need CPMC to pay their fair share to ensure that all residents of San Francisco can access healthcare. Thank you.

PC-294 HC

COMMISSIONER MIGUEL: Thank you.

MS. IBARRA: Good afternoon, President Miguel and Commissioners. My name is Rachel. I am here with Bernal Heights Neighborhood Center. We are a member of the Coalition for Health Planning in San Francisco. I also a resident of Bernal and I go to St. Luke's for my medical services. Echoing some of the statements from some of our seniors who spoke earlier, and other speakers, there is a profound need for accessible healthcare services in the southeast part of the City. People need to be able to access a full range of quality medical services in the community, including the increasing medical needs of seniors as they age, such as skilled nursing facilities, health, education, and nutrition education, preventative approaches, trauma care, support for parenting teens and complex birthing, psychiatric services and treatment, including in-patient services. CPMC must also commit to hiring

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from the communities in which their facilities are and will be operating, not to mention seize from implementing discriminatory practices, something that is currently at the forefront for many of the Filipino nurses and workers at St. Luke's Hospital. In essence, if CPMC expects to reap the benefits of operating as a nonprofit corporation and touts itself as a community-minded entity, then their plans should reflect that, and the current Draft EIR unfortunately does not adequately do so.

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PC-297 OTH

COMMISSIONER MIGUEL: Thank you. Alan Wofsey, Kevin Kitchingham, Terrence Valen, Diane Smith.

MR. WOFSEY: Good evening, President Miguel and members. My name is Alan Wofsey and I am the CEO of Emeric Goodman Associates. We own the building that is going to be the most impacted by this project on Cathedral Hill, the Emeric Goodman Building, it is probably the oldest wood frame building in downtown San Francisco. It survived the Earthquake and fire because it was on the west side of Van Ness. We renovated it after eight years of development and construction in 1985, and it has been serving residences and businesses for the last 25 years. Your staff presented you, which I saw for the first time

PC-298 AQ

today, an August 27th four-page Executive Summary which I did not hear anybody reference today, and in the Executive Summary, it mentions the significant unmitigated environmental impacts, and those are the items which should have been addressed in the EIR, is how those impacts, which from an economic sense are called "external costs." External costs mean, the simplest example is pollution, where you'd have a polluting facility putting dust and pollution in people's houses, and that's an external cost, instead of, in the old days before they had filters in cleaning facilities, it would go to the other people, it became an internal cost of the person causing the damage once they were required to reduce the pollution. And the Cathedral Hill Project is sort of analogous to that, that there are external costs being imposed on other people. As an example, the DEIR states that there is going to be construction for approximately 54 months. And I didn't hear anybody else raise this today, but the construction period for five days a week was from 7:00 a.m. to midnight. I didn't hear anybody reference that – 7:00 a.m. to midnight, I mean, 17 hours a day for 54 months, which is five and a half years. During part of the project, there's going to be 370 trucks coming during that 17-

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hour period, which means one truck every three minutes, for 17 hours a day. I have prepared – how many copies should I give you – I prepared an analysis of some of those uncompensated, unmitigated impacts, and I'd like you to possibly read these and sort of try to address how CPMC can reimburse, or compensate the people who can't live in their apartments because of noise 17 hours a day for five and a half years.

COMMISSIONER MIGUEL: Thank you.

MR. KITCHINGHAM: Good evening, Commissioners, President Miguel, my name is Kevin Kitchingham with the Bernal Heights Neighborhood Center, who is a member of the Coalition for Health Planning, San Francisco. We represent more than 30 organizations and have grown out of community members literally coming to our doorstep, concerned about the Long Range Development Plan for CPMC and its disproportionate impacts to the community. Clearly, there are many issues at stake here in the EIR document before you, as a result of a lot of work by the Planning Department. But, alas, it is not adequate in addressing myriad impacts that will be caused by the proposed development. There are numerous criticisms of the study itself, the glaring deficiencies in the report, and you will receive most

PC-300 TR

PC-301 NO

PC-302 OTH

of those comments in writing. This is really about fairness, whether or not San Francisco is a just and equitable community and city for all. Here we have an extremely profitable corporation that has decided access to a spectrum of health services to the poorest San Franciscans is not as important as profit. Here, we have a developer that has decided that, though they can afford to pay 100 percent of their obligation for the impacts that their projects will cause, profit is more important. Though CPMC bought their property on the Van Ness Corridor years after the Special Use District was in effect, they decided that, rather than honoring the laws and the planning code of the City requiring that the provide housing at a rate of 3:1 on the corridor, profit is what matters most. Instead of making sure that one of the few hospitals that serves the Southeast sector of the City remains sustainable with a mix of services, the work is a viable destination for healthcare in neighborhoods with the highest concentration of the City's youth and elderly, profit is what is most important. Instead of engaging in honest, open discussion about alternative 3A which is a good start – it is a good start – they reject it because profit is what's most important. Bernal Heights Neighborhood Center and the Coalition for

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Health Planning San Francisco demand that equity in healthcare access be mandated through an enforceable commitment, where 100 percent of the developer's obligations under the existing code, particularly that in the Van Ness Special Use District, be met, that St. Luke's be rebuilt to its current licensed 227-bed capacity, at a minimum, so that it can be around for another 100 years to continue to serve San Francisco's working class neighborhoods. Keep in mind that CPMC made $150 million last year, it's time for them to get serious about their obligations under the law and engage with the community, rather than trying to maximize profit off the backs of the poor. Thank you.

PC-306 HC

PC-307 LU

PC-308 HC

PC-309 HC

COMMISSIONER MIGUEL: Thank you.

MS. SHAFF: Good evening, Planning Commissioners. I am Tina Shaff standing in for Terence Valen of Filipino Community Center. I am a part of Babae of San Francisco, I am the Co-Chair of that organization, advocating for the rights and welfare for Filipinas, especially Filipinos who are underserved and advocating for their basic rights, including access to jobs. We stand in solidarity with the Filipino Community Center, a Good Neighborhood Coalition, and NAFCON, National Alliance For Filipino Concerns. Now a growing coalition of more than 40

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organizations and individuals, including the Filipino Community Church, Labor, and student leaders, and other community supporters, these groups represent thousands of Filipinos concentrated in SOMA, Tenderloin, and Excelsior Neighborhoods of San Francisco, and also the larger San Francisco Bay Area Filipino working communities that are employed or may have been potentially employed by CPMC. We stand firmly with those who are expressing in the community and in this room today their alarm and outrage over a very serious socioeconomic and health impact of the CPMC's development project and the planning downsize of St. Luke's Hospital. The issue we are raising today is specifically related to the permanent jobs that will be created by CPMC's plans for healthcare in San Francisco, and in particular the permanent jobs of Registered Nurses. You all may be as alarmed as we are to find out that there is evidence of an alleged practice of racial discrimination, and discrimination based on national origin against hiring Filipino and foreign graduate nurses at St. Luke's Hospital. Through signed declarations by three nurse managers and supervisors, we have learned that Diana Karner, the Sutter West Vice President of Nursing, allegedly told these supervisors and managers, [quote], "You are

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not to hire any Filipino Nurses. The Filipinos are always related and know each other, and that's not good. You're not to hire them." [End quote]. [Quote] "It is hard to understand them and be understood by them." [End quote]. [Quote] "Do not hire foreign graduate nurses." [End quote]. These are very qualified nurses who are being discriminated against. When we found out about this in the Filipino Community, we interviewed Nurses and one of the supervisors to verify that this was said, and we also reviewed data provided to us by the California Nurses Association, indicating a severe drop in the rate of hiring of Filipino Nurses since the beginning of 2008. And when these discriminatory statements were made, any of us who have been to hospital facilities in San Francisco and around the U.S. know two things, 1) that Filipinos are over-represented in the healthcare industry at rates upward of 10, 30, 60 percent in some areas –

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COMMISSIONER MIGUEL: Thank you.

MS. SHAFF: Thank you. Can I just say my demands?

COMMISSIONER MIGUEL: You can submit the written comments. Thank you.

MS. SHAFF: Thank you.

MS. SMITH: Hi, my name is Diane Smith. I am with Project Management Advisors and we were retained by Daniel Burnham Court at One Daniel Burnham Court. You heard from their General Manager, Helene Dellanini. And they chose PMA because we have numerous projects around the country and especially in San Francisco. We managed the development of One Rincon Hill, the Argenta on Polk, and One Embarcadero across from the Ballpark, and they wanted to take a pragmatic approach to understanding their concerns relative to being surrounded by CPMC's Cathedral Hill Campus. So, for instance, their concerns are all under the purview of CEQA, in terms of vibration and noise and dust, and as Helene noted, we've reviewed the EIR and we are planning on submitting our formal comments, and I won't go over them here. We submitted our concerns also directly to CPMC and we are currently in discussions and we are very hopeful that we will come to an agreement on how to mitigate them. But, particularly to our experience in construction, we are providing through our formal comments some more specific mitigations that can reduce the impacts of noise and vibration that may not have been identified, or that were not identified in the EIR, and these are practical and rational and they come from working in

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the construction industry and development managers and real estate. So we hope that those considerations are adopted. Thank you.

PC-312 NO

COMMISSIONER MIGUEL: Thank you.

MS. TAYLOR: My name is Fran Taylor. I've lived within walking distance of St. Luke's for over 30 years. My mother died there. And I want to see that hospital continued to survive, and I am worried that this plan will just reduce St. Luke's to a shell that will eventually wither away. And one of the arguments that CPMC is giving for cutting services and beds at St. Luke's is that the Census has never filled the number of beds that are there now. But the confusion in the neighborhood about what's available at St. Luke's has been pervasive over the last several years because services are getting cut. And I was at a meeting once there that ended at 8:00 p.m. and I couldn't figure out how to get out of the hospital because the doors were locked. Now, what kind of hospital locks its doors at 8:00 and you have to sort of look for a worker to guide you out through the ER, and so on? So, the strategy seems to be like that of a grocery store chain that buys an outlet in a poor neighborhood that it really doesn't want, you know, it doesn't really want this supermarket, so it takes the

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stock off the shelves, and people stop shopping there because they never know, you know, will they be out of milk today? Or they won't have bread today? And after the shoppers stop coming, then the chain can say, "There's no demand." Now, this is what's happening, and I just want to point out that a few of the arguments in favor of the EIR actually speak to keeping St. Luke's at a viable size. The people, the doctors who spoke about the need for speed, to get those pediatric emergency patients to a hospital quickly, every minute counts – tough luck for the Engelside, too bad for Excelsior. The same thing for the clinics in the Tenderloin and Chinatown who were happy that this hospital would be close to them, I am happy for them that they'll have a hospital close to them; but what about us? What about the people in the whole southern part of the City who are going to have a boutique hospital for maybe a few years? And as far as the jobs issue, this is not a jobs vs. neighborhood issue; I want jobs, I want those plumbers working, I want all those people who spoke about their jobs through the job training programs to keep their jobs, and I think we all want the construction workers to have their jobs. Well, nobody wants this project to die, we just want it to be fair.

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COMMISSIONER MIGUEL: Thank you. Malcolm Young, Nora Green, Rolando Reyo, Stephan Tennis.

MR. GREEN: I think I will pass for Nora Green. My name is actually Nato Green.

COMMISSIONER MIGUEL: Sorry.

MR. GREEN: Nora Green is me when I'm in drag. I'm Nato Green with the California Nurses Association and the Coalition for Health Planning. We believe that the Draft Environmental Impact Report is seriously deficient for deciding essentially on the first page not to look at health care because all of the arguments about why the plan should go one way or another are healthcare arguments, and this body, unfortunately, cannot kick that can down the road to somebody else. And CNA, having looked at it, what we see is that CPMC is asking for a lot of concessions from the City, from a land use and city planning point of view, to build at Cathedral Hill, and the question is are the healthcare benefits so overwhelming and what is the evidence for that? And we believe the evidence is that they're not. One of the key healthcare issues that we wanted to raise is the issue of cost, which is completely out of it. I don't know if you saw the article on August 20th in the Chronicle about Sutter and monopoly pricing, that this is a plan

PC-317 HC

PC-318 HC

that is going to raise healthcare costs for everyone, including the taxpayers of San Francisco and their health plans, the health plans for City employees. So, if there is not a serious analysis of the aspects of hospital design that will drive cost of healthcare for the entire population of the City, and possible mitigations from the cost point of view, the plan will be deficient. Secondly, I just wanted to note that the whole argument about seismic compliance is fraudulent and that CPMC recently has been in the Capitol lobbying for SB 289, which passed, to extend their seismic deadlines. And what they were telling people in the Capitol is we don't want to have to risk, we're not going to be able to comply because there's too much opposition to this plan, so we need an extension. They are completely capable of complying with the existing seismic deadlines if they are willing to resolve their conflicts with their critics and detractors, but rather than doing that, they would rather risk that the buildings fall down on the patients and change the rules on all of us. We don't think that's fair, we don't think that CPMC should get preferential treatment under the seismic deadlines compared to hospitals that have worked out their issues in order to get their buildings approved

PC-318 HC

PC-319 HC

on time, but it gives the lie that there is some issue, that there is a real concern about the hospitals being seismically safe. Thank you for your time.

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COMMISSIONER MIGUEL: Thank you. We're going to take a 10-minute break.

(Off the record.)

(Back on the record.)

MS. AVERY: Okay, the Planning Commission is back in session. Commissioners, we're still in the midst of taking public comment on the Draft EIR for California Pacific Medical Center.

COMMISSIONER MIGUEL: Okay, I'll repeat the last few names. I called Malcolm Young, Orlando Ryel, Stephan Tennis.

MS. AVERY: If the President has called your name already, you can come to the mic.

COMMISSIONER MIGUEL: Absolutely.

MS. AVERY: Come on.

MS. GIRARDO: Thank you. My name has been called. Thank you. My name is Suzanne Girardo. I am the President of the First 5 Children and Families Commission and I understand how much fun you're having right now. I am also here as the Director of the Child Development Center of CPMC, I am a Pediatric

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Psychologist, and our Center has, last year, seen – I think we had over 17,000 visits of children from the Bay Area and the City and County of San Francisco. I think it's important to note that our Center is a developmental center for children and adolescents and that we see every child and family regardless of their ability to pay, so consequently with those 17,000 visits, we have over 350 families on a wait list for developmental care. As well as where we are located is currently on Van Ness, Van Ness and California, we have a clinic at St. Luke's Hospital, and we have another clinic in Bayview, at the Bayview Pediatric Clinic, to serve that community. Our work in the Tenderloin has gone on for approximately 10 years. We have partnered for pediatric services with Demariac Academy, St. Anthony's Foundation, as well as Glide. We are now in Glide's Preschool serving three and four-year-olds. We are currently in discussion and have been for the last year with many of the Tenderloin Community providers, to identify the gaps in pediatric services for children and families, and within this community work group, are coming up with a definitive plan to address those gaps. As you Commissioners are fully aware, the Tenderloin is the largest concentration of children and families in the

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City and County of San Francisco, and as a result of that, this is where CPMC's Child Development Center has really focused within the last 10 years, our efforts to be able to serve that community. In closing, I just want to state that we will continue our commitment to and expand our services to the children, not only of the Tenderloin, but to the other communities in San Francisco. We are currently partnering with the Multi-Disciplinary Assessment Center at San Francisco General to be able to treat those children birth to five that need services. So, in this vein, I encourage your support of the CPMC project, particularly for the children and families. Thank you.

PC-320 HC

PC-321 HC

PC-322 OTH

COMMISSIONER MIGUEL: Thank you.

MS. LANIER: Good evening, President Miguel and Commissioners. My name is Mary Lanier. My name was called a little bit earlier. I am a nurse and currently Vice-President for all post-acute services at California Pacific Medical Center. I appreciate the time to address you again on these important issues. I do believe that the CPMC project has been thoroughly analyzed and I do respectfully urge you to accept it. I am also here, though, today to address CPMC's continuing commitment to skilled nursing beds

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PC-324 HC

for patients in the future. We are very much committed to continuing our skilled nursing bed service now and for future patient populations. In 2009, we at CPMC saw an average of 87 skilled nursing patients in our facility each day, over our three campuses that have skilled nursing. As a result of discussions that we have had with the Health Commission, the Long Term Health Coordinating Council, the Department of Aging and Adult Services, over the last 18 months, about, we are again – I am reiterating, this is not the first time I've said this – we are fully committed to providing up to 100 skilled nursing beds, which is more than we're currently using, now and in the future. There are plans underway to try and identify exactly where these are, but we don't have it fully utilized yet. In addition, we will not exacerbate the bed shortage for skilled patients in the City, we agree that that is a concern, that everybody else has closed their skilled nursing beds, and so we don't want to exacerbate that problem either, and so we have committed publicly, and I see again tonight, that we are not going to convert existing community-based beds to our need, that would not be a reasonable alternative. I also commit to maintaining our what I think is very helpful and

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productive conversations with the Health Commission, these conversations will go on. We will continue operation of the SNF beds, the 19 SNF beds at St. Luke's, and the beds at California campus, until we can fully identify where those beds should be for the long term. Table 2.2 in the DEIR is going to be updated to reflect that no SNF beds have been relocated, which is consistent with CPMC's commitment not to reduce SNF beds. In addition to traditional SNF care, which I have just talked about, we are committed to continuing our work with all the community agencies and the pilot that we're testing for alternatives to SNF care, other ways to treat patients post-acutely, so that they're not always in a hospital bed, and we think that we have to do more of that in the future. Thank you for your time and attention.

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PC-326 HC

COMMISSIONER MIGUEL: Thank you.

MR. GRECH: My name is Paul Grech. I've run a business on the corner of Polk and Ellis for 37 years and I'm here to urge you to okay the proposed hospital project at Van Ness and Geary. It will bring thousands of jobs to the area, both medium and high range on the pay scale, and it will also contribute to the City's tax base because of the huge payroll and/or

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gross receipts tax. As far as so-called Bureau of Traffic problem, the one-way streets have worked flawlessly in the 37 years that I've been here. The hospital will have their five-story underground parking system, and that will take care of the parking problem. The Kaiser parking system on Geary and Divisadero works fine whenever I go to the Kaiser on Geary and Divisadero, I never have encountered a problem. And, again, I urge you to approve the proposed hospital project. Thank you.

COMMISSIONER MIGUEL: Thank you.

MS. MILLER: Good evening. My name is Dionne Miller. I am the Chief Administrative Officer at St. Luke's Campus and I will be brief, as it seems I'm the last speaker. A few points I'd like to reiterate, I was here before, but that the plan for St. Luke's is a viable one. I've been closely involved with the architectural design, as well as the Business Planning, and I'd just like to remind folks that, prior to CPMC acquiring St. Luke's, it was also about to close. The plan will allow for growth. If you come and visit today, the decisions that you make will impact our campus, and there is a census of about 40 to 45 – we are building 80 beds, so I can attest to you that there's room for growth. And we have a

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vibrant partnership with SFGH for orthopedic surgery. We are making changes today. And it's evident in that we had a recent joint commission survey which was one of the best in the history of St. Luke's, as well as in the system of Sutter, so I'm very proud of that. Our nurses work very hard. You've heard some of them today and there are others there who are supportive of the plan, who didn't present today. But I invite you to come and visit us and know that St. Luke's is here for the entire community, the underserved as well as the insured, and it is also supposed to be affordable, and how do we do that? By having a hospital that actually functions well. Thank you for your time.

PC-330 HC

COMMISSIONER MIGUEL: Thank you. Ben Elliott, Barbara Berwick, Alex Tom.

MS. BERWICK: I was called third, but I'm the only one standing. You have, of course, my little sheet of paper which is something we posted on my website, which means, as a Candidate for District 2 Supervisor, I'm committed to what's on there. Now, St. Luke's, being staffed at its traditional level, is something that the people clearly want, and I hope to serve on the Committee of Budget and Finance and from a perspective of City Budget and Finance, it makes sense that St. Luke's stays open, too. So I'm hoping

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that you all folk here will decide that St. Luke's should be staffed at its current level, or greater, so that if I am elected, I don't have to try to deal with it legislatively. It would just save me so much trouble, I think it is going to make a whole lot more people happier. As a matter of promoting public safety, one of the things that was not mentioned was, in the event of a disaster, it's very possible that rubble could block access to the mega-hospital that is being proposed. In that case, we would want emergency rooms open at other locations, just as a matter of saving lives, it is just that simple. In terms of the housing situation, it turns out that there is a building down on Van Ness, this way, that used to belong to AAA, and I think, for the City to produce a revenue bond to buy that building, rezone it, and put apartments in there, is certainly feasible, but it would be better if CPMC did it since they got that sucker, and it got rezoned for residential rentals, to accommodate that portion of the section that people are talking about with respect to providing housing for the people that work at their hospital stay in. So, that's most of it. As another point of public safety, if the new hospital is not staffed with experienced nurses, you have a whole bunch of newbie's

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running around there trying to figure out what they're going to do, we're going to have patient deaths, we're going to have wrongful death lawsuits. If we didn't address that at this time, whether we're actually fiscally responsible or not, we are morally responsible for that, it seems to me that CPMC needs to make a commitment to work with California Nurses Association to provide the kind of staffing necessary for a hospital of this size so as to ensure the safety of the potential patients. Thank you very much. Oh, whatever decision you make, I'm sure you're going to make a lot of people unhappy, and you have my sympathy and understanding for that, and if elected Supervisor, I can have a long conversation with you guys about why you decided whatever it is you decided, so I can explain it to my constituents. Have a good day and thank you very much.

PC-334 HC

PC-335 OTH

COMMISSIONER MIGUEL: Thank you. Jimmy Nyguyen, Gordon Mar, Jose Morales, James – yeah, well, some of them have duplicate cards. Nancy Evans, Marian Halley, Jackie Mucha, Ian Berke, Charley Lavery, Margaret Zegart, Fran Taylor, Barbara Savitz, Rick Hampton, Darren Brown, Barbara Lopez.

MS. SAVITZ: Good evening. I'm Barbara Savitz. I've been a Registered Nurse for over 35

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years. My concerns are many, but I'll speak to the situation of traffic. For the safety of myself, as well as my patients, I'm going to carry gloves with me when I take the buses around the City. As a non-driver, I use buses exclusively and travel Van Ness almost weekly. Traffic congestion is so common that I keep a book with me for the times that I have to wait for the bus to keep moving, so I have something to do. I work Labor and Delivery at CPMC California campus. We have 18 labor beds and usually about three to five visitors for patients in labor, that would be about 54 cars coming to see the patients. After delivery, the patient goes to postpartum for mother and baby care, and there we have approximately 50 beds, so then, if we have three people visiting, three cars visiting, that's 150 cars coming to visit the patients. After this, the cars of nurses, doctors, auxiliary coming to work, what a challenge. History and research has educated us to know that the support of family and patients results in a quicker recovery and better outcome, so we want people to get visitors, we want people to stay with them, yet I am very concerned with patient safety. Transporting a patient to a place far away from their community will cause unnecessary stress. We've already had a patient come to us in

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triage, barely making it there, to deliver in the bathroom, just coming across town to deliver with us, and barely made it because of traffic. That's why I'm keeping gloves with me when I travel the buses, and for the safety for myself and for my patients, I would please ask you to consider this in your discussions. Thank you.

PC-338 HC

COMMISSIONER MIGUEL: Thank you. Madeline M., Mary Michellcci, Tina Shaff, Jason Fried.

MS. MICHELLCCI: Hi, my name is Mary Michellcci and I work at St. Luke's for 37 years. And I'm not going to say too much more than what has been said, only currently at St. Luke's what we have is segregated care. We have people that are poor, that are homeless, that are mentally ill, suffer from a variety of socioeconomic problems. We currently don't have any way to build for a viable future. I'm not complaining about taking care of these people because, I'm going to tell you, they need care more than any other population that you can demonstrate. We welcome people from Bayview Hunters Point, we welcome people from the Mission, but they are among the most poor and the most socioeconomically sensitive population that exists in the City. I would also like to add to what Dionne Miller said about the Joint Commission, St.

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Luke's having one of its better surveys, that is true, we did very well a couple of years ago, too, when they came, but I do want to quote what one of the surveyors said was, "St. Luke's is a jewel and does need to be invested in. I believe we need to build for the future. If we continue to contract services, to take services out of St. Luke's instead of building away to take care of patients in our sensitive neighborhood, we are doomed to close in a very short period of time." I also would like to ask the Commission to please recall what the Blue Ribbon process did suggest, that there would be a Center of Excellence for St. Luke's, and I haven't heard any mention of plans for our sub acute patients, which number 40. Any time anybody tells you they have 47, or 57, or 67 patients automatically what is taken away is the sub acute patients and the skilled nursing patients, and I really don't know what's going to happen to the very sensitive group of patients who basically have nowhere to go, and we are their home. Thank you very much.

PC-340 HC

PC-341 HC

COMMISSIONER MIGUEL: Thank you.

MR. FRIED: Hi, my name is Jason Fried, I'm a founding member of the Coalition for Health Planning San Francisco. Most of what we have said today has already been heard, so I'm not going to repeat any of

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that. What I will say, as you know, there are a lot of people wearing a button that says "3A+," that is what the community is looking at having, is 3A. You listened to the community for the most part, it wasn't perfect, 3A is not perfect, which is why you have that plus, but you listened to the community and what we were looking for, for one of the alternatives. 3A+ is – there are a few things that still need to be added. I know that the Coalition and everyone is going to be submitting a lot of, you know, land use attorneys are looking and will be submitting what the plus actually really means and I'll leave it up to them because they can speak in the language that needs to be spoken to as far as the DEIR goes, so I encourage you to take that very seriously, and I want to encourage you to take a radical approach; for San Francisco, we do radical things here. My approach would be, you know, there is all this discussion about delays, delays, you know, if we don't go down this path, it gets delayed. Why don't we take the 3A+ approach and do a full EIR around that, as well, at the same time you're doing what CPMC wants, do the 3A+ approach at the same time, this way, if the CPMC approach doesn't work, if for some reason you decide there are just too many variances and you can't go forward, or the Board of

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Supervisors says you've overstepped your bounds, the variances are too wide, and we're not going to allow this to move forward, we have a back-up plan, something the community wants, and something that will work for CPMC. Yes, will it cost them money? Sure, but they already make $150 million a year and they're looking to try to make $200 or plus million a year, so it's not as if they're hurting for the money, they make enough already in the City and they can continue to be a profitable organization, even though they're a nonprofit. So let's look at doing a full EIR on the 3A+ approach, make sure that we have that because the last thing any of us want to do is actually delay the hospitals being built. We actually want to see this stuff here, we're not trying to stop hospitals altogether, we want to see our brothers and sisters in the building trades being – putting the shovels in the ground and then getting to work. So let's make sure we're taking a smart approach, not doing something that's going to say, "Oh, guess what? The alternative that you wanted isn't going to work, you're now going to get cut back and now we have to spend another three years going through this process all over again." I actually came to the City to start working on the Davies appeal for UHW prior to its Trusteeship, I have

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seen this process go through and it took us, you know, three years to get here. Let's not waste another three years, let's make sure we're doing an approach that has the community's alternative, what the community would look for, and hopefully one of these days CPMC - Sutter Health will wake up and understand that is what the community will give them, this will still be a good viable option for them. And that's what I would recommend. And I just want to add one thing that always frustrates me when I hear someone from CPMC get up here and say, "Oh, we only have a census of 40 beds," or whatever it is. The thing to remember is, they used to have a lot higher census there until they started pulling all the services out of the hospital. You put the Center of Excellences, and I would say not just one, there should be multiple centers of excellence in St. Luke's. You would have – you build the beds, you would have what you need there. So I would encourage you to do a multiple prong approach so we are not delaying a hospital being built because we do need it built here. Thank you.

COMMISSIONER MIGUEL: Thank you. I've called all the names I have on cards. If there are any further public comments –

MR. FLORES: Thank you, President Miguel,

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fellow Commissioners, Manny Flores, Carpenters Local 22. Well, you heard all the issues and concerns tonight -– today, I should say -- and I guess at this point what is important is that the dialogue continue between CPMC and the neighborhoods and the various groups. That's the key to this because it's the people that are the ones that are going to make this hospital go, and it's very important because still there are a lot of issues out there. But with that working together, we can make this doable and possible because it is a great project, obviously, for the City and County of San Francisco, and we would like to see it move forward. But we have got to see that dialogue continue between the various neighborhood and CPMC, very important. And with that, thank you very much and go Giants!

PC-345 OTH

COMMISSIONER MIGUEL: Thank you.

MS. [UNIDENTIFIED SPEAKER]: Commissioners, I am sorry, I was a little nervous getting up here. I also turned in a paper from Michael Lyon, the co-convener of the Gray Panthers, couldn't be here, he gave me a paper, a statement, and that was one of the papers that I turned in for you. Thank you.

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COMMISSIONER MIGUEL: Thank you. Is there further public comment? If not, public comment is

closed. I would like to remind everyone here or listening to us that comments can be submitted until the close of business on October 19th, submitted to the Planning Department, and if you have any material with you today, you can leave it with the Commissioner Secretary. With that, Commissioner Antonini.

COMMISSIONER ANTONINI: Well, thank you, just a few reflections on a long day of very interesting comments and I thank you all for your input. Just a few reflections on some of the things. I can't help but believe that a new hospital at Cathedral Hill will not improve access for people in the area and, you know, it's a hospital for all of San Francisco, of course, but it's very important that those close by have the advantages and, as everyone probably knows, in emergency situations, hospitals are obliged to take anyone in critical condition, or with critical needs, and I think with an area that we've heard has the highest concentration of children and people where that might be a consideration more often than not, I mean, I think that's a very big benefit, and as is the case with any hospital, although you may receive your emergency care there, or some care there, you know, you may end up if hospitalization is necessary at another facility just as I have Kaiser,

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and I have had occasion to have to go to other hospitals with family members in emergency situations, but once, if they did have to end up in the hospital, or further care was needed, of course, they would go to Kaiser for the rest of their care. And so, but I think it is a big advantage to have that hospital there. There is also a lot of concerns that have been voiced about parking, and in reading the DEIR, it appears that the parking is being increased in all the facilities that are part of the hospital, other than the one that is California, which is slated to be closed in the distant future, and I think that's important because we've heard about the amount of traffic involved and, certainly, while we've encouraged people to take public transit, realistically they are going to be a lot of people who will be driving to all of the hospitals and we need to be able to accommodate them. And as I see being a Kaiser member, there are a lot of people who, you know, have limited mobility and have to be able to drive right into the facility, even for out-patient services, and sometimes be assisted. So, that's an important consideration. One thing – oh, I guess that's it!

I think if you look at the overall picture

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here, you have a small increase in the whole CPMC system and the number of licensed beds relative to the present situation, but you do have an increase in out-patient services and square footage, and I think that's really important because we're seeing a situation where people are living longer, being more active to a greater age, and you know, I think a lot of the problems that we have in healthcare today are things that, you know, are not going to require hospitalization, but will require out-patient services, and particularly some of the problems we see with some of the diseases caused by obesity or by diabetes, or by other things, you know substance problems, they're going to be treated on an out-patient basis and hopefully will keep them from having to be in acute hospital care. And I think, when you look at the entire system of hospitals throughout San Francisco, which is what a lot of people have asked that we do, and I think it's very important that you look at the entire thing, and I think we're adding a new hospital, the buying off Women's and Children's Hospital Mission Bay, which wasn't mentioned tonight, but that's an important consideration, and will provide services for people geographically on the east side of the city, but for people, particularly women

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and children throughout the City. So that's important, and we are seeing additions to St. Mary's. So, I think we have to look at the entire picture.

There was a couple of mentions of some other things, the first is within the document they talk about a school of nursing that now exists at St. Luke's not part of the Cal Pacific ownership, it's actually Samuel Merritt School of Nursing, and it might be wise to encourage their continuance, even though, you know, because I know there are many people who want to get into Nursing today, many are forced to go out of San Francisco for their training, so where we can encourage that, I think it is a beneficial thing.

And I said, particularly at St. Luke's in looking at the numbers, it looks like the out-patient square footage is going from 50,000 to 200,000, so in a lot of ways, while the number of beds that will exist in the new hospital are fewer, there will be a four time increase in the out-patient service and the medical office building, and so I think that is a real important thing, and that is the kind of thing that really benefits the neighborhood, in my mind, more than the number of hospital beds you have, assuming you can meet the demand for those who need critical

PC-350 HC

PC-351 OTH

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PC-352 HC

care.

And a few other things, I think there was a question about the whole sub acute issue and the skilled nursing, and I was happy that someone from Cal Pacific came up and mentioned that, although the documents referred to, I believe, a number in the 80's of skilled nursing, they were committed to 100, I think was said. So, you know, and I think it has to be worked out that whatever the need is, is the need that we should be able to meet in the system. But it doesn't mean that, if there are situations where one does not need to be hospitalized, and it's always a difficult situation because a patient may need hospitalization for a while and may be able to either go home or to go to a traditional convalescent facility, it has to be worked out, there needs to maybe be some intermediary care someplace to bridge that gap, and also work with other facilities that have those available. And with the sub acute care, we talked about this the other time, I think it was said there are only three hospitals in the Bay Area that are doing it and only one in San Francisco, and that's St. Luke's right now. And I think somehow this responsibility has to be spread between all the hospitals in San Francisco, the four major hospital

PC-353 HC

groups, and everyone should have to do a little bit on this, as well as facilities outside of San Francisco because it is a situation that is probably very costly and I think it should not only be St. Luke's and not only Cal Pacific that has to do this, but it has to be balanced, and I think that is a place where the City could get involved and see what the story on that is.

PC-353 HC

And we know, I think it mentions 15 out of 20 of the buildings are SPC1 or worse, which means they're in pretty bad shape right now, the existing facilities, so it's important to get those upgraded or replaced, if necessary, by 2015. And let's see, I had a couple of other things I wanted to mention, there was some talk about the Van Ness Special Use District, and actually it is mentioned in the documents and it does talk about situations where the Commission has the ability to exempt the hospital from this requirement by either CU or by establishment of what would be a Van Ness Avenue Medical Special Use District, and so that might be something, but I did do the research and I've heard that a number of facilities that are not hospitals have been exempted in the past, or given modifications such as the movie theatres, the AMC Theatres at 1000 Van Ness had a CU that allowed that to be converted in 1994. There is

PC-354 OTH

PC-355 LU

some housing, but not nearly the 3:1 ratio. And perhaps this applied, although I do not know the exact dates at the State Office Building, and there was the recent conversion of the building at Van Ness and California to a Ford auto dealership. So, I mean, the use for a hospital is one of the highest and best that we can have, and certainly, while we need housing, we have to look at this and figure out what's going to work, what's going to make sense, and can it work out to do some of this. So, that's going to be something that we're going to have to consider as we go through the process because there is no guarantee, quite frankly, that the Sutter firm and Cal Pacific will actually have to build a hospital in San Francisco, and we are very lucky to have a major medical center being built in San Francisco, it could be built outside of the City, and you know, we talked about the number of jobs, 1,500 in construction, 3,000 full-time equivalent increase, that is a huge number of jobs that are being provided by this. And so I think we have to make sure, while we make sure that the project sponsor does what is correct and the EIR is complete, and everything is analyzed, that we also be careful that we are weighing it against the benefits. So those are my – the main things I spotted in here.

PC-355 LU

PC-356 PH

Certainly, traffic is a big issue, and I think that was really brought up very well by a number of speakers that made the point that people will cut through the Tenderloin and we have to figure out a way to route the traffic more, even without the new hospital on Cathedral Hill, I think it's an area that we have to look at because there are traffic problems already, and there might be ways that that could be dealt with and it's something the parking and traffic will have to try to deal with. I also heard concerns from Japantown and those sorts of things. And finally, there was a little bit of mention about some kind of development agreement, and hopefully whatever needs to be done to assure that whatever is promised is actually done, then it should be done, in some ways it should be worked out. So those are the things and, you know, we talked about the St. Luke's situation and I want the dialysis thing should be talked about, the skilled nursing, and an intermediary facility. So, I thought it was a very good commentary and I'm looking forward to comments and responses and to hearing more comments as they're submitted in writing in the next, I believe it's seven days, I think, we have until the end of the comment period?

COMMISSIONER MIGUEL: October 19th.

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PC-358 OTH

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COMMISSIONER ANTONINI: Oh, so it's still along – okay, I thought the document said sometime in September, but, okay, good, it was extended, okay, very good. Thank you.

COMMISSIONER MIGUEL: Commissioner Sugaya.

COMMISSIONER SUGAYA: Yes, I think Commissioner Antonini raised some interesting questions, which have been going through my mind also when he was talking about meeting whatever the need might be, and discussing things that might have to do with intermediate care that we're not too sure about. And I'm not in the medical profession, so I don't know anything about sub acute care and all that stuff, but mentioning that perhaps something like that, I think, is what the Commissioner was referring to might be spread around to other hospitals. It just points out that this Commission is ill-equipped to analyze the needs of this particular hospital. We have no community San Francisco Health Care Plan, we have no idea how sub acute works in this City, we have no idea how SNF beds work in the City, and now we're being asked to look at these kinds of things in the context of an Environmental Impact Report. And the Environmental Impact Report is an extremely clumsy way to be able to get at these kinds of issues because

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PC-360 HC

it's basically looking at physical activities and the manifestation of all of the programs and policies in a physical kind of context, at least that's the way I see it. And it's very difficult to get at the programmatic aspects of this through the EIR, and I know the Long Range Institutional Master Plan was presented to us, but even then it has no context either because we have no overall community health care plan. And so trying to fit this in some kind of context is really really difficult, at least for me.

I can comment and will be commenting on very specific things, like I believe the historic resource evaluation for the campus being proposed on Van Ness and Geary is totally inadequate, and I'll be telling staff why I think that's true – I mean, not true, but why I think it needs some work. And I think that the issues that were raised with respect to the Cathedral Hill Hospital proposal and transportation through the Tenderloin, I've only read a portion of the transportation analysis, but I did notice there's a heavy emphasis on the use of Van Ness Avenue and, just to repeat what everybody else said, if I'm south of Market and I'm going north, I come up Ninth or Seventh, I would never use Van Ness, and so that analysis, I think, staff probably has all the notes on

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that already, so I don't need to go into that too much. And there are some other areas that I think we should probably get some insight on, and one thing I was wondering – which I'll also put in my notes and comments – is that, whether or not other communities have a healthcare plan, it's probably not required under State Law or anything, so why would anybody do one otherwise, because nobody has any money, but I'm curious to know if other California cities have done such a thing and, if other California cities have done something like a healthcare plan for their community, how has it been used and integrated into any kind of environmental analysis on hospitals? Either long range plans for hospitals, or for specific hospital facilities. So, that's all I have for now, but I'll be submitting comments before the 19th. Thank you. I appreciate everybody coming out. It wasn't that long a hearing! We were prepared for 9:00, I think.

COMMISSIONER MIGUEL: Yes. Commissioner Moore.

COMMISSIONER MOORE: Thank you, everybody who came out. It's very difficult with so many moving pieces to respond to what comments for an EIR really require from us, and I hope that our staff knows how to put it into those questions and into those kind of

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PC-363 HC

PC-364 OTH

answers which need to be derived from many, I think, very valid questions. I think there are many parts about this Draft EIR which are fine and which are right on, however, it is the magnitude of too many moving pieces, which make it almost impossible to create a complete set of answers. I would agree with many observations Commissioner Sugaya just made. I would add that the response or the lack of response existing in the Van Ness Area Plan is of great concern to me, so is, I think, an inability to come to terms with the Geary BRT and the Van Ness BRT planning, including the original intent to convert or transform Van Ness Avenue in a more residentially express type of a grand boulevard of the City. I do believe that a facility the size of CPMC, and that's not an expression against the building per se, is somewhat in contradiction because, in Smart Growth, facilities like CPMC are called "LULUs," which is called a Locally Unacceptable Land Use. And I think many of the comments today speak to that issue. I think I would easily say we had 70-80 percent of people expressing major concerns and there were a relatively small orchestrated number of people who, I think, were well prompted to say what they needed to say. I'm sorry to be so critical about that. I am in principle

PC-364 OTH

PC-365 LU

not against a medical facility, but I do believe it needs to be sized appropriate to where it is, and if it's too big, it needs to be someplace else. I also believe that it is very difficult for this Commission to fully evaluate the healthcare needs and the balanced healthcare needs in the 21st Century changing field of healthcare provision and make sure that we are on target, doing what cities only do every 50 or whatever years. I am very concerned that St. Luke's location is indeed the type of hospital which is economically and, from a healthcare provider's point, a viable facility. If hospitals need to operate by bottom line and profitability which meet the bottom line, we need to make sure that what is provided in that hospital creates a possibility for that to occur, together with the need to provide charity care at the larger rate, given in the location of the City of where it is. I am concerned that traffic analysis does not fully address the secondary ripple effects of alternative routing beyond what is described for Larkin and Leavenworth. I know for a fact that the effects of people needing to go out to the new Van Ness, CPMC facility will also affect all streets coming up from the freeway and from the south part of the City, coming up Taylor, Mason, etc., Taylor,

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Mason, Powell, which even now are alternative routes for people to move across the City because, as far as I'm concerned, the level of service on Van Ness is – I call it – impossible, that is not even within the level of service descriptions anymore. Given that we have short blocks, I believe that if CPMC is not getting that tunnel underneath a state highway, which is a very difficult thing to do, and the EIR does not make a commitment that will occur, given the short blocks that we are creating, other impacts with people on foot moving across a rather difficult street relative to movement of traffic and people needing to cross, I think that particular analysis is not adequately addressed, and I think CPMC needs to either disclose that they are 90 percent on track with getting the tunnel, or not. I think after so many years of having considered the Van Ness Avenue location, you should be closer to disclosing to everybody of what is possible, what is not possible. I do believe that the discovery of the gas line and underground utilities, which I do not think are only on Franklin, but we have equal major utilities below Van Ness, needs to be disclosed because what type of tunnel and at what level, etc. does that occur, and, well, I leave it with that. I think there are a

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number of written comments I will submit. I am not against a hospital by a long shot, but I need to see it in balance with a lot of other things.

PC-372 OTH

COMMISSIONER MIGUEL: Commissioner Olague.

COMMISSIONER OLAGUE: I want to apologize in advance because I have a cold, so I'm not feeling as on top of things as usual, so I'll try to get through this quickly. And I will also be submitting written comments for staff to note. I guess the glaring omission for me was the fact that the Van Ness Special Use District, to me, was not really adhered to in any of the alternatives, really, or in the project itself. And what I guess bothered me was the Van Ness SUD Housing requirements were ignored in the Environmental Impact Report. And I hear a lot of justification for that being that, well, you know, there's this assumption that this Commission will be approving – I guess the SUD will be either approved at the Board, or that we would somehow be accommodating of the Conditional Use, which is one of the options, I guess, as far as the SUD and housing on Van Ness is concerned, but I'm not – because that is not really conclusive, it is hypothetical, I think it is problematic that analysis of that is not provided in the Environmental Impact Report. And so there is no

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analysis at all of the Housing requirement and how it complies with the SUD. There are no calculations. The affordable housing reductions exceptions for up to, I guess, 50 percent of the overall required 3:1 housing, I believe, is what is mandated by the SUD, so there aren't any calculations or anything of what the requirement of this project would be, should SUD not be adopted, or a Conditional Use not be allowed. So, if it were up to me, which it is not, obviously, I would actually ask that that be provided and the EIR – the Draft EIR re-circulated before moving forward with this, that is what I would prefer to see. I think it's a glaring absence that needs to be included at some point, at least. Also, as Commissioner Moore pointed out, there are no LOS calculations for many of the Tenderloin intersections, even though most streets are configured as one-way streets to hasten traffic through the neighborhood, including to and from Van Ness, so I think there are a lot of the outer arterials that are considered, but some of the more interior ones aren't. I guess there was comment here by many members of the public about the Saigon Tenderloin Study. Also, I don't really believe – I think that there is some conclusions that were not – to me, there's not enough analysis provided and the

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consistency, for instance, with the commerce and industry element, to me, is not very developed, it needs to be a little bit more robust. I know one of the speakers today spoke about the cultural groups and how some of those issues were raised in the Commerce and Industry element, and I feel that it is very dismissive of a lot of issues, there is a small paragraph, and then some justification for how the CPMC LRDP is consistent with the Commerce and Industry element, I just don't think it is a sufficient analysis there.

PC-375 HC

The housing element, again, I think there's some – a little bit dismissive quality to the analysis that is provided here. A lot of it relies on 2004 Housing Elements which were obviously bound by, you know, the other one was dismissed to the 2008 – was it 2008 or 2009 – and then a lot of this, I believe, relies on ABAG projection figures and I don't feel comfortable with that because sometimes a projection in terms of the housing that is going to be supplied in the City isn't – what's the word I'm looking for – doesn't necessarily – isn't necessarily met, construction isn't necessarily met, even though the projections are there on what the needs are for the increased employment or employee population, the

PC-376 PH

housing needs that are determined aren't always necessarily met. And so I think that there needs to be a little bit closer look at who is going to be working in this hospital. I heard 3,000 and 1,500, so that's 4,500; potentially, how many of those people will be moving into the City? What types of impacts are going to happen – the pressures that are going to be placed on the adjacent neighborhoods and those types of issues, so I'm not convinced that, you know, for instance, here the housing element – most of the objectives and policies in the housing element are not applicable to the proposed LRDP because the project does not include a residential development component, which I think contradicts, again, the Van Ness SUD requirements. So I find that kind of faulty, actually. Let's see, there is – I guess I was a little concerned, I'm going to probably have to do a little bit of my own research on the impacts that this project is – I know that this is not something that necessarily is studied in the Environmental Impact Report, but on the Latino populations in both areas, and we heard a lot of Latino families here today speak from the Tenderloin and certainly St. Luke's, and so those are things I'll certainly have to be researching.

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PC-379 OTH

Then, one thing that was disturbing, I guess, for me and maybe this doesn't relate to Draft EIRs was the number of testimonies from members of the Filipino community who raised the quote from the Sutter Health person about the discriminatory practices, and that to me, if anything, could be a Human Rights issue, a Human Rights concern, and maybe that is something that Commission, that body needs to investigate further because, if we are going to be dealing in engaging in this type of level of obvious engagement with this institution, then I want to be certain that there aren't discriminatory hiring practices against any community, certainly not the Filipino-American Community or even if there are people who were trained elsewhere and come here to start a new life, I don't think there should be that level of discrimination against anyone, so that was really troubling.

PC-380 PH

I might also comment that I guess at Land Use committee on Monday, there was a resolution passed, a resolution supporting existing area plan housing requirements, and they do mention here, "Whereas the characteristic of these Area Plans is to incentivize or require production of housing units as a byproduct of any new development in the area, for

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example, Van Ness Area Plan, codified in the Van Ness Special Use District portion of the Planning Code which requires that housing be built to a ratio of 3:1 over commercial is an example of such a plan." So it seems to me that this is kind of a sentiment that the – and that also the housing job linkage, you know, a lot of that stuff to me wasn't robustly looked at in this document. But, if this is kind of the direction that the Board of Supervisors is taking, to hold these projects accountable as they relate to the Plan housing requirements, then I think that we should be looking or analyzing a project that adheres to that part of the General Plan and the Code. So, I might have more comments today, but then I will also have some in writing.

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COMMISSIONER MIGUEL: I will have comments in writing as to parking and size and bulk, very specifically as to St. Luke's. I know the concept of a Development Agreement is not part of an EIR, necessarily, although I will – I couldn't consider a project of this complexity without a development agreement with the City. I've lived South of Market for 34 years now. I'm a driver, as is my wife. I must come north of Market probably eight or nine times a week, at least. I would have been out of my mind

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and have never taken Van Ness Avenue. We take Seventh Avenue or Ninth. You never take Van Ness Avenue. It's absolutely ridiculous. And to consider that as part of a traffic plan means someone doesn't look at the traffic patterns of the City. This Commission, as far as I'm concerned, and both Commissioner Sugaya and Commissioner Olague spoke to it, is under a great strain, although San Francisco has put into effect Healthy San Francisco, and from all reports that I've had, it is working, or starting to work, we have failed miserably – City Government of San Francisco has failed miserably to create a comprehensive plan addressing the healthcare distribution in the City, basically a healthcare Master Plan. If we had one, this Commission and the Department would have had a referential guide, and as it is, we're in limbo, you know, we're out in the rowboat in the ocean without any oars, we have nothing to guide us on, other than perhaps instinct, and that is what we're going to have to go on, which is extremely unfortunate and extremely annoying, actually.

As to the Van Ness Special Use District and the Housing requirement, it is my analysis that, if there is a Code, a law in place, regarding an area of the City, and we are having an EIR on a Development

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that is within that area, then that must be taken into consideration. Whether or not it is waived is an unknown, but the fact that it is a requirement could possibly be waived, but that it is in the Code, has to be taken into consideration. So, the effect of that housing that is required within a Code would affect the EIR, obviously, particularly housing of that amount. And I don't think it's analyzed, truthfully, at all in any detail whatsoever. I'm not saying it has to be built, even required directly there, but that's a lot of housing possibility that is already required by a Code, and to pretty much ignore it does not, to my mind, make a Draft EIR complete and I think that has to be analyzed without question. So, as I say, I will have additional comments as to the SNF beds, sub acute beds. Again, if the City had a Master Plan, we'd know what was at least anticipated to happen on it. So we're just going to have to make the comments as we feel them, that's all we have to go by. The City has let us down a great deal on this one. Commissioner Sugaya.

COMMISSIONER SUGAYA: Yes, just a follow-up on Commissioner Miguel's comments on the Special Use District. The whole analysis in the Land Use Zoning section really –and this has happened before in other

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PC-387 LU

EIRs, the analysis says that here is the current zoning, here is the current General Plan, and here is the current specific plans, and all that, and then there's the project, and then it goes on to say, "But, we're going to make all these changes to the General Plan and the Zoning Code and the height districts, and everything else," and therefore there's no impact. The whole analysis seems backwards to me, and I've made this comment before, especially on 555 Washington, the same argument was made, "We're going to break the height limit by 200-feet, and there's no impact because the Planning Commission and the Board of Supervisors is going to approve the plan change and the height district change, and therefore there's no impact." It seems to me the analysis first should address the current zoning situation and General Plan situation, especially Use District situation, and give us some idea. I mean, description-wise, we all know what the problem is, this building is two times higher than the height limit, or one and a half, or whatever it is. But there is no real analysis of that. And if that is the way CEQA works, then something is wrong with the CEQA process. Anyway, and I just have a question for staff, which is a procedural thing, so I think it's okay, it's not about the EIR per se. Can

PC-387 LU

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you give me some idea, if we wanted to, for example, suspend the comment period and ask that the EIR be re-circulated, at what point do we do that? Can we do that today?

MS. JAIN: Devyani Jain, Planning Department staff. I need to check with the City Attorney's Office about this.

MR. RAHAIM: I don't have the answer to that either, I'm sorry. We can find out.

COMMISSIONER SUGAYA: I'm not saying that we'll do it, I'm just asking a question.

MR. RAHAIM: I think my understand, I mean, is that if there were substantial enough changes to an EIR, the EIR would have to be re-circulated.

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MS. JAIN: No, I think – sorry, Devyani Jain, Planning Department staff. I think the question that Commissioner Sugaya was asking, that if they wish to suspend the period of comment, and come to some sort of understanding of re-circulation, would they have to take the decision right now? I don't think they were asking what was the basis of –

COMMISSIONER SUGAYA: Yeah. I'm just saying, if, for example, I'm not saying that the Commission is going to do this, or even is thinking about it, but the comment by Commissioner Olague

triggered something in my mind, which is, so we have the comment period which ends on October 19th, everything comes in, obviously at that point we have all the comments and from public testimony and written comments, and then staff and the EIR consultants will go ahead and prepare the responses, and then there will be a Comments and Responses document that will circulate back to us, combined with the Draft will be the Final EIR, at which time we – I understand at that point we can say that we feel that both documents are inadequate and here is why, and it needs to be re-circulated, but that's going to be months away.

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MR. RAHAIM: If I could add, I mean, the ERO could also make a determination somewhere before the end of that process that, if there was the decision that there was enough new information required, he could make the decision that the EIR would have to be re-circulated. And that would happen after the comment period, but before the final document. By as to whether you could do it right now, I'm sorry, I just don't know.

COMMISSIONER SUGAYA: Maybe I was asking the wrong question, or positing the wrong situation. But does that come back to us as a staff recommendation, then, through MEA and the Department?

MR. RAHAIM: I believe and, again, we'll check to be certain, I believe it is the call of the ERO.

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MS. JAIN: The ERO.

COMMISSIONER SUGAYA: All right, thank you.

COMMISSIONER MIGUEL: Commissioner Antonini.

COMMISSIONER ANTONINI: A couple of other points that I neglected to bring up the first time, and I think are important, we've talked about traffic and I've also brought up the question before that, as we talk about this tunnel under Van Ness, which I think is very important for the project, that we also look at it with the future eye towards any subway that may go below Van Ness Avenue in the future, as well as perhaps one coming along Geary, because we had asked – I think that should be what the City is looking at in the future. But the law of physics is you can't put two objects in the same spaces and, you know, there's only one Van Ness Avenue and it is only so wide, and if you really want to improve traffic and safety, you've got to avail yourself of some other use of subterranean to at least move your transit down there and free up the surface level for other uses, so that would be a great thing, but we are a ways away from that. It certainly doesn't have anything to do with

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this particular project, but I think it's important that we at least take that into consideration when talking about where the tunnel is going to be.

A couple other things came up, the first is that I do agree with Commissioner Olague, she did mention the housing-jobs linkage, and my understanding is that does apply to the medical office buildings, that is what I've been told, I'm not sure of that, it does not apply to the Hospital. So we could get a clarification mentioned in the document and find out exactly what that entails.

Thirdly, in terms of the Van Ness Special Use District, my understanding is that the housing would of course be under what was in effect at the time it was applied or maybe even now, I think it's 85 percent market rate and 15 percent affordable, so that would be what would have to be built by that ratio, or whatever the ratio is, if that was required to be done. And finally, let's see, in terms of whether or not that has to be part of the analysis in the EIR, as you know, not every alternative has to be analyzed, although it is part of the law, those projects that have been built, which are non-residential projects, or partially residential projects, have been exempted in the past, you know, along Van Ness since the

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PC-390 PH

PC-391 LU

passage of this. Only those that actually were residential were compliant and they generally were retail or some commercial on the bottom floors, and then residential in the upper floors, and I think that is what the SUD was proposed to analyze, and I don't know that anybody – we don't know the intent of the framers when it was first put into effect, I think, in the '80s, if I'm not mistaken, it might have been the late '70s, that, you know, it was to apply to replacing a hotel with a hospital, if it was applied to these other uses. So that would be kind of an interesting question is what is its applicability. And finally, I think it's really important that we continue to work on this, I think this is potentially a great project for San Francisco, a necessary project, and while we have concerns, we have things we want to see done, we have to make sure that what we do makes it viable for this to happen. And, no, you may not need to analyze the 3:1 housing if it's totally non-viable, then if there's no hospital, there won't be any housing either. So, you know, I think one of the reasons you don't need to analyze something is if the analysis is a non-viable situation, I'm not sure about that, but I'd have to check with the City Attorney on CEQA law because, you know, we have to be

PC-391 LU

PC-392 OTH

PC-393 LU

PC-394 OTH

careful, a lot of industries we've driven out of San Francisco, particularly certain businesses, by some of our policies, we've been pretty lucky with the healthcare facilities in the past, but I think we have to try to be supportive and work with them to make a solution.

PC-394 OTH

COMMISSIONER MIGUEL: Commissioner Olague.

COMMISSIONER OLAGUE: And, again, I'm not drawing any conclusions, I'm just asking for the analysis that is not there. So, anyway…. What I did want to also – one of the speakers mentioned Saint Francis Hospital, and I guess one of the questions that they had was what would the impact be if CPMC came in, would they become a competitor to Saint Francis Hospital? And, if so, and if Saint Francis ended up in worst case scenario closing, which one hopes wouldn't occur, what physical impact might it have on the area that it is in? And just so that I think is a physical – that's a question that somehow relates to the EIR. Then, the EIR doesn't mention First Source Hiring Program. When analyzing San Francisco's population of available workforce and need to generate employment opportunities for its residents, particularly youth, you know, permanent jobs for people in the immediate area, that is not --

PC-395 HC

PC-396 PH

First Source Hiring isn't mentioned here. And then, finally, I did a little bit of looking into with some – I asked some folks to help me with this, and the Tenderloin, I guess it goes without saying, lacks sufficient primary and secondary healthcare services, heart disease, stroke, and diabetes hospitalizations and avoidable emergency room visits are nearly twice the rate of other San Francisco residents. So, a significant percentage of citywide demand for charity care, I guess, might originate in that particular neighborhood, I'm not sure how accurate that is, but that's what I've heard. So, CPMC's record, as it relates to providing charity care is apparently significantly worse than Catholic Healthcare West and in 2008, CPMC campuses, not counting St. Luke's, reported charity care expenditures of $7,270 per bed, while CHW reported expenditures of $17,000 per bed, so it seems that the comparison to some of the other healthcare providers is quite significant. So, if CPMC does ultimately become a luxury care facility, in light of the fact that we have UCSF on Parnassus and Stanford in Palo Alto, then one needs to question in terms of the best hospital practices that, in the event of a disaster, then, you know, someone else mentioned that, too, I believe, one of the speakers

PC-396 PH

PC-397 HC

today, what kind of plan would there be in the case of a disaster and how would these institutions play into it because it seems in many ways it is unlikely that, given their track record that it is going to be a community serving facility, given some of their track record in other municipalities and counties in this area like Marin and Alameda and others. So, then, finally, people always keep up with this housing thing and the reason I keep on harping on it is because, to me, any institution should be responsible for mitigating the impacts of increased housing demand on the City, and that burden of providing for increased housing demand on the City shouldn't be placed on the shoulders of San Francisco. So, I think that's why it's important to really re-examine the conclusion that there are no significant impacts around housing, which I believe the EIR seems to conclude as it relates to the housing impacts of this project.

COMMISSIONER MIGUEL: I would just like to thank everyone who spoke today and that came today, it is greatly appreciated. Just so the general public understand that the concept of an EIR, in my mind anyway, I don't know if it's written down anywhere this way, is to analyze the maximum impacts and how any impacts can be mitigated; it doesn't mean that the

PC-397 HC

PC-398 PH

PC-399 OTH

project will be built to that max, but will be built somewhere inside it, so the public should not presume that the maximum that is analyzed is necessarily what is going to result with the project. And with that, this hearing to take testimony is over. Thank you very much.

PC-399
OTH

[Public Hearing Adjourned at 7:56 p.m.]

APPENDIX C

Amended Air Quality Emissions

ENVIRON

July 29, 2011

To: David Reel, AECOM

From: Shari Libicki, ENVIRON
Elizabeth Miesner, ENVIRON
Michael Keinath, ENVIRON
Jennie Louie, ENVIRON

Re: Addendum to "Revisions to CPMC Construction Emissions and Health Risk Analysis"

This is an addendum to the March 7, 2011 memo entitled, "Revisions to CPMC Construction Emissions and Health Risk Analysis" (the March 7 memo), which presents revised resident child excess cancer risks based on refined emission estimates and dispersion modeling, as calculated using the 2010 BAAQMD CEQA guidelines (the revised construction analysis).[1]

The purpose of this addendum is three-fold; first, this addendum presents revised estimates for the resident child excess cancer risk in accordance with the 1999 BAAQMD CEQA guidelines, based on the revised construction analysis. Second, this addendum explains how the resident adult excess cancer risk estimates under both sets of guidelines were estimated, based on the revised construction analysis. Third, this addendum evaluates the conservative assumptions associated with estimating overall excess cancer risk for the two construction projects at Davies campus (i.e., Davies Neuroscience and Davies Castro MOB).

Estimation of Resident Child Excess Cancer Risks Under the 1999 BAAQMD CEQA Guidelines

The 1999 CEQA significance *thresholds* for excess cancer risk are identical to the 2010 significance thresholds (10 in one million); however, the *methods* used to estimate risk are different under the 1999 guidelines and the 2010 guidelines. Specifically, the risk calculations under the 2010 guidelines include cancer risk adjustment factors (CRAFs), whereas no CRAFs are applied in calculations under the 1999 guidelines. The CRAFs used to calculate resident child excess cancer risk values under the 2010 guidelines are summarized in Appendix L (Table L-2) of the March 7 memo, and shown in Tables 1 and 2 below. In order to estimate risk in accordance with the 1999 guidelines, these CRAFs should be removed from the risk calculation; all other parameter values used to determine risk would be unchanged. Thus, for each campus location, the resident child excess cancer risk estimate presented in the March 7 memo was divided by the CRAF specific to that construction project, to produce a resident child cancer excess risk estimate that conforms to the 1999 guidelines. This calculation was performed for both unmitigated and mitigated emissions, as summarized in Tables 1 and 2.

[1] Because a resident child would experience the highest estimated excess cancer risks during construction of all sensitive receptors identified, and these risks were used to compare against the significance thresholds, the revised construction risk analysis in the March 7 memo focused on risks for the resident child receptor only.

Table 1. Calculation of Resident Child Excess Cancer Risk Under 1999 Guidelines (Unmitigated Emissions).

	Unmitigated Risk under 2010 Guidelines for Resident Child	**Cancer Risk Adjustment Factor**	**Unmitigated Risk under 1999 Guidelines for Resident Child**
Cathedral Hill	129	7.6	17
Davies Neuroscience	13	10	1.3
Davies Castro MOB	31	10	3.1
Pacific	16	6.8	2.4
St. Luke's Hospital	48	7.1	6.8
St. Luke's MOB	25	9.3	2.7

Note: Unmitigated risks under the 2010 guidelines and cancer risk adjustment factors obtained from the March 7, 2011 memo.

Table 2. Calculation of Resident Child Excess Cancer Risk Under 1999 Guidelines (Mitigated Emissions).

	Mitigated Risk under 2010 Guidelines for Resident Child	**Cancer Risk Adjustment Factor**	**Mitigated Risk under 1999 Guidelines for Resident Child**
Cathedral Hill	63	7.6	8.3
Davies Neuroscience	7	10	0.7
Davies Castro MOB	6	10	0.6
Pacific	3	6.8	0.5
St. Luke's Hospital	25	7.1	3.6
St. Luke's MOB	3	9.3	0.3

Note: Mitigated risks under the 2010 guidelines and cancer risk adjustment factors obtained from the March 7, 2011 memo.

Estimation of Resident Adult Excess Cancer Risks under 1999 and 2010 guidelines

Under both the 1999 and 2010 guidelines, the resident adult excess cancer risk will differ from the non-CRAF-adjusted resident child excess cancer risk due to differences in breathing rates. In order to calculate resident adult excess cancer risk, the non-CRAF adjusted resident child excess cancer risk estimate was multiplied by the ratio of adult-to-child breathing rates, as shown in Table 3.

Table 3. Calculation of Resident Adult Risk Under Both 1999 and 2010 Guidelines (Mitigated Emissions)

	Mitigated Risk under 1999 Guidelines for Resident Child	**Adult Breathing Rate**	**Child Breathing Rate**	**Ratio of Breathing Rates (Adult/Child)**	**Mitigated Risk under 1999 and 2010 Guidelines for Resident Adult**
Cathedral Hill	8.3	302	581	0.52	4.3
Davies Neuroscience	0.7	302	581	0.52	0.4
Davies Castro MOB	0.6	302	581	0.52	0.3
Pacific	0.5	302	581	0.52	0.3
St. Luke's Hospital	3.6	302	581	0.52	1.9
St. Luke's MOB	0.3	302	581	0.52	0.2

Note: Adult and child breathing rates obtained from the March 7, 2011 memo. Mitigated resident child cancer risks under the 1999 guidelines are presented in Table 2.

Evaluation of cumulative resident child risk associated with Davies Campus Construction under the 2010 guidelines

As summarized in Table 2, the maximum mitigated excess cancer risk for a resident child for Davies Neuroscience construction (with mitigation) under the 2010 guidelines is 7 in a million, and for Davies Castro MOB construction 6 in a million. Because receptors in the area may be impacted by both Davies Neuroscience and Davies Castro MOB construction, the risks associated with both construction projects should be considered cumulatively. Consistent with the approach outlined on page 4.7-71 of the Draft EIR, the sum of the maximum excess cancer risks for mitigated construction presented in the March 7 memo was compared to the threshold of 10 in a million, and was determined to exceed the level of significance.

This significance determination should be considered very conservative for two main reasons. First, both risk estimates assume the receptor is a third-trimester unborn baby at the start of construction, which is not possible given that the projects start at different times, several years apart. Instead, the receptor that would be a third-trimester unborn baby at the start of the

Neuroscience construction would be a few years older during the Davies Castro MOB construction period, such that the CRAF for resident child risks associated with Davies Castro MOB construction should be 3 (for receptors ages 2.25 to 16 years) instead of 10 (which is for receptors up to 2.25 years). This would lower the resident child excess cancer risk estimate associated with Davies Castro MOB construction.

Second, the maximum mitigated excess cancer risks for a resident child during Davies Neuroscience construction (7 in a million) and Davies Castro MOB construction (6 in a million) do not occur at the same receptor location. Hence, the risk estimate represented by the sum of maximum excess cancer risks does not represent risk at an actual location, but rather an upper limit that is greater than cumulative risk at any receptor location. A more refined risk analysis would likely indicate that the maximum cumulative excess cancer risk would be less than 10 in a million.

ENVIRON

May 12, 2011

To: Vahram Massehian, Sutter Health

From: Shari Libicki
Jennie Louie

Re: Supplemental Analysis of CPMC Stationary Source Emissions

This memo presents a supplemental analysis of air quality impacts (i.e., criteria pollutant emissions and health risks from toxic air contaminants (TACs)) associated with operational stationary sources at CPMC's Cathedral Hill, St. Luke's and Davies campuses. It also presents corrected PM_{10} emission estimates for stationary sources, which did not previously incorporate $PM_{2.5}$ emission estimates in Tables 4.7-6 ("Emissions of Criteria Pollutants and Precursors Attributable to Operations under the LRDP-Modeled Daily Net Changes from Existing Conditions") and 4.7-7 ("Emissions of Criteria Pollutants and Precursors Attributable to Operations under the LRDP-Modeled Annual Net Changes from Existing Conditions") of the Draft EIR (DEIR).

The emergency diesel generator emission estimates presented in the DEIR were based on the assumption that Tier 4- and interim Tier 4-compliant emergency diesel generators would be available and required at the time of equipment procurement. After publication of the DEIR, however, California Air Resources Board (CARB) approved amendments to the Air Toxic Control Measure (ATCM) for Stationary Compression-Ignition (Diesel) Engines that, among other things, removed the requirement for new emergency generators to meet Tier 4 emission standards beginning in January 2011.[1] One reason for amending this regulation was the unavailability of Tier 4-compliant models that can achieve the requisite NO_x reductions under the typical testing conditions of emergency generators.[2]

This supplemental analysis compares the air quality impacts that reflect these ATCM amendments to the impacts presented in the DEIR. In addition, while it is not required by the amended ATCM, CPMC proposes to install Level 3 Verified Diesel Emissions Control Strategy (VDECS) devices (specifically, diesel particulate filters) on all new emergency generators, in order to reduce diesel particulate matter (DPM) emissions by at least 85%. This measure is also included in this analysis.

The first part of this memo describes the revised emergency diesel generators specifications, as well as updates to equipment and operating assumptions for certain stationary sources. The second part compares the criteria pollutant emissions inventory based on this supplemental analysis to the inventory presented in the DEIR. The third part of the analysis presents a discussion of the relative health risk impacts associated with the results of the supplemental emissions analysis.

[1] California Air Resources Board, Proposed Regulation Order, Amendments to the Airborne Toxic Control Measure for Stationary Compression Ignition Engines, § 93115.6 ATCM for Stationary CI Engines – Emergency Standby Diesel-Fueled CI Engine (>50 bhp) Operating Requirements and Emission Standards.

[2] California Air Resources Board, Stationary Source Division Emissions Assessment Branch, Staff Report: Initial Statement of Reasons for Proposed Rulemaking: Proposed Amendments to the Airborne Toxic Control Measure for Stationary Compression Ignition Engines (Stationary Diesel Engine ACTM), at p. ES-5 (Sept. 2010).

Part 1: Stationary Source Emission Estimates in Accordance with ATCM Amendments and Operational Assumption Updates

Supplemental calculations are presented in Tables 1 through 4. A summary of the assumptions and refinements that differ from the DEIR analysis is presented below.

Emergency Generator Criteria Pollutant Emissions Performance Assumptions

- The power rating for emergency diesel generators at the Cathedral Hill Hospital, Cathedral Hill MOB and St. Luke's Replacement Hospital would exceed 750 hp; thus, in accordance with CARB requirements, the project sponsor would install Tier 2-compliant engines at these locations. In addition, these units would be equipped with Level 3 VDECs. Emission factors for DPM and NO_x were derived from information in manufacturer specification sheets provided by CPMC (included in Attachment A). The VOC (volatile organic compounds, used as a surrogate for reactive organic gases (ROG)) emission factor is equal to the difference between the Tier 2 NO_x + NMHC standard for engines >1200 hp, and the Tier 2 NO_x emission factor for engines >750 hp.

- The power rating for emergency diesel generators at the Davies Campus, and St. Luke's MOB/Expansion Building would be below 750 horsepower; thus, in accordance with CARB requirements the project sponsor would install Tier 3-compliant models at these facilities. In addition, these units would be equipped with Level 3 VDECs. Because manufacturer specification sheets for the specific Tier-3 compliant models to be installed were not available for this analysis, emission factors for DPM, VOC and NO_x are based on ARB Tier 3 emission standards (see Attachment B).

Additional Revisions to Operating Parameters for Certain Emergency Generators and Natural Gas Boilers

- St. Luke's Replacement Hospital Generators: Stationary emissions sources in the DEIR included two 1,500-kilowatt (kW) generators. The estimates presented in this memo reflect the installation one 2,000 kW generator instead of two 1,500-kW models, which is currently being proposed by CPMC.

- Cathedral Hill Hospital Generators: The annual testing hours for the generators at Cathedral Hill Hospital were refined to reflect the actual anticipated testing schedule of 30 minutes every two weeks, plus an estimated 15 minutes after each test for cool down. These testing times sum to approximately 20 hours per year. Furthermore, these tests would be conducted at a load no greater than 65%.[3]

- St. Luke's Replacement Hospital Decommissioned Boiler: As noted in the July 2, 2010 memo, this evaluation focused on incremental emissions, which are defined as the difference between emissions from new sources and emissions from existing sources that were operating at the time of the Notice of Preparation issuance, and that will be decommissioned when the new sources are activated. This supplemental analysis includes emission reductions that will result from the decommissioning of a 6 MMBTU/hr

[3] Based on information provided by Michael Gill of Silverman & Light, Inc.via telephone, April 22, 2011.

thermal fluid heater at St. Luke's, which will occur upon completion of the replacement hospital. According to CPMC, this heater currently operates for 25% of the year plus an additional ~9 hours each day for a period of 4 months. ENVIRON assumed it operates at 100% load during its operating hours. Emission factors from AP-42 were used for this unit.[4]

No changes in assumptions relative to the DEIR were made to emission estimates for natural gas boilers at Cathedral Hill and Davies Campuses for this supplemental analysis. In addition, TAC emission estimates for St. Luke's natural gas boilers were not re-evaluated because there would be no increase in emissions resulting from the removal of the thermal fluid heater.

Part 2: Comparison to Total LRDP Criteria Pollutant Emissions to DEIR Analysis and CEQA Mass Thresholds

Tables 5 and 6 summarize the operational criteria pollutant emissions (average daily and total annual emissions, respectively) based on the supplemental stationary source analysis. The emissions from the diesel generators and natural gas boilers are summed in the "stationary" source category. The area source and mobile source emissions were not changed by this supplemental analysis.

In addition, Tables 5 and 6 show corrected PM_{10} estimates for stationary sources at all four campuses. In the DEIR, stationary source PM_{10} emissions estimates in Tables 4.7-6 and 4.7-7 did not appropriately include estimated $PM_{2.5}$ emissions, which are a component of PM_{10}.

As shown in Tables 5 and 6, the same conclusions with respect to mass emission thresholds apply to the supplemental analysis and to the DEIR. Like the DEIR, the supplemental analysis estimates that the total operational emissions are below the daily and annual significance thresholds for ROG, NO_x and $PM_{2.5}$, but above the daily and annual significance thresholds for PM_{10}.

Part 3: Comparison of Health Risks Associated with DPM Estimates in Supplemental Analysis

In the tables in Attachment 1 of the July 2, 2010 memo entitled "CPMC Stationary Source Emissions and Health Risk Analysis" (July 2 Stationary Source Memo), DPM emission estimates at Cathedral Hill Campus and Davies Campus exceeded the BAAQMD trigger level of 0.34 lb/year. As a result, screening-level health risk analyses were conducted at these campuses and both analyses indicated that health risks due to DPM from these generators were below the thresholds of significance. These results are presented in Tables 4.7-8 and 4.7-10 of the DEIR.

Health risks are directly proportional to DPM concentration, such that a decrease or increase in concentration will result in the same percentage decrease or increase in risk, if all other parameters remain unchanged. As shown in Table 7, DPM emissions from Cathedral Hill in this supplemental analysis are lower than the estimates in Table B1 of the July 2 Stationary Source

[4] United States Environmental Protection Agency. AP 42, Fifth Edition Compilation of Air Pollutant Emission Factors, Volume 1: Stationary Point and Area Sources. Chapter 1.4: External Combustion Sources, Natural Gas Combustion.

Memo; hence, the health risks will also be lower and will also be below the thresholds of significance.

The DPM emissions from Davies in this supplemental analysis are higher than the estimate in Table B2 of the July 2 Stationary Source Memo. However, as shown in Table 8 the maximum risk associated with the higher emissions estimate in the supplemental analysis (~5 in a million) would still remain below the 10 in a million threshold of significance. Hence, there would be no change in the significance findings for health risk from stationary sources presented in the DEIR.

Tables

Table 1: Summary of Criteria Pollutant Emissions from Diesel Generators, Cathedral Hill Campus
Table 2: Summary of Criteria Pollutant Emissions from Diesel Generators, Davies Campus
Table 3: Summary of Criteria Pollutant Emissions from Diesel Generators, St. Luke's Campus
Table 4: Summary of Criteria Pollutant Emissions from Natural Gas Boilers, St. Luke's Campus
Table 5: Summary of Average Daily Criteria Pollutant Emissions
Table 6: Summary of Annual Criteria Pollutant Emissions
Table 7: Risk Analysis for Emergency Diesel Generators, Cathedral Hill Campus
Table 8: Risk Analysis for Diesel Exhaust from New Emergency Generator, Davies Campus

Attachments

Attachment A: Manufacturer specification sheets for diesel generators
Attachment B: California Air Resources Board off-Road compression-ignition engine standards

Table 1: Summary of Criteria Pollutant Emissions from Diesel Generators
Cathedral Hill Campus

Status	Equipment Description	Notes	Number	Rating	Operating time	Load	Emission Factor (g/bhp-hr)			Hourly Emissions (lb/hr)			Annual Emissions (lb/yr)		
			of units	hp	hrs/yr		DPM	NO_X	VOC	DPM	NO_X	VOC	DPM	NO_X	VOC
To be removed	Fire Pump Cummins Model #V-378-F2	1,2	1	137	26	100%	0.576	11.1651	0.96828	0.2	3.4	0.3	4.5	88	8
Future	Cummins Inc. QSK50-G4 NR2 (EPA 9CEXL050.AAD) with Level 3 VDEC (at MOB)	3,4	1	2,205	6	30%	0.05	3.87	0.11	0.1	5.6	0.2	0.4	34	1
Future	Caterpillar C-175 16 (Tier 2) with Level 3 VDEC	5,6,7	3	4,423	20	65%	0.02	4.62	0.60	0.3	87.8	11.4	6.6	1,713	222
												Net Annual Emissions (lb/year)	2.5	1,659	216
												Current Trigger Level (lb/year)[8]	0.34	--	--
												Above Trigger Level?	Yes	--	--
												Average daily net emissions (lb/day)	0.01	4.5	0.6
												Net Annual Emissions (tons/year)	0.001	0.8	0.11

Abbreviations

BAAQMD = Bay Area Air Quality Management District

DPM = Diesel particulate matter

MOB = Medical office building

NMHC = Non-methane hydrocarbons

NOx = Nitrogen oxides

VDECS = Verified diesel emission control strategy

VOC = Volatile organic compounds

Notes

1. Information on fire pump specifications and operating hours provided by Robert Hornick, Chief Engineer, Cathedral Hill Hotel, in email dated August 17, 2009. Annual hours of operation based on 30 minute tests every Tuesday at 10 am. ENVIRON assumed the pump tests were conducted at 100% load.

2. Emission factors for NOx and PM for the fire pump obtained from OFFROAD emissions database.

3. Details on the Cummins emergency generator provided by Kim Nguyen, Project Executive, Cupertino Electric, Inc. in an email dated August 26, 2009. Annual hours is based on 30 minute tests performed monthly. According to this email, periodic testing will be conducted at 30% load.

4. Emission factors for Cummins generator based on manufacturer specification sheet, for 1/4 standby power.

5. Information on Caterpillar generators provided by Michael Gill. Tests would be conducted every two weeks for 30 minutes at up to 65% load, followed by a 15 minute cooldown period.

6. NOx,and DPM emission factors obtained from Caterpillar specification sheet (3 MW Model C175-16). The NOx emission factor is based on the NOx+NMHC emission factor; thus it generates a conservative NOx emissions estimate. The VOC emission factor is equal to the difference between the Tier 2 NOx + NMHC standard for engines >1200 hp, and the Tier 2 NOx emission factor for engines >750 hp.

7. For the new generators, an ARB Level 3 VDECS mitigation system with a DPM removal efficiency of 85% was assumed.

8. Based on BAAQMD Regulation 2 Rule 5 (New Source Review of Toxic Air Contaminants), updated January, 2010.

Sources

BAAQMD. 2010. Regulation 2, Rule 5: New Source Review of Toxic Air Contaminants. January. Available at: http://www.baaqmd.gov/~/media/Files/Planning%20and%20Research/Rules%20and%20Regs/reg%2002/rg0205.ashx.

California Air Resources Board. OFFROAD Emissions Inventory. Available at: http://www.arb.ca.gov/msei/offroad/offroad.htm

California Air Resources Board. Article 4, Chapter 9, Division 3, Title 13, California Code of Regulations. Off-road Vehicles and Engines Pollution Control Devices, Off-road Compression Ignition Engines and Equipment. December 8, 2005. Available at: http://www.arb.ca.gov/regact/offrdcie/offrdcie.htm.

California Air Resources Board. Title 17, California Code of Regulations Section 93115. Amendments to the Airborne Toxic Control Measure for Stationary Compression Engines. October 17, 2007. Available at: http://www.arb.ca.gov/diesel/ag/documents/finalreg101807.pdf

California Air Resources Board. Executive Order U-R-001-0367 New Off-Road Compression Ignition Engines (Caterpillar Inc.), dated January 20, 2009.

Table 2: Summary of Criteria Pollutant Emissions from Diesel Generators
Davies Campus

Status	Equipment Description[1]	Quantity	Rating	Operating time[3]	Emission Factors (g/bhp-hr)			Hourly Emissions (lb/hr)			Annual Emissions (lb/yr)		
			hp	hrs/yr	DPM[2,5]	NO_X[2]	VOC[2]	DPM	NO_X	VOC	DPM	NO_X	VOC
Future	500 kW Tier 3 model with Level 3 VDECS	1	670	50	0.023	2.6	0.4	0.03	3.84	0.59	1.66	192	30
	Trigger Level[4]										0.34		
	Above Trigger Level?										**Y**		

Abbreviations

BAAQMD = Bay Area Air Quality Management District

DPM = Diesel particulate matter

NOx = Nitrogen oxides

VDECS = Verified diesel emission control strategy

VOC = Volatile organic compounds

Notes:

1. Diesel generator specifications provided by Jon Inman in an email dated September 1, 2009.
2. Emission factors for DPM, VOC and NO_x based on ARB Tier 3 emission standards for 500 kW off-road diesel compression ignition engines.
3. ENVIRON conservatively assumed 50 operating hours per year, which is the maximum allowable hours of testing by ARB.
4. Based on BAAQMD Regulation 2 Rule 5 (New Source Review of Toxic Air Contaminants), updated January, 2010.
5. For the new generator, a Level 3 VDECS with a DPM removal efficiency of 85% was assumed.

Sources

BAAQMD. 2010. Regulation 2, Rule 5: New Source Review of Toxic Air Contaminants. January. Available at: http://www.baaqmd.gov/~/media/Files/Planning%20and%20Research/Rules%20and%20Regs/reg%2002/rg0205.ashx.
California Air Resources Board. Article 4, Chapter 9, Division 3, Title 13, California Code of Regulations. Off-road Vehicles and Engines Pollution Control Devices, Off-road Compression Ignition Engines and Equipment. December 8, 2005. Available at: http://www.arb.ca.gov/regact/offrdcie/offrdcie.htm.
California Air Resources Board. Title 17, California Code of Regulations Section 93115. Amendments to the Airborne Toxic Control Measure for Stationary Compression Engines. October 17, 2007. Available at: http://www.arb.ca.gov/diesel/ag/documents/finalreg101807.pdf

Table 3: Summary of Criteria Pollutant Emissions from Diesel Generators
St. Luke's Campus

Status	Equipment Description	Quantity	Year of Manufacture	Rating	Rating	Operating time[3]	Emission Factors (g/bhp-hr)			Hourly Emissions (lb/hr)			Annual Emissions (lb/yr)			Notes
				kW	hp	hrs/yr	DPM	NO_X	VOC	DPM	NO_X	VOC	DPM	NO_X	VOC	
Removed	250 kW from Utility Building	1	1969	250	335	19.5	0.6	11	1.0	-0.4	-8	-0.7	-9	-152	-15	1,4
Removed	600 kW from Utility Building	1	1969	600	805	19.5	0.6	11	1.0	-1.0	-19	-1.7	-20	-363	-33	1,4
Future	250 kW for MOB (Tier 3 plus Level 3 VDEC)	1	--	250	335	19.5	0.023	2.6	0.4	0.02	1.9	0.3	0.3	37	6	2,5,8
Future	Caterpillar 2000 kW (Tier 2 plus Level 3 VDEC)	1	--	2,000	2,682	19.5	0.01	3.95	0.6	0.1	23.4	3.5	1	455	69	6,7,8
												Net Change	-27	-22	27	
												Trigger Level[9]	0.34	NA	NA	
												Above Trigger Level?	**No**	NA	NA	

Abbreviations

BAAQMD = Bay Area Air Quality Management District

DPM = Diesel particulate matter

MOB = Medical office building

NMHC = Non-methane hydrocarbons

NOx = Nitrogen oxides

VDECS = Verified diesel emission control strategy

Notes:

1. Diesel generator specifications obtained from K Lassle in an email dated April 30, 2010.
2. Diesel generator information provided by K. Lassle in an email dated April 29, 2010.
3. ENVIRON assumed the same annual operating time as for the new Cathedral Hill generators, based on an email from K. Lassle dated April 29, 2010.
4. Emission factors for DPM, NOx, and VOC for the 250 kW and 600 kW 1969 generators are based on OFFROAD emissions data for 250 kW and 750 kW generators, respectively. There was no data for a 600 kW generator.
5. Emission factors for DPM, NOx, and VOC for the new 250 kW generator are based on Tier 3 emission standards for off-road diesel compression ignition engines.
6. Diesel generator information provided by M. Gill in an email dated April 20, 2011.
7. Emission factors for DPM and NOx are based on the manufacturer's specification sheet for a Tier 2-compliant engine (Caterpillar Model 3516C, 2000 kW). The NOx emission factor is based on the NOx+NMHC emission factor; thus it generates a conservative NOx emissions estimate. The VOC emission factor is equal to the difference between the Tier 2 NOx + NMHC standard, and the Tier NOx emission factor for engines >750 hp.
8. For the new generators, an ARB Level 3 VDECS with a DPM removal efficiency of 85% was assumed.
9. Based on BAAQMD Regulation 2 Rule 5 (New Source Review of Toxic Air Contaminants), updated January, 2010.

Sources

BAAQMD. 2010. Regulation 2, Rule 5: New Source Review of Toxic Air Contaminants. January. Available at: http://www.baaqmd.gov/~/media/Files/Planning%20and%20Research/Rules%20and%20Regs/reg%2002/rg0205.ashx.

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California Air Resources Board. OFFROAD Emissions Inventory. Available at: http://www.arb.ca.gov/msei/offroad/offroad.htm

Table 4: Summary of Criteria Pollutant Emissions from Natural Gas Boilers
St. Luke's Campus

Boiler Specifications						Emission Factors (lb/MMBTU)				Hourly Emissions (lb/hour)				Annual Emissions (lb/year)				Annual Emissions (tons/year)			
Status	**Equipment Description**	**Notes**	**Quantity**	**Rating (MBH, or 1000 BTU/hr)**	**Operating Time (hours/yr)**	**$PM_{2.5}$**	**PM_{10}**	**NO_X**	**VOC**	**$PM_{2.5}$**	**PM_{10}**	**NO_X**	**VOC**	**$PM_{2.5}$**	**PM_{10}**	**NO_X**	**VOC**	**$PM_{2.5}$**	**PM_{10}**	**NO_X**	**VOC**
Future	Domestic hot water heaters	1,2,3,7	1	3,000	8,760	2.5E-04	7.5E-03	3.8E-02	5.4E-03	7.5E-04	2.2E-02	1.1E-01	1.6E-02	7	196	991	142	0.003	0.1	0.5	0.1
Future	Condensing boilers for space heating	1,2,4,7	4	2,000	8,760	2.5E-04	7.5E-03	2.3E-02	5.4E-03	2.0E-03	6.0E-02	1.9E-01	4.3E-02	18	522	1,630	378	0.01	0.3	1	0.2
Future	High pressure steam plant boilers	1,2,5,6,7	4	331	8,760	2.5E-04	7.5E-03	3.3E-02	5.4E-03	3.3E-04	9.9E-03	4.3E-02	7.1E-03	3	87	378	63	0.00	0.04	0.2	0.03
To be removed	Thermal Fluid Heater	7,8,9	1	6,020	3,285	2.5E-04	7.5E-03	9.8E-02	5.4E-03	1.5E-03	4.5E-02	5.9E-01	3.2E-02	5	148	1,939	107	0.00	0.07	1.0	0.05
													Net Total	**22**	**656**	**1,061**	**476**	**0.01**	**0.3**	**0.5**	**0.2**

Abbreviations

BAAQMD = Bay Area Air Quality Management District

MBH = thousand british thermal units per hour

MMBTU = million British thermal units

NOx = Nitrogen oxides

PM = Particulate matter

VOC = Volatile organic compounds

Notes:

1. Boiler specifications provided by Shulamit Rabinovich, Ted Jacob Engineering Group, on September 1, 2009. Annual hours of operation are based on an email from S. Rabinovich dated September 2, 2009.
2. Emission factors for VOC, and PM_{10} are from AP-42 Table 1.4.2.
3. NO_x emission factors from Regulation 9 Rule 7.
4. NOx emission factor from Regulation 9 Rule 6.
5. Boiler rating was specified as 9.9 HP. This rating was converted to MMBTU by multiplying by a factor of 33.472.
6. NO_x emission factor from Regulation 9 Rule 6.
7. $PM_{2.5}$ emission factor from for natural gas-fueled boilers from England et al. (2007).
8. According to CPMC, one of the currently operating thermal fluid heaters will be decommissioned as a result of the LRDP. Boiler specifications obtained from BAAQMD Permit for Plant #9313 (St. Luke's Hospital). According to CPMC, the heater operates 25% of the year, plus an additional 8-10 hours each day over a 4-month period.
9. Emission factors (except for $PM_{2.5}$) are from AP-42 Table 1.4.1 (Nox for uncontrolled boilers <100 MMBTU/hr heat input) and Table 1.4.2.

Sources

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Table 5: Summary of Average Daily Criteria Pollutant Emissions (pounds/day)

	ROG	NOx	PM_{10}	$PM_{2.5}$
Cathedral Hill				
Area Sources[1]	3.5	2.1	<0.01	<0.01
Mobile Sources[1]	18.4	20	104	20
Stationary Sources[2]	6.0	18	7.5	0.3
Cathedral Hill Total	28	40	112	20
Pacific				
Area Sources	-0.4	-0.5	<0.01	<0.01
Mobile Sources	-4.4	-4.7	-25	-4.6
Pacific Total	-4.8	-5.2	-25	-4.6
Davies				
Area Sources	1.3	1	0.02	0.02
Mobile Sources	2.4	2.5	13.3	2.5
Stationary Sources	0.09	0.6	0.02	0.01
Davies Total	3.8	4.1	13.3	2.5
St. Luke's				
Area Sources	0.4	1.2	<0.01	<0.01
Mobile Sources	4.6	4.9	26	5
Stationary Sources	1.4	2.8	1.7	-0.01
St. Luke's Total	6.4	8.9	28	5
TOTAL AVERAGE DAILY POUNDS	**33**	**48**	**128**	**23**
2010 BAAQMD CEQA Threshold	*54*	*54*	*82*	*54*
Exceed Threshold?	no	no	yes	no
Draft EIR Totals[1]	**31**	**39**	**119**	**31**
Exceed Threshold?	no	no	yes	no

Abbreviations

BAAQMD = Bay Area Air Quality Management District
CEQA = California Environmental Quality Act
NOx = Oxides of Nitrogen
PM_{10} = Particulate Matter with diameter 10 um or less
$PM_{2.5}$ = Particulate Matter with diameter 2.5 um or less
ROG = Reactive organic gases

Notes

1. Same values presented in the draft EIR (California Pacific Medical Center Long Range Development Plan EIR, Case No. 2005.0555E, July 21, 2010).
2. Reflects the sum of diesel emergency generator emissions and natural gas boilers emissions.

Table 6: Summary of Annual Criteria Pollutant Emissions (tons/year)

	ROG	NOx	PM_{10}	$PM_{2.5}$
Cathedral Hill				
Area Sources[1]	0.7	0.4	-0.02	-0.02
Mobile Sources[1]	3.6	4.2	19	3.6
Stationary Sources[2]	1.1	3.3	1.4	0.05
Cathedral Hill Total	5.4	7.9	20.4	3.6
Pacific				
Area Sources	-0.08	-0.09	0.001	0.001
Mobile Sources	-0.85	-1	-4.5	-0.85
Pacific Total	-0.9	-1.1	-4.5	-0.9
Davies				
Area Sources	0.2	0.2	0.001	0.001
Mobile Sources	0.5	0.5	2.4	0.5
Stationary Sources	0.02	0.1	0.004	0.001
Davies Total	0.7	0.8	2.4	0.5
St. Luke's				
Area Sources	0.07	0.23	0.001	0.001
Mobile Sources	0.9	1	4.7	0.9
Stationary Sources	0.3	0.5	0.3	-0.002
St. Luke's Total	1.2	1.7	5.0	0.9
TOTAL ANNUAL TONS	**6.4**	**9.4**	**23**	**4.2**
2010 BAAQMD CEQA Threshold	*10*	*10*	*15*	*10*
Exceed Threshold?	no	no	yes	no
Draft EIR Totals[1]	6	8	22	5.5
Exceed Threshold?	no	no	yes	no

Abbreviations

BAAQMD = Bay Area Air Quality Management District
CEQA = California Environmental Quality Act
NOx = Oxides of Nitrogen
PM_{10} = Particulate Matter with diameter 10 um or less
$PM_{2.5}$ = Particulate Matter with diameter 2.5 um or less
ROG = Reactive organic gases

Notes

1. Same values presented in the draft EIR (California Pacific Medical Center Long Range Development Plan EIR, Case No. 2005.0555E, July 21, 2010).
2. Reflects the sum of diesel emergency generator emissions and natural gas boilers emissions.

Table 7
Risk Analysis for Emergency Diesel Generators
Cathedral Hill Campus

Cathedral Hill MOB Generator

	DEIR July 2010[1]				May 2011				
Receptor height (m)	DPM (ug/m^3)	HI	Risk (excess cancer cases per million)	DPM emissions $(lb/yr)^2$	DPM emissions $(lb/yr)^3$	May 2011/DEIR Scaling factor[4]	DPM $(ug/m^3)^4$	HI[4]	Risk (excess cancer cases per million)[4]
0	9E-05	2E-05	0.05	0.7	0.4	0.62	6E-05	1E-05	0.03
20	9E-05	2E-05	0.05	0.7	0.4	0.62	6E-05	1E-05	0.03
60	4E-04	9E-05	0.2	0.7	0.4	0.62	3E-04	6E-05	0.1

Cathedral Hill Hospital Generators

	DEIR July 2010[1]				May 2011				
Receptor height (m)	DPM (ug/m^3)	HI	Risk (excess cancer cases per million)	DPM emissions $(lb/yr)^2$	DPM emissions $(lb/yr)^3$	May 2011/DEIR Scaling factor[4]	DPM $(ug/m^3)^4$	HI[4]	Risk (excess cancer cases per million)[4]
0	1E-03	2E-04	0.5	20.9	6.6	0.32	3E-04	6E-05	0.2
20	1E-03	2E-04	0.5	20.9	6.6	0.32	3E-04	6E-05	0.2
60	3E-03	5E-04	1.3	20.9	6.6	0.32	8E-04	2E-04	0.4

Combined Results for Hospital and MOB Generators[5]

DEIR July 2010			
Receptor height	DPM (ug/m^3)	HI	Risk (excess cancer cases per million)
0	1E-03	2E-04	0.6
20	1E-03	2E-04	0.6
60	3E-03	6E-04	1.5

May 2011			
Receptor height	DPM (ug/m^3)	HI	Risk (excess cancer cases per million)
0	4E-04	8E-05	0.2
20	4E-04	8E-05	0.2
60	1E-03	2E-04	0.6

Abbreviations
DEIR: Draft Environmental Impact Report
DPM: Diesel Particulate Matter
HI: Chronic Hazard Index
MOB: Medical Office Building

Notes
1. Except where noted, DEIR July 2010 data obtained from draft California Pacific Medical Center Long Range Development Plan EIR, Case No. 2005.055E, July 21, 2010.
2. DPM emission estimates from Attachment 1 of the July 2, 2010 memo entitled "CPMC Stationary Source Emissions and Health Risk Analysis" .
3. May 2011 DPM emission estimates presented in Table 1 of this memo.
4. May 2011 Risk values were scaled from the DEIR estimates using the ratio of DPM emission estimates.

Table 8
Risk Analysis for Diesel Exhaust from New Emergency Generator
Davies Campus

		Receptor Height (above ground level, in m)															
Parameter	**Units**	**0**	**2**	**4**	**6**	**8**	**10**	**12**	**14**	**16**	**18**	**20**	**22**	**24**	**26**	**28**	**30**
Maximum offsite x/Q 1-hour dispersion factor[1]	$\mu g/m^3/(g/s)$	3819	3745	3677	3804	3834	3689	3342	3807	5191	6294	6884	6659	5907	5253	4699	4226
Annual		382	375	368	380	383	369	334	381	519	629	688	666	591	525	470	423
Distance from source to maximum concentration location[2]	m	37	37	37	37	37	37	37	37	37	37	37	37	40	44	48	52
Generator DPM Emissions[3]	lb/hr	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.03
Hours of Operation[4]	hours	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50
DPM Emissions	lb/year	1.7	1.7	1.7	1.7	1.7	1.7	1.7	1.7	1.7	1.7	1.7	1.7	1.7	1.7	1.7	1.7
DPM Emissions	g/s	2.4E-05	2.4E-05	2.4E-05	2.4E-05	2.4E-05	2.4E-05	2.4E-05	2.4E-05	2.4E-05	2.4E-05	2.4E-05	2.4E-05	2.4E-05	2.4E-05	2.4E-05	2.4E-05
Maximum Offsite Annual Concentration	$\mu g/m^3$	9.1E-03	9.0E-03	8.8E-03	9.1E-03	9.2E-03	8.8E-03	8.0E-03	9.1E-03	1.2E-02	1.5E-02	1.6E-02	1.6E-02	1.4E-02	1.3E-02	1.1E-02	1.0E-02
DPM Unit Risk Factor[5]	$(\mu g/m^3)^{-1}$	3.0E-04	3.0E-04	3.0E-04	3.0E-04	3.0E-04	3.0E-04	3.0E-04	3.0E-04	3.0E-04	3.0E-04	3.0E-04	3.0E-04	3.0E-04	3.0E-04	3.0E-04	3.0E-04
Chronic Reference Exposure Level	$\mu g/m^3$	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
Estimated Maximum Cancer Risk	--	2.7E-06	2.7E-06	2.6E-06	2.7E-06	2.8E-06	2.6E-06	2.4E-06	2.7E-06	3.7E-06	4.5E-06	4.9E-06	4.8E-06	4.2E-06	3.8E-06	3.4E-06	3.0E-06
Threshold Incremental Cancer Risk	--	1.0E-05	1.0E-05	1.0E-05	1.0E-05	1.0E-05	1.0E-05	1.0E-05	1.0E-05	1.0E-05	1.0E-05	1.0E-05	1.0E-05	1.0E-05	1.0E-05	1.0E-05	1.0E-05
Exceed Threshold?		No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No
Chronic Noncancer Hazard Quotient		0.0018	0.0018	0.0018	0.0018	0.0018	0.0018	0.0016	0.0018	0.002	0.003	0.003	0.003	0.003	0.003	0.002	0.002
Threshold Chronic Noncancer Hazard Index		*1*	*1*	*1*	*1*	*1*	*1*	*1*	*1*	*1*	*1*	*1*	*1*	*1*	*1*	*1*	*1*
Exceed Noncancer Hazard Threshold?		No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No

Abbreviations

DPM	diesel particulate matter
g/s	grams/second
lbs	pounds
$\mu g/m^3$	micrograms per cubic meter
m	meter

Notes

1. 1-Hour maximum value based on SCREEN3 air dispersion model. Annual maximum value was estimated by multiplying the 1-hour maximum by 0.1 per BAAQMD guidance.
2. Based on SCREEN3 air dispersion model.
3. Emissions estimated in Table 2 of this memo.
4. ENVIRON conservatively assumed 50 operating hours per year, which is the maximum allowable hours of testing by ARB.
5. Unit risk factor from Office of Environmental Health Hazard Assessment/ARB Approved Risk Assessment Health Values.

Sources

California Air Resources Board. Article 4, Chapter 9, Division 3, Title 13, California Code of Regulations. Off-road Vehicles and Engines Pollution Control Devices, Off-road Compression Ignition Engines and Equipment. December 8, 2005. Available at: http://www.arb.ca.gov/regact/offrdcie/offrdcie.htm.

California Air Resources Board. Title 17, California Code of Regulations Section 93115. Amendments to the Airborne Toxic Control Measure for Stationary Compression Engines. October 17, 2007. Available at: http://www.arb.ca.gov/diesel/ag/documents/finalreg101807.pdf

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ATTACHMENT A

Manufacturer Specification Sheets for Diesel Generators

MANUFACTURER'S PERFORMANCE DATA

MODEL: C175-16 DI SCAC DRY MANIFOLD
DATA REF NO.: DM8448-04
GENSET RATING (W/F FAN): 3000.0 EKW STANDBY 60 HERTZ @ 1800 RPM
CERTIFICATION YEAR: 2011 CERT AGENCY: EPA
SERVICE CLASS: STATIONARY EMERGENCY >560 BKW

GENERAL PERFORMANCE DATA

GEN W/F EKW	ENG PWR BHP	FUEL RATE LB/BHP-HR	FUEL RATE GPH	EXHAUST STACK TEMP DEG F	EXHAUST GAS FLOW CFM	O2 (DRY) IN EXH (VOL) %	H2O IN EXH (VOL) %___
3000.0	4423	0.338	213.2	894.9	24561.2	10.1	8.85

EMISSIONS DATA

Gaseous emissions data measurements are consistent with those described in EPA 40 CFR PART 89 SUBPART D and ISO 8178 for measuring HC, CO, PM, and NOx.

Gaseous emissions values are WEIGHTED CYCLE AVERAGES and are in compliance with the following non-road regulations:

EPA and CARB Tier 2

MAX Limit - GM/HP-HR

CO	NOX + HC	PM
2.6	4.8	0.15

EPA ENGINE FAMILY NAME: BCPXL106.NZS

“D2 CYCLE CERT LEVELS” for the engine family are:

GM/HP-HR

CO	NOX + HC	PM
1.42	4.62	0.119

CALCULATION OF SOX

SOX = (*) % FUEL SULFUR BY WEIGHT/100) (FUEL RATE/HR) (1.9981)

ULTRA LOW SULFUR DIESEL * = 0.0015

MANUFACTURER'S PERFORMANCE DATA

MODEL: 3516C DI ATAAC DRY MANIFOLD
DATA REF NO.: DM8263-01
GENSET RATING (W/F FAN): 2000.0 EKW STANDBY 60 HERTZ @ 1800 RPM
CERTIFICATION YEAR: 2011 CERT AGENCY: EPA
SERVICE CLASS: STATIONARY EMERGENCY >560 BKW

GENERAL PERFORMANCE DATA

GEN W/F EKW	ENG PWR BHP	FUEL RATE LB/BHP-HR	FUEL RATE GPH	EXHAUST STACK TEMP DEG F	EXHAUST GAS FLOW CFM	O2 (DRY) IN EXH (VOL) %	H2O IN EXH (VOL) %___
2000.0	2937	0.331	138.9	761.7	15135.9	10.80	8.38

EMISSIONS DATA

Gaseous emissions data measurements are consistent with those described in EPA 40 CFR PART 89 SUBPART D and ISO 8178 for measuring HC, CO, PM, and NOx.

Gaseous emissions values are WEIGHTED CYCLE AVERAGES and are in compliance with the following non-road regulations:

EPA and CARB Tier 2

MAX Limit - GM/HP-HR		
CO	NOX + HC	PM
2.6	4.8	0.15

EPA ENGINE FAMILY NAME: BCPXL78.1NZS

“D2 CYCLE CERT LEVELS” for the engine family are:

GM/HP-HR		
CO	NOX + HC	PM
0.89	3.95	0.082

CALCULATION OF SOX

SOX = (*) % FUEL SULFUR BY WEIGHT/100) (FUEL RATE/HR) (1.9981)

LOW SULFUR DIESEL * = 0.05 ULTRA LOW SULFUR DIESEL * = 0.0015

Power Generation

Exhaust Emission Data Sheet
1500DQGAB
60 Hz Diesel Generator Set

Engine Information:

Model:	Cummins Inc. QSK50-G4 NR2	Bore:	6.25 in. (159 mm)
Type:	4 Cycle, 60°V, 16 Cylinder Diesel	Stroke:	6.25 in. (159 mm)
Aspiration:	Turbocharged and Low Temperature aftercooled	Displacement:	3067 cu. in. (50.2 liters)
Compression Ratio:	15.0:1		
Emission Control Device:	Turbocharged and Low Temperature aftercooled		

	1/4	1/2	3/4	Full	Full	
PERFORMANCE DATA	**Standby**	**Standby**	**Standby**	**Standby**	**Prime**	
BHP @ 1800 RPM (60 Hz)	555	1111	1666	2205	1971	
Fuel Consumption (gal/Hr)	32.5	60.2	83.4	109.4	97.8	
Exhaust Gas Flow (CFM)	4815	8320	10180	12065	11000	
Exhaust Gas Temperature (°F)	665	745	785	915	835	
EXHAUST EMISSION DATA						
HC (Total Unburned Hydrocarbons)	0.11	0.07	0.06	0.06	0.05	
NOx (Oxides of Nitrogen as NO2)	3.87	3.46	4.45	5.51	5.55	
CO (carbon Monoxide)	1.20	0.66	0.45	0.63	0.50	
PM (Particular Matter)	0.31	0.06	0.06	0.04	0.04	
SO2 (Sulfur Dioxide)	0.19	0.17	0.16	0.16	0.16	
Smoke (Bosch)	0.84	0.22	0.27	0.20	0.18	
					All Values are Grams/HP-Hour, Smoke is Bosch #	

TEST CONDITIONS

Data was recorded during steady-state rated engine speed (± 25 RPM) with full load (±2%). Pressures, temperatures, and emission rates were stabilized.

Fuel Specification:	46.5 Cetane Number, 0.035 Wt.% Sulfur; Reference ISO8178-5, 40CFR86.1313-98 Type 2-D and ASTM D975 No. 2-D.
Fuel Temperature:	99 ± 9 °F (at fuel pump inlet)
Intake Air Temperature:	77 ± 9 °F
Barometric Pressure:	29.6 ± 1 in. Hg
Humidity:	NOx measurement corrected to 75 grains H2O/lb dry air
Reference Standard:	ISO 8178

The NOx, HC, CO and PM emission data tabulated here were taken from a single engine under the test conditions shown above. Data for the other components are estimated. These data are subjected to instrumentation and engine-to-engine variability. Field emission test data are not guaranteed to these levels. Actual field test results may vary due to test site conditions, installation, fuel specification, test procedures and instrumentation. Engine operation with excessive air intake or exhaust restriction beyond published maximum limits, or with improper maintenance, may results in elevated emission levels.

ATTACHMENT B

California Air Resources Board Off-Road Compression-Ignition Engine Standards

Table 1. ARB and USEPA Off-Road Compression-Ignition (Diesel) Engine Standards (NMHC+NOx/CO/PM in g/bhp-hr). When ARB and USEPA standards differ, the standards shown here represent the more stringent of the two.

Maximum horsepower	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015+
<11	See Table 2 footnote (a)					7.8 / 6.0 / 0.75					5.6 / 6.0 / 0.6			5.6 / 6.0 / 0.30[a]							
11≤hp<25						7.1 / 4.9 / 0.60					5.6 / 4.9 / 0.60			5.6 / 4.9 / 0.30							
25≤hp<50	-					7.1 /4.1 / 0.60				5.6 / 4.1 / 0.45				5.6 / 4.1 / 0.22					3.5 / 4.1 / 0.02		
50≤hp< 75						- / 6.9 / - / - [b]				5.6 / 3.7 / 0.30				3.5 / 3.7 / 0.22[c]					3.5 / 3.7 / 0.02[c]		
75≤hp<100														3.5 / 3.7 / 0.30			0.14 / 2.5 / 3.7 / 0.015[b,c]				0.14 / 0.30 / 3.7 / 0.015[b]
100≤hp<175									4.9 / 3.7 / 0.22				3.0 / 3.7 / 0.22								
175≤hp<300									4.9 / 2.6 / 0.15												0.14 / 0.30 / 2.2 / 0.015[b]
300≤hp<600	-		1.0 / 6.9 / 8.5 / 0.40[b]					4.8 / 2.6 / 0.15				3.0 / 2.6 / 0.15[e]					0.14 / 1.5 / 2.6 / 0.015[b,c]				
600≤hp≤750																					
Mobile Machines > 750hp																					0.14 / 2.6 / 2.6 / 0.03[b]
750hp<GEN ≤1200hp	-					1.0 / 6.9 / 8.5 / 0.40[b]						4.8 / 2.6 / 0.15					0.30 / 2.6 / 2.6 / 0.07[b]				0.14 / 0.50 / 2.6 / 0.02[b]
GEN>1200 hp																	0.30 / 0.50 / 2.6 / 0.07[b]				

a) The PM standard for hand-start, air cooled, direct injection engines below 11 hp may be delayed until 2010 and be set at 0.45 g/bhp-hr.
b) Standards given are NMHC/NOx/CO/PM in g/bhp-hr.
c) Engine families in this power category may alternately meet Tier 3 PM standards (0.30 g/bhp-hr) from 2008-2011 in exchange for introducing final PM standards in 2012.
d) The implementation schedule shown is the three-year alternate NOx approach. Other schedules are available.
e) Certain manufacturers have agreed to comply with these standards by 2005.

: Tier 1 : Tier 2 : Tier 3 : Tier 4 Interim / Final

Tier 0 Engine
Tier 1 Engine
Tier 2 Engine
Tier 3 Engine
Interim Tier 4
Tier 4 Engine

PM Emissions Factors by Horsepower and Year (g/bhp-hr)

	Minimum Horsepower in Group							
	25	50	75	100	175	300	600	751
	Horsepower Groups							
Year	25-49	50-74	75-99	100-174	175-299	300-599	600-750	750+
1900	0.950	1.200	1.200	1.100	1.100	0.950	0.950	0.950
1969	0.950	1.200	1.200	1.100	1.100	0.950	0.950	0.950
1970	0.950	1.200	1.200	0.940	0.940	0.810	0.810	0.810
1972	0.950	1.200	1.200	0.780	0.780	0.680	0.680	0.680
1988	0.950	0.980	0.980	0.540	0.540	0.490	0.490	0.490
1989	0.950	0.980	0.980	0.540	0.540	0.490	0.490	0.490
1996	0.950	0.980	0.980	0.540	0.40	0.40	0.40	0.500
1997	0.950	0.980	0.980	0.600	0.40	0.40	0.40	0.500
1998	0.950	1.090	1.090	0.600	0.40	0.40	0.40	0.500
1999	0.60	1.090	1.090	0.600	0.40	0.40	0.40	0.500
2000	0.60	1.090	1.090	0.600	0.40	0.40	0.40	0.40
2001	0.60	1.090	1.090	0.600	0.40	0.15	0.40	0.40
2002	0.60	1.090	1.090	0.600	0.40	0.15	0.15	0.40
2003	0.60	1.090	1.090	0.22	0.15	0.15	0.15	0.40
2004	0.45	0.30	0.30	0.22	0.15	0.15	0.15	0.40
2005	0.45	0.30	0.30	0.22	0.15	0.15	0.15	0.40
2006	0.45	0.30	0.30	0.22	0.15	0.15	0.15	0.15
2007	0.45	0.30	0.30	0.22	0.15	0.15	0.15	0.15
2008	0.22	0.22	0.30	0.22	0.15	0.15	0.15	0.15
2009	0.22	0.22	0.30	0.22	0.15	0.15	0.15	0.15
2010	0.22	0.22	0.30	0.22	0.15	0.15	0.15	0.15
2011	0.22	0.22	0.30	0.22	0.015	0.015	0.015	0.07
2012	0.22	0.22	0.015	0.015	0.015	0.015	0.015	0.07
2013	0.02	0.02	0.015	0.015	0.015	0.015	0.015	0.07
2014	0.02	0.02	0.015	0.015	0.015	0.015	0.015	0.07
2015	0.02	0.02	0.015	0.015	0.015	0.015	0.015	0.03
2016	0.02	0.02	0.015	0.015	0.015	0.015	0.015	0.03
2017	0.02	0.02	0.015	0.015	0.015	0.015	0.015	0.03
2018	0.02	0.02	0.015	0.015	0.015	0.015	0.015	0.03
2019	0.02	0.02	0.015	0.015	0.015	0.015	0.015	0.03
2020	0.02	0.02	0.015	0.015	0.015	0.015	0.015	0.03

NO_X Emissions Factors by Horsepower and Year (g/bhp-hr)

	Minimum Horsepower in Group							
	25	50	75	100	175	300	600	751
	Horsepower Groups							
Year	25-49	50-74	75-99	100-174	175-299	300-599	600-750	750+
1900	7.2	14.8	14.8	15.9	15.9	15.2	15.2	15.2
1969	7.2	14.8	14.8	15.9	15.9	15.2	15.2	15.2
1970	7.2	14.8	14.8	14.8	14.8	14.1	14.1	14.1
1972	7.2	14.8	14.8	13.6	13.6	13.0	13.0	13.0
1980	7.2	14.8	14.8	12.5	12.5	11.9	11.9	11.9
1988	7.1	9.9	9.9	9.3	9.3	8.9	8.9	8.9
1989	7.1	9.9	9.9	9.3	9.3	8.9	8.9	8.9
1996	7.1	9.9	9.9	9.3	6.9	6.9	6.9	8.9
1997	7.1	9.9	9.9	6.9	6.9	6.9	6.9	8.9
1998	7.1	6.9	6.9	6.9	6.9	6.9	6.9	8.9
1999	6.2	6.9	6.9	6.9	6.9	6.9	6.9	8.9
2000	6.2	6.9	6.9	6.9	6.9	6.9	6.9	6.9
2001	6.2	6.9	6.9	6.9	6.9	4.2	6.9	6.9
2002	6.2	6.9	6.9	6.9	6.9	4.2	4.2	6.9
2003	6.2	6.9	6.9	4.3	4.3	4.2	4.2	6.9
2004	4.9	4.9	4.9	4.3	4.3	4.2	4.2	6.9
2005	4.9	4.9	4.9	4.3	4.3	4.2	4.2	6.9
2006	4.9	4.9	4.9	4.3	2.6	2.6	2.6	4.2
2007	4.9	4.9	4.9	2.6	2.6	2.6	2.6	4.2
2008	4.9	3.0	3.0	2.6	2.6	2.6	2.6	4.2
2009	4.9	3.0	3.0	2.6	2.6	2.6	2.6	4.2
2010	4.9	3.0	3.0	2.6	2.6	2.6	2.6	4.2
2011	4.9	3.0	3.0	2.6	1.5	1.5	1.5	2.6
2012	4.9	3.0	2.5	2.5	1.5	1.5	1.5	2.6
2013	3.0	3.0	2.5	2.5	1.5	1.5	1.5	2.6
2014	3.0	3.0	2.5	2.5	0.3	0.3	0.3	2.6
2015	3.0	3.0	0.3	0.3	0.3	0.3	0.3	2.6
2016	3.0	3.0	0.3	0.3	0.3	0.3	0.3	2.6
2017	3.0	3.0	0.3	0.3	0.3	0.3	0.3	2.6
2018	3.0	3.0	0.3	0.3	0.3	0.3	0.3	2.6
2019	3.0	3.0	0.3	0.3	0.3	0.3	0.3	2.6
2020	3.0	3.0	0.3	0.3	0.3	0.3	0.3	2.6

Engine Tiers by Horsepower and Year

	Minimum Horsepower in Group							
	25	50	75	100	175	300	600	751
	Horsepower Groups							
Year	25-49	50-74	75-99	100-174	175-299	300-599	600-750	750+
1900	T0	T0	T0	T0	T0	T0	T0	T0
1969	T0	T0	T0	T0	T0	T0	T0	T0
1970	T0	T0	T0	T0	T0	T0	T0	T0
1972	T0	T0	T0	T0	T0	T0	T0	T0
1988	T0	T0	T0	T0	T0	T0	T0	T0
1989	T0	T0	T0	T0	T0	T0	T0	T0
1996	T0	T0	T0	T0	T1	T1	T1	T0
1997	T0	T0	T0	T1	T1	T1	T1	T0
1998	T0	T1	T1	T1	T1	T1	T1	T0
1999	T1	T1	T1	T1	T1	T1	T1	T0
2000	T1	T1	T1	T1	T1	T1	T1	T1
2001	T1	T1	T1	T1	T1	T2	T1	T1
2002	T1	T1	T1	T1	T1	T2	T2	T1
2003	T1	T1	T1	T2	T2	T2	T2	T1
2004	T2	T2	T2	T2	T2	T2	T2	T1
2005	T2	T2	T2	T2	T2	T2	T2	T1
2006	T2	T2	T2	T2	T3	T3	T3	T2
2007	T2	T2	T2	T3	T3	T3	T3	T2
2008	T4I	T4I	T3	T3	T3	T3	T3	T2
2009	T4I	T4I	T3	T3	T3	T3	T3	T2
2010	T4I	T4I	T3	T3	T3	T3	T3	T2
2011	T4I	T4I	T3	T3	T4I	T4I	T4I	T4I
2012	T4I	T4I	T4I	T4I	T4I	T4I	T4I	T4I
2013	T4	T4	T4I	T4I	T4I	T4I	T4I	T4I
2014	T4	T4	T4I	T4I	T4	T4	T4	T4I
2015	T4	T4	T4	T4	T4	T4	T4	T4
2016	T4	T4	T4	T4	T4	T4	T4	T4
2017	T4	T4	T4	T4	T4	T4	T4	T4
2018	T4	T4	T4	T4	T4	T4	T4	T4
2019	T4	T4	T4	T4	T4	T4	T4	T4
2020	T4	T4	T4	T4	T4	T4	T4	T4

ENVIRON

March 7, 2011

To: David Reel, AECOM

From: Shari Libicki
Elizabeth Miesner
Michael Keinath
Jennie Louie

Re: Revisions to CPMC Construction Emissions and Health Risk Analysis

ENVIRON International Corporation (ENVIRON) has performed an update of the construction emissions and health risk analysis (HRA) for the proposed Cathedral Hill, Pacific, St. Luke's and Davies Campuses, in support of the California Environmental Quality Act (CEQA) air quality/air toxics evaluation for the California Pacific Medical Center (CPMC) Long Range Development Plan Project ("LRDP"). A previous evaluation of these impacts was presented and discussed in the Draft Environmental Impact Report (DEIR) for the LRDP which was published by the San Francisco Planning Department's Major Environmental Analysis division on July 21, 2010. However, since that time, we have updated, clarified and refined that analysis for a number reasons discussed below:

- **Bay Area Air Quality Management District (BAAQMD) adoption of revised CEQA Guidelines.** In June 2010, the BAAQMD adopted revised CEQA guidelines, of which drafts had been published in November 2009, December 2009 and May 2010. The May 2010 draft guidelines, on which the BAAQMD Board of Directors ultimately based its decision to adopt revised CEQA Thresholds of Significance in June 2010, and the accompanying tools and guidance manuals were not available prior to the time that the bulk of the previous construction analysis was conducted in early 2010. As such, this revision reflects the approaches and standards approved in June 2010, including the evaluation of certain mitigation measures and analysis of acute health impacts.

- **Correction of California Air Resources Board (ARB) overestimates**. In September 2010, the ARB announced that ARB's methods used to estimate the load factor for off-road equipment were incorrect and led to an overestimate of emissions by a factor of at least 33%. ARB is currently revising their emissions model, OFFROAD, which has not yet been released. In the meantime, ARB provided direction to reduce the load factors by a 33% to take into account this error.

- **Refinements to construction timeline and assumptions**. Consistent with the mitigation measures in the DEIR, CPMC's construction partners reevaluated the equipment list, power requirements and hour assumptions for the construction at all four campuses of the LRDP (Cathedral Hill, St. Luke's, Davies and Pacific). This reevaluation led to a number of refinements to the construction plan including the electrification of a number of pieces of equipment, greater use of propane-fueled equipment instead of diesel-fueled models, refinement in hours for some pieces of equipment, and an evaluation of feasible mitigation measures. The hours of operation used for the DEIR construction analyses were extremely conservative; in many cases,

equipment was unrealistically assumed to operate 8 hours a day, 5 days a week throughout a given construction phase. However, not all of the equipment will need to be used continuously during an entire construction phase. CPMC, in consultation with its contractors, refined the estimates on an equipment-by-equipment and phase-by-phase basis to account for more realistic projections of operation time. ENVIRON carefully reviewed the reevaluated equipment list, power requirements, and hour assumptions described above, and worked with CPMC's construction partners to ensure this information was realistic and as accurate as possible.

- **Removal of emission factor adjustments associated with the ARB In-Use Off-Road Diesel Vehicle Rule.** In February 2010, ARB delayed the enforcement of this regulation. Due to uncertainty regarding the schedule for implementation of this regulation, the impact of this regulation was therefore not included in the revised emissions inventory.

- **Correction of air dispersion modeling and emissions estimation errors.** As part of this process, we identified technical errors in certain calculations, including an error in the air dispersion modeling which under-predicted results and one in the emissions estimation that double counted certain pieces of equipment and therefore overestimated results. We also refined the source areas to more accurately reflect the areas of construction. These errors have been corrected in this updated analysis.

The balance of this memo describes the approaches used to calculate the emissions and health impacts from construction activities at the four LRDP campuses, taking into account the modifications described above.

Part 1: Criteria Pollutant Emission Estimates for Construction Activities

Emissions of criteria pollutants (NOx, ROG, PM_{10}, $PM_{2.5}$) associated with construction of the LRDP would be generated both on-site (e.g. off-road construction equipment, coating and paving) and off-site (hauling trucks, worker commuting vehicles). Emissions from all of the aforementioned sources were quantified and included in the estimation of average daily emission rates, which were then compared to the CEQA mass emission thresholds.

Calculation Methodologies for Construction Emission Sources

Off-road diesel and propane equipment

CPMC provided construction equipment inventories that included details on the type, horsepower, quantity, fuel, construction schedule and hours of operation anticipated for each piece of equipment at each construction project.[1] ENVIRON carefully reviewed the reevaluated equipment list, power requirements, and hour assumptions described above, and worked with CPMC's construction partners to ensure this information was realistic and as accurate as possible. ENVIRON used OFFROAD2007 to estimate unmitigated emissions from diesel-fueled construction equipment for each year of

[1] Raw construction data files are included in Appendix A of this memorandum.

construction of the LRDP.[2] OFFROAD2007 provides emissions data for diesel exhaust PM; for this analysis, the PM data was used to estimate exhaust PM_{10} emissions, and to conservatively estimate exhaust $PM_{2.5}$ emissions. Hence, the PM_{10} and $PM_{2.5}$ estimates are equivalent for emissions based on OFFROAD2007. Based on an email communication with Nicole Dolney from ARB on September 8, 2010, in light of ARB's revision of its off-road equipment inventory, a load factor reduction of 33% was applied to all emission estimates.[3]

Criteria pollutant emissions from propane-fueled equipment were estimated using equipment specifications and operating schedules provided by CPMC, and criteria pollutant emission factors for liquefied petroleum gas obtained from EPA's NONROAD database.[4] The exhaust PM_{10} estimates generated using NONROAD were conservatively assumed to also represent exhaust $PM_{2.5}$ emission estimates.

On-road heavy-duty trucks

Haul truck emissions were calculated using fleet inventory data provided by CPMC[5], on-road vehicle emission factors from EMFAC, and an assumed 9.5-mile one-way trip length with a 5-minute idling period (based on URBEMIS defaults). The emission factors for criteria pollutants were generated with the current version of the EMission FACtor model (EMFAC 2007) developed by CARB. According to CPMC, the on-road construction fleet will include heavy-heavy-duty (HHD) trucks as well as vehicles from lower weight classes. Based on this, for this updated analysis the assumed fleet mix was updated to consist of 75% HHD trucks and 25% medium-heavy-duty trucks (MHDT). The annual average emission factors (in gram/vehicle-mile) for MHDT and HHDT were generated by running EMFAC 2007 in "Emfac Mode" for San Francisco County, California. Emfac Mode, also called "Area Fleet Average Emissions", generates emission factors in terms of grams of pollutant emitted per vehicle activity and can calculate a matrix of emission factors at specific values of temperature, relative humidity, and vehicle speed. The model was run for vehicle speeds between 0 miles per hour (mph), for idling, and 35 mph. In addition, the model was run using a temperature of 58 degrees Fahrenheit (^{o}F) and a relative humidity (RH) of 76%.[6] The exhaust PM_{10} estimates generated using EMFAC 2007 were conservatively assumed to also represent exhaust $PM_{2.5}$ emission estimates. EMFAC 2007 was run for each year of the LRDP, between 2011 and 2019, inclusive. The EMFAC emissions factors for the appropriate years were used for the construction scenarios.[7]

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[2] The OFFROAD2007 outputs are included as Appendix B of this memorandum.

[3] Email communication with Nicole Dolney from ARB is included as Appendix C of this memorandum.

[4] The NONROAD inputs and outputs are included as Appendix D of this memorandum. For propane exhaust estimates, ENVIRON used guidance from EPA to convert total hydrocarbon (THC, provided by NONROAD) to TOG. See http://www.epa.gov/oms/models/nonrdmdl/p03002.pdf or Appendix J of this memorandum.

[5] Raw truck and worker trips data files are included in Appendix E of this memorandum.

[6] These temperature and relative humidity values are reflective of average values for San Francisco (http://www.wrcc.dri.edu/cgi-bin/clilcd.pl?ca23234).

[7] The EMFAC2007 inputs and outputs are included in Appendix F of this memorandum.

Worker commuting vehicles

Emissions from worker commuting vehicles were estimated using construction worker data provided by CPMC.[8] Based on the anticipated modes of transportation for construction worker commuting, ENVIRON assumed that 80% of all construction workers would commute in single passenger vehicles, with a fleet mix of 50% light auto cars and 50% light-duty trucks. The URBEMIS default one-way trip length for commuting workers (10.8 miles) was used, and emission factors were generated using EMFAC as described above.[9]

Architectural coatings and paving (off-gas)

Architectural coatings (i.e., paint) and paving materials can off-gas reactive organic gases (ROGs). ENVIRON used URBEMIS calculation methodologies to estimate ROG emissions using site-specific land use data. Gross square footage of new LRDP buildings and total acreage of the campuses were obtained from the Project Description (Chapter 2 of the DEIR). To estimate paving emissions, ENVIRON assumed that 25% of the campus acreage would be paved. Relative to the DEIR analysis, the VOC content for architectural coatings was changed from an URBEMIS default value of 250 g/L to 150 g/L, based on the maximum allowable concentration for non-specialty coatings (effective in 2011) stated in BAAQMD's Regulation 8 Rule 3. CPMC is considering using non-VOC coatings for interior surfaces (walls, ceilings, etc.). This has not been accounted for in the ROG estimate; as a result, the calculated ROG emissions associated with coatings are likely overestimates.

Estimation of Mitigated Construction Emissions

The feasibility of the BAAQMD mitigation request received on October 20, 2010 was evaluated based on the technical and practical limitations associated with mandating Tier 4 equipment, review of studies associated with retrofit equipment, and consultation with CPMC's construction partners and equipment manufacturers. Based on this analysis, the proposed CPMC construction management plan was clarified (as detailed below) to include modifications that address feasibility issues regarding the efficacy and availability of control technology for specific equipment types. ENVIRON quantified diesel vehicle and off-road equipment emissions assuming the following mitigation measures:

- All diesel generators will meet Tier 4 emission standards.
- In addition, the following equipment types were identified as candidates for retrofitting, due to their expected operating modes (i.e., fairly constant use at high revolutions per minute) and the emissions reductions that would result:
    - Excavators
    - Backhoes
    - Dozers
    - Concrete boom pumps
    - Concrete trailer pumps

[8] See footnote 5.

[9] See footnote 7.

- Concrete placing boom
- Soil mix drill rigs
- Soldier pile rigs
- Shoring drill rigs

For near-term construction projects, typically no more than one unit from each equipment group listed above is scheduled for use during a given construction phase. Under these circumstances, those individual units will have retrofits to meet emission levels for Tier 2 plus CARB-certified Level 3 verified diesel emission controls (VDECs). When multiple units of a given equipment type are required, at least half of the equipment of each type listed above will be retrofitted with Level 3 VDECs. This provision will provide the equipment contractors some flexibility in their fleet management.

- For long-term projects, which are presumed to begin when Tier 4 equipment would be widely available, all diesel equipment of all types will meet Tier 4 standards.
- On-road hauling trucks diesel emissions would be equivalent to the emissions performance of model year 2007 vehicles or later.

Estimation of Average Daily Criteria Pollutant Emission Rates for LRDP Construction

The total near-term emissions include emissions from Cathedral Hill (Hospital, MOB and tunnel); Davies Neuroscience; and St. Luke's Hospital. The near-term average daily emission rate was calculated as the sum of these emissions divided by the total period of diesel-emitting on-site construction for near-term projects. For this calculation, the total construction days[10] were summed by conservatively assuming a 5-day/week construction work schedule, even though there will be construction on some Saturdays at certain sites. This assumption provides a conservative averaging period, and hence a conservative average daily emission rate. The long-term average daily emissions rates were calculated in the same manner, and included contributions from Davies Castro MOB, St. Luke's MOB, and all Pacific campus construction projects.

Tables 1a through 1d summarize the criteria pollutant average daily emission rate calculations for the near term and long term, respectively, both with and without accounting for mitigation measures.

[10] Project working hours are included in Appendix G of this memorandum.

Table 1a. CPMC Near Term Construction Criteria Pollutant Emissions

Campus/Project	$PM_{2.5}$[6] Exhaust Emissions (lbs)	PM_{10} Exhaust Emissions (lbs)	NO_x Emissions (lbs)	ROG Emissions (lbs)
Off-Road Construction Equipment Emissions[1,2]				
Cathedral Hill	1,696	1,696	46,681	5,415
St. Luke's Hospital	197	197	5,061	681
Davies Neuroscience	64	64	1,601	182
On-Road Trucking Emissions[3]				
Cathedral Hill	1,737	1,737	55,238	3,086
St. Luke's Hospital	181	181	5,760	319
Davies Neuroscience	39	39	1,161	77
Worker Commuting Emissions[4]				
Cathedral Hill	600	600	6,757	2,579
St. Luke's Hospital	114	114	1,450	571
Davies Neuroscience	45	45	599	238
Paving ROG emissions				
Cathedral Hill				3
St. Luke's Hospital				1
Davies Neuroscience				2
Architectural Coating ROG emissions				
Cathedral Hill				25,393
St. Luke's Hospital				2,015
Davies Neuroscience				696
Total Near Term Emissions (lbs)	4,673	4,673	124,308	41,259
Total Near Term Construction Days[5]	1,000			

Emissions Scenario	$PM_{2.5}$ Exhaust (lb/day)	PM_{10} Exhaust (lb/day)	NO_x (lb/day)	ROG (lb/day)
Unmitigated (equipment and trucks)	5	5	**124**	41
BAAQMD Thresholds	*54*	*82*	*54*	*54*

Notes

1. Includes emissions from diesel- and propane-fueled offroad construction equipment. Diesel emission estimates include 33% load factor correction.

2. Unmitigated (OFFROAD Emission Factors): No retrofits or upgrading of fleet was assumed beyond the fleet attrition assumptions inherent to the OFFROAD fleet-average emission factors.

3. On-road trucking emissions are based on truck counts provided by CPMC, and an URBEMIS default one-way trip length of 9.5 miles.

4. Worker commuting emissions are based on worker data provided by CPMC, and an URBEMIS default one-way commuting trip length of 10.8 miles.

5. Total period of near term construction (for projects at Cathedral Hill, St. Luke's and Davies Neuroscience) assumed to be 3 years and 10 months. For a conservative estimate of average daily emissions, only weekdays are included.

6. For this analysis, $PM_{2.5}$ emission estimates were assumed to be equal to PM_{10} emission estimates.

Abbreviations

BAAQMD - Bay Area Air Quality Management District
NOx - Nitrogen oxides
PM_{10} - Particulate matter (10 um diameter or smaller)
$PM_{2.5}$ - Particulate matter (2.5 um diameter or smaller)
ROG - Reactive Organic Compound

Table 1b. CPMC Near Term Construction Criteria Pollutant Emissions: with Mitigation Measures

Campus/Project	$PM_{2.5}$[7] Exhaust Emissions (lbs)	PM_{10} Exhaust Emissions (lbs)	NO_x Emissions (lbs)	ROG Emissions (lbs)
Off-Road Construction Equipment Emissions[1,2]				
Cathedral Hill	881	881	42,028	5,064
St. Luke's Hospital	108	108	4,888	660
Davies Neuroscience	39	39	1,531	181
On-Road Trucking Emissions[3,4]				
Cathedral Hill	347	347	21,446	1,303
St. Luke's Hospital	35	35	2,216	131
Davies Neuroscience	12	12	487	47
Worker Commuting Emissions[5]				
Cathedral Hill	600	600	6,757	2,579
St. Luke's Hospital	114	114	1,450	571
Davies Neuroscience	45	45	599	238
Paving ROG emissions				
Cathedral Hill				3
St. Luke's Hospital				1
Davies Neuroscience				2
Architectural Coating ROG emissions				
Cathedral Hill				25,393
St. Luke's Hospital				2,015
Davies Neuroscience				696
Total Near Term Emissions (lbs)	2,180	2,180	81,401	38,886
Total Near Term Construction Days[6]	1,000			

Emissions Scenario	$PM_{2.5}$ Exhaust (lb/day)	PM_{10} Exhaust (lb/day)	NO_x (lb/day)	ROG (lb/day)
Mitigated equipment emissions and newer truck fleet	2	2	**81**	39
BAAQMD Thresholds	*54*	*82*	*54*	*54*

Notes

1. Includes emissions from diesel- and propane-fueled offroad construction equipment. Diesel emission estimates include 33% load factor correction.

2. Mitigation: During any construction phase, all diesel generators meet Tier 4 emission standards and at least 50% of excavators, dozers, backhoes, soil mix drill rigs, soldier pile rigs, shoring drill rigs, concrete boom pumps and concrete trailer pumps would meet Tier 2 plus CARB certified Level 3 verified diesel emission controls (VDECs).

3. On-road trucking emissions are based on truck counts provided by CPMC, and an URBEMIS default one-way trip length of 9.5 miles.

4. On-road hauling trucks diesel emissions would be equivalent to the emissions performance of model year 2007 or later.

5. Worker commuting emissions are based on worker data provided by CPMC, and an URBEMIS default one-way commuting trip length of 10.8 miles.

6. Total period of near term construction (for projects at Cathedral Hill, St. Luke's and Davies Neuroscience) assumed to be 3 years and 10 months. For a conservative estimate of average daily emissions, only weekdays are included.

7. For this analysis, $PM_{2.5}$ emission estimates were assumed to be equal to PM_{10} emission estimates.

Abbreviations

BAAQMD - Bay Area Air Quality Management District

NOx - Nitrogen oxides

PM_{10} - Particulate matter (10 um diameter or smaller)

$PM_{2.5}$ - Particulate matter (2.5 um diameter or smaller)

ROG - Reactive Organic Compound

Table 1c. CPMC Long-Term Construction Criteria Pollutant Emissions

Campus/Project	$PM_{2.5}$[5] Exhaust Emissions (lbs)	PM_{10} Exhaust Emissions (lbs)	NO_x Emissions (lbs)	ROG Emissions (lbs)
Off-Road Construction Equipment Emissions[1]				
Davies Castro MOB	93	93	2,454	358
Pacific	214	214	5,049	650
St. Luke's MOB	97	97	2,295	286
On-Road Trucking Emissions[2]				
Davies Castro MOB	59	59	1,892	136
Pacific	196	196	6,263	433
St. Luke's MOB	56	56	1,559	118
Worker Commuting Emissions[3]				
Davies Castro MOB	92	92	595	203
Pacific	262	262	1,969	690
St. Luke's MOB	60	60	474	168
Paving ROG emissions				
Davies Castro MOB				2
Pacific				3
St. Luke's MOB				1
Architectural Coating ROG emissions				
Davies Castro MOB				3,681
Pacific				18,698
St. Luke's MOB				2,794
Total Emissions	1,130	1,130	22,550	28,220
Total Long Term Construction Days[4]	1,261			

Emissions Scenario	$PM_{2.5}$ Exhaust (lb/day)	PM_{10} Exhaust (lb/day)	NO_x (lb/day)	ROG (lb/day)
Unmitigated (equipment and trucks)	0.9	0.9	18	22
BAAQMD Thresholds	*54*	*82*	*54*	*54*

Notes

1. Includes emissions from diesel- and propane-fueled offroad construction equipment. Diesel emission estimates include 33% load factor correction.

2. On-road trucking emissions are based on truck counts provided by CPMC, and an URBEMIS default one-way trip length of 9.5 miles.

3. Worker commuting emissions are based on worker data provided by CPMC, and an URBEMIS default one-way commuting trip length of 10.8 miles.

4. Total period of long-term construction assumed to be 4 years and 10 months. For a conservative estimate of average daily emissions, only weekdays are included.

5. For this analysis, $PM_{2.5}$ emission estimates were assumed to be equal to PM_{10} emission estimates.

Abbreviations

BAAQMD - Bay Area Air Quality Management District
MOB - Medical Office Building
NOx - Nitrogen oxides
PM_{10} - Particulate matter (10 um diameter or smaller)
$PM_{2.5}$ - Particulate matter (2.5 um diameter or smaller)
ROG - Reactive Organic Compound

Table 1d. CPMC Long-Term Construction Criteria Pollutant Emissions: with Mitigation Measures

Campus/Project	$PM_{2.5}$[7] Exhaust Emissions (lbs)	PM_{10} Exhaust Emissions (lbs)	NO_x Emissions (lbs)	ROG Emissions (lbs)
Off-Road Construction Equipment Emissions[1,2]				
Davies Castro MOB	24	24	612	199
Pacific	101	101	2,016	390
St. Luke's MOB	10	10	240	97
On-Road Trucking Emissions[3,4]				
Davies Castro MOB	28	28	1,117	96
Pacific	83	83	3,430	286
St. Luke's MOB	28	28	711	80
Worker Commuting Emissions[5]				
Davies Castro MOB	92	92	595	203
Pacific	262	262	1,969	690
St. Luke's MOB	60	60	474	168
Paving ROG emissions				
Davies Castro MOB				2
Pacific				3
St. Luke's MOB				1
Architectural Coating ROG emissions				
Davies Castro MOB				3,681
Pacific				18,698
St. Luke's MOB				2,794
Total Long Term Emissions (lbs)	690	690	11,164	27,388
Total Long Term Construction Days[6]	1,261			

Emissions Scenario	$PM_{2.5}$ Exhaust (lb/day)	PM_{10} Exhaust (lb/day)	NO_x (lb/day)	ROG (lb/day)
Mitigated equipment emissions and newer truck fleet	0.5	0.5	9	22
BAAQMD Threshold	*54*	*82*	*54*	*54*

Notes

1. Includes emissions from diesel- and propane-fueled offroad construction equipment. Diesel emission estimates include 33% load factor correction.
2. For long term projects (St. Luke's MOB, Davies Castro St. MOB, and all Pacific projects), when Tier 4 equipment is presumed to be widely available, all equipment would meet Tier 4 standards.
3. On-road trucking emissions are based on truck counts provided by CPMC, and an URBEMIS default one-way trip length of 9.5 miles.
4. On-road hauling trucks diesel emissions would be equivalent to the emissions performance of model year 2007 or later.
5. Worker commuting emissions are based on worker data provided by CPMC, and an URBEMIS default one-way commuting trip length of 10.8 miles.
6. Total period of long-term construction assumed to be 4 years and 10 months. For a conservative estimate of average daily emissions, only weekdays are included.
7. For this analysis, $PM_{2.5}$ emission estimates were assumed to be equal to PM_{10} emission estimates.

Abbreviations

BAAQMD - Bay Area Air Quality Management District
MOB - Medical Office Building
NOx - Nitrogen oxides
PM_{10} - Particulate matter (10 um diameter or smaller)
$PM_{2.5}$ - Particulate matter (2.5 um diameter or smaller)
ROG - Reactive Organic Compound

Part 2: Health Risk Analysis for Construction

Objective and Methodology

The purpose of this HRA is to evaluate potential human health effects due to exposure to DPM and TOG toxics from heavy equipment diesel and propane exhaust that may be emitted during LRDP-related on-site construction activities. This HRA estimates excess lifetime cancer risks, chronic and acute noncancer hazard indices (HIs), and ambient air concentrations of $PM_{2.5}$, and compares them to the Bay Area Air Quality Management District (BAAQMD) California Environmental Quality Act (CEQA) thresholds of significance. The methodology used in this HRA is consistent with the California Environmental Protection Agency (Cal/EPA), BAAQMD and United States Environmental Protection Agency (USEPA) risk assessment guidance.

The results of the HRA are compared to the significance thresholds identified in the BAAQMD CEQA Guidelines (BAAQMD 2010[11]) as follows:

- An excess lifetime cancer risk of more than 10 in one million (or 10×10^{-6});
- A (chronic or acute) noncancer hazard index greater than 1.0; and
- An incremental increase of greater than 0.3 micrograms per cubic meter ($\mu g/m^3$) annual average $PM_{2.5}$.

The remainder of this memorandum describes the methodology used in this HRA including: Source Identification, Chemical Selection, Receptor Selection, Air Dispersion Modeling, Exposure Assessment, Toxicity Assessment, Risk Characterization, and Results.

Source Identification for On-site Air Toxics

Construction-related activities of the proposed LRDP would result in temporary, on-site emissions of diesel and propane exhaust from off-road, heavy-duty diesel equipment. In addition, a fraction of diesel exhaust emissions from trucks while they travel and idle within the LRDP site boundaries was included as an on-site source. However, worker commuting emissions and the majority of haul truck emissions would be released outside of the LRDP boundaries and, hence, were not considered on-site sources for this risk assessment.

Chemical Selection

The cancer risk and chronic non-cancer analyses are based on diesel particulate matter concentrations. Diesel exhaust, a complex mixture that includes hundreds of individual constituents[12], is identified by

[11] BAAQMD CEQA Guidelines, June 2010.

[12] Cal/EPA, Office of Environmental Health Hazard Assessment (OEHHA). 1998. Findings of the Scientific Review Panel on The Report on Diesel Exhaust, as adopted at the Panel's April 22, 1998, meeting.

the State of California as a known carcinogen[13]. Under California regulatory guidelines, diesel particulate matter (DPM) is used as a surrogate measure of carcinogen exposure for the mixture of chemicals that make up diesel exhaust as a whole.[14] Cal/EPA and other proponents of using the surrogate approach to quantifying cancer risks associated with the diesel mixture indicate that this method is preferable to use of a component-based approach. A component-based approach involves estimating risks for each of the individual components of a mixture. Critics of the component-based approach believe it will underestimate the risks associated with diesel as a whole mixture because the identity of all chemicals in the mixture may not be known and/or exposure and health effects information for all chemicals identified within the mixture may not be available. Furthermore, Cal/EPA has concluded that "potential cancer risk from inhalation exposure to whole diesel exhaust will outweigh the multi-pathway cancer risk from the speciated components."[15]

There is currently no acute non-cancer toxicity value available for DPM. Thus, speciated components of diesel ROGs with acute toxicity values were included in the acute non-cancer hazard analysis. Air toxic Total Hydrocarbon (THC) components from propane exhaust were also included in the acute non-cancer analysis.[16]

Air Toxics Emission Estimations

Diesel particulate matter emissions were conservatively assumed to be equivalent to $PM_{2.5}$ emissions; calculation methods for $PM_{2.5}$ were described earlier. Other air toxics emissions from diesel equipment were estimated using ROG estimates (also described earlier) and a diesel exhaust speciation profile received from the District.[17] Because no speciation profile was available for propane, ENVIRON conservatively assumed that the profile would be similar to that for liquefied natural gas (LNG). The speciation profile for LNG was obtained from EPA's NONROAD database, and was used with propane exhaust THC estimates to estimate air toxic emissions from propane exhaust.[18]

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[13] Cal/EPA, Air Resources Board. 2009. Consolidated Table of OEHHA/ARB Approved Risk Assessment Health Values. Office of Environmental Health Hazard Assessment. February.

[14] Ibid.

[15] Cal/EPA, Office of Environmental Health Hazard Assessment. 2003. The Air Toxics Hot Spots Program Guidance Manual for Preparation of Health Risk Assessments. Office of Environmental Health Hazard Assessment. August.

[16] Toxicity values for DPM as well as the individual components speciated from diesel ROGs and propane THCs are included in Appendix H of this memorandum.

[17] ENVIRON received the speciation profile through email of Virginia Lau of BAAQMD on July 13, 2010 and is included as Table I-1 of Appendix I. ENVIRON verified that the speciation profile received was generated based on the USEPA SPECIATE 4.2 database. Percentage fraction of acrolein is from profile #4674 while fractions of the other air toxics are from profile #3161. Since profile #4674 is established for volatile organic compounds (VOCs), which by definition is very similar to ROGs, ENVIRON used the percentage fraction of acrolein from this profile directly. In contrast, since profile #3161 is established for TOGs, a conversion factor of TOG-to-VOC from the SPECIATE 4.2 database was used to adjust the percentage fractions to be for VOCs. Then the adjusted fractions were applied to the ROG emissions. The SPECIATE 4.2 database is available at http://www.epa.gov/ttnchie1/software/speciate/.

[18] The speciation profile for propane equipment was extracted from EPA NONROAD database and is included as Table I-2 of Appendix I. A conversion factor of THC-to-TOG is applied to adjust the percentage to be for TOG. See http://www.epa.gov/oms/models/nonrdmdl/p03002.pdf or Appendix J of this memorandum.

A fraction of the haul truck emissions will be emitted during the time that the trucks are within the project boundaries ("on-site truck emissions"). In order to estimate the quantity of on-site truck diesel exhaust emissions, ENVIRON assumed that the sum of running + idling emissions would be proportional to the distance of truck travel. The on-site truck travel distance for all project locations was conservatively assumed to be 0.5 miles. Based on these assumptions, when considered in conjunction with emissions from offroad construction equipment, on-site emissions from on-road diesel trucks represent a small fraction (less than 9%) of total on-site DPM emissions. Because of this, additional measures to reduce DPM from on-road truck diesel engines would do little to reduce air-related construction public health risks in the vicinity of construction site.

On-site $PM_{2.5}$ is assumed to be equivalent to on-site DPM and propane PM_{10}; this is a conservative assumption, as $PM_{2.5}$ constitutes only a fraction of DPM and propane PM_{10}. Quantification of PM_{10} (and other criteria pollutant emissions) from propane-fueled equipment using EPA's NONROAD database was described previously.

Receptor Selection

On-Site Receptors

According to the BAAQMD CEQA Guidelines (BAAQMD 2010[19]), "[s]ensitive individuals refer to those segments of the population most susceptible to poor air quality: children, the elderly, and those with pre-existing serious health problems affected by air quality." "Examples of receptors include residences, schools and school yards, parks and play grounds, daycare centers, nursing homes, and medical facilities. Residences can include houses, apartments, and senior living complexes. Medical facilities can include hospitals, convalescent homes, and health clinics. Playgrounds could be play areas associated with parks or community centers."

On-site sensitive populations during construction would include in-patients and out-patients at Davies and St. Luke's Campuses, and outpatients only at Pacific campus. These individuals may be considered sensitive receptors, although it should be noted that they will not be spending a significant amount of time at these locations.

Off-Site Receptors

Off-site sensitive receptors include residents (adults and children) and children attending schools and day care facilities in the vicinity of each hospital. Residential receptors adjacent to each campus would experience the greatest risk due to their proximity and the length of exposure. ENVIRON used publicly available web-based tools to determine the geographical coordinates and heights of sensitive receptors within 1,000 feet of each source boundary.

[19] BAAQMD CEQA Guidelines, June 2010.

Air Dispersion Modeling

Near-field air dispersion modeling of DPM from on-site construction sources was conducted using the USEPA's Industrial Source Complex (ISC) model.[20,21] For each receptor location, the model generates 1-hr maximum air concentrations (or air dispersion factors, if unit emissions are modeled) that result from emissions from multiple sources. As recommended by BAAQMD,[22] a conversion factor of 0.1 was applied to calculate average annual concentrations from the 1-hr maximum estimates.

Air dispersion models such as ISC require a variety of inputs such as source parameters, meteorological parameters, topography information, and receptor parameters. In the absence of site-specific information, ENVIRON used default parameter sets that are designed to produce conservative (i.e. overestimates of) air concentrations.

Meteorological data: Air dispersion modeling applications require the use of meteorological data that ideally are spatially and temporally representative of conditions in the immediate vicinity of the site under consideration. For this HRA, because site-specific meteorological data was unavailable, a screening meteorological data set designed to produce conservative (i.e. overestimate) air concentrations was used. The screening data set includes all wind speed and stability class combinations, as defined in the USEPA's SCREEN3 Model User's Guide.[23]

Terrain considerations: Elevation data was imported from the National Elevation Dataset maintained by United States Geological Survey. An important consideration in an air dispersion modeling analysis is the selection of rural or urban dispersion coefficients. Because the "urban" designation is more appropriate for these sites, ENVIRON used urban dispersion coefficients.

Source parameters: Source location and parameter information are necessary to model the dispersion of air emissions. At any given time there will be multiple emissions sources associated with construction moving around within the construction boundaries. The emission flux for a campus covered the footprints of proposed buildings and parking structures. Construction sources were modeled as 10-meter by 10-meter volume sources. Volume sources were distributed evenly across the footprints, with

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[20] On November 9, 2005, the USEPA promulgated final revisions to the federal *Guideline on Air Quality Models*, in which they recommended that AERMOD be used for dispersion modeling evaluations of criteria air pollutant and toxic air pollutant emissions from typical industrial facilities. A one-year transition period commenced from the proposed effective date of December 9, 2005. Although that one year transition period has elapsed, the BAAQMD continues to recommend using ISCST3, in addition to AERMOD, for these types of evaluations (BAAQMD 2010). Furthermore, due to the lack of representative meteorological data collected in downtown San Francisco, screening meteorological data were used. Because the final screening version of AERMOD (AERSCREEN) has not yet been released, ISCST3 was used.

[21] Inputs and outputs of the ISC model runs, including meteorological data, are included in Appendix K of this memorandum.

[22] BAAQMD. 2007. Permit Modeling Guidance. Available at: http://www.baaqmd.gov/~/media/Files/Engineering/Air%20Toxics%20Programs/pmt_modeling_guidance.ashx.

[23] USEPA. 1995. SCREEN3 Model User's Guide. Office of Air Quality Planning and Standards, Emissions, Monitoring, and Analysis Division, Research Triangle Park, North Carolina. September. Available at http://www.epa.gov/ttn/scram/userg/screen/screen3d.pdf.

volume centers located to within 5-meters of the footprint boundary. A release height of 5 meters was used, with an initial vertical dimension of 1.4 meters and an initial lateral dimension of 2.33 meters. At the Pacific and Cathedral Hill campuses, emissions were distributed uniformly amongst all volume sources. As the proposed dates of construction of the two buildings at Davies do not overlap, the two corresponding construction areas were modeled separately. In each Davies model, construction emissions for a given building were distributed uniformly amongst all volume sources for that building. St. Luke's also has non-concurrent proposed construction periods for the hospital and MOB, and thus was modeled in a similar fashion as at Davies campus.

Emission rates: The emission rates will vary day-to-day, with some days having no emissions. For simplicity, and because screening meteorological data were used, the model was set up to assume a constant emission rate during the entire construction period for a particular campus. Although no construction is planned on Sundays or overnight at any campus (except for nighttime work related to the Van Ness Tunnel at the Cathedral Hill Campus), emitting activities were modeled for 24-hours a day, 7-days a week in order to capture all screening meteorological conditions. Emissions were modeled using the X/Q method, such that each campus (or in the case of Davies and St. Luke's, each building) had unit emission rates (i.e., 1 g/s), and the model estimates dispersion factors (with units of ($\mu g/m^3$)/ (g/s)). For annual average ambient air concentrations, the dispersion factors were multiplied by the annual average emission rates from each campus (or building). As mentioned previously, a conversion factor of 0.1 was applied to calculate average annual concentrations from the 1-hr maximum estimates that the ISC model provides.

For acute non-cancer hazard analyses, the 1-hr maximum dispersion factor estimates were used without adjustment. These dispersion factors were multiplied by the maximum 1-hr emission rate. In some cases, particularly for the multi-site projects Cathedral Hill and Pacific, there will be schedule overlap among construction phases and among construction sites. Due to uncertainty about the actual overlap of construction equipment use during any one hour of a construction phase, the maximum 1-hr emission rate was assumed to be equal to the average phase emission rate for the phase (or group of phases) with the greatest estimated emissions during any one month. Multiple phases may be underway during the month with the greatest estimated emissions. The total emissions from those phases (i.e., emissions from the entire phase, not only emissions during that month) were summed, and then divided by the period defined by the earliest start date and latest end date among all phases. Emissions are averaged over the actual construction time (including, as applicable, Saturday work days, 7 am to 8 pm work schedule, etc.) during that phase, using scheduling information provided by CPMC.

Receptors: In order to evaluate health impacts to off-site receptors, ENVIRON placed receptors at the locations of surrounding sensitive populations, including adult and child residents, daycare facilities, and schools. A 1.5-meter breathing height was used. For sensitive populations on floors other than the ground floor, 3 meters were added to the receptor height for each story above ground. Maximum hourly dispersion factors were estimated for each receptor location.

Modeling Adjustment Factors: Since the annual average concentrations were estimated assuming continuous exposure (i.e., 24 hours per day, 7 days per week), an adjustment must be applied to the modeling to account for the time the receptor is actually present at school or a daycare facility.[24,25]

Exposure Assessment

Exposure Assumptions

The exposure parameters used for estimating excess lifetime cancer risks and chronic and acute noncancer HIs for all potentially exposed populations were obtained using risk assessment guidelines from Cal/EPA (2003)[26] and BAAQMD (2010)[27], unless otherwise noted.[28]

Calculation of Intake

The dose estimated for the each exposure pathway is a function of the concentration of a chemical and the intake of that chemical. The intake factor for inhalation, IF_{inh}, can be calculated as follows:

$$IF_{inh} = \frac{DBR * ET * EF * ED * CF1 * CF2}{AT}$$

Where:

IF_{inh}	=	Intake Factor for Inhalation (m^3/kg-day)
DBR	=	Daily Breathing Rate (L/kg-day)
CF1	=	Conversion Factor 1 (m^3/L)
CF2	=	Conversion Factor 2 (days/24 hours)
ET	=	Exposure Time (hours/day)
EF	=	Exposure Frequency (days/year)
ED	=	Exposure Duration (years)
AT	=	Averaging Time (days)

The chemical intake or dose is estimated by multiplying the inhalation intake factor, IF_{inh}, by the chemical concentration in air, C_i. When coupled with the chemical concentration, this calculation is mathematically equivalent to the dose algorithm given in OEHHA Hot Spots guidance.[29]

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[24] Modeling adjustment factors are presented in Appendix L.

[25] Cal/EPA, Office of Environmental Health Hazard Assessment. 2003. The Air Toxics Hot Spots Program Guidance Manual for Preparation of Health Risk Assessments. Office of Environmental Health Hazard Assessment. August.

[26] Ibid.

[27] Bay Area Air Quality Management District (BAAQMD). 2010. BAAQMD Air Toxics NSR Program Health Risk Screening Analysis (HRSA) Guidelines. January.

[28] The exposure parameters are summarized in Appendix L of this memorandum.

[29] Cal/EPA. 2003. Memo on Recommended Interim Risk Management Policy for Inhalation-Based Residential Cancer Risk. October.

Toxicity Assessment

The toxicity assessment characterizes the relationship between the magnitude of exposure and the nature and magnitude of adverse health effects that may result from such exposure. For purposes of calculating exposure criteria to be used in risk assessments, adverse health effects are classified into two broad categories – cancer and noncancer endpoints. Toxicity values used to estimate the likelihood of adverse effects occurring in humans at different exposure levels are identified as part of the toxicity assessment component of a risk assessment.

Consistent with the methodology used in the EIR and Cal/EPA risk assessment guidance, ENVIRON used current Cal/EPA cancer and chronic noncancer toxicity values for DPM to estimate excess lifetime cancer risks and chronic noncancer HQs associated with exposure to diesel and propane exhaust emissions resulting from the LRDP. As discussed earlier, acute toxicity values do not exist for diesel exhaust and propane exhaust. Thus, ENVIRON used current Cal/EPA acute noncancer toxicity values for speciated components of diesel and propane exhaust to estimate acute noncancer HQs associated with exposure resulting from the LRDP. Specifically, toxicity values were obtained from the Cal/EPA *OEHHA Table of Approved Cancer Potency Factors*[30] (CPFs) and *OEHHA Acute, 8-hour and Chronic Reference Exposure Level (REL) Summary.*[31,32]

Cancer Risk Adjustment Factors

In order to compare the LRDP with the June 2010 BAAQMD CEQA thresholds, the estimated excess lifetime cancer risks for a resident child, daycare child, and school child were adjusted using the age-specific cancer risk adjustment factor (CRAF) approach described in the Cal/EPA Office of Environmental Health Hazard Assessment (OEHHA) Technical Support Document (TSD) and the population-specific ASFs recommended by BAAQMD.[33] This approach accounts for an "anticipated sensitivity to carcinogens" of infants and children. Cancer risk estimates are weighted by a factor of 10 for exposures that occur from the third trimester of pregnancy to two years of age and by a factor of three for exposures that occur from two years through 15 years of age. No weighting factor (i.e., a CRAF of one, which is equivalent to no adjustment) is applied to ages 16 to 70 years.

ENVIRON used the guidelines provided by BAAQMD (2010) and in the OEHHA TSD to develop CRAF values for this HRA.[34]

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[30] Cal/EPA. 2009. *Table of Approved Cancer Potency Factors, Toxicity Criteria Database*. July 21.

[31] Available at: http://oehha.ca.gov/air/allrels.html

[32] Toxicity values are presented in Appendix H.

[32] Toxicity values are presented in Appendix H.

[33] BAAQMD 2010 Air Toxics New Source Review (NSR) Program Health Risk Screening Analysis (HRSA) Guidelines (BAAQMD 2010).

[34] CRAF values used in this HRA are presented in Appendix L.

Risk Characterization

Estimation of Cancer Risks

Excess lifetime cancer risks are estimated as the upper-bound incremental probability that an individual will develop cancer over a lifetime as a direct result of exposure to potential carcinogens. The estimated risk is expressed as a unitless probability. The cancer risk attributed to a chemical is calculated by multiplying the chemical intake or dose at the human exchange boundaries (*e.g.,* lungs) by the chemical-specific CPF.

The equation used to calculate the potential excess lifetime cancer risk for the inhalation pathway is as follows:

$$Risk_{inh} = C_i \times CF \times IF_{inh} \times CPF \times CRAF$$

Where:

$Risk_{inh}$ = Cancer Risk; the incremental probability of an individual developing cancer as a result of inhalation exposure to a particular potential carcinogen (unitless)

C_i = Annual Average Air Concentration for $Chemical_i$ ($\mu g/m^3$)

CF = Conversion Factor (mg/µg)

IF_{inh} = Intake Factor for Inhalation (m^3/kg-day)

CPF = Cancer Potency Factor (mg chemical/kg body weight-day)$^{-1}$

CRAF = Cancer Risk Adjustment Factor (unitless)

Estimation of Chronic Noncancer Hazard Quotients/Indices

The potential for exposure to result in chronic noncancer effects is evaluated by comparing the estimated annual average air concentration (which is equivalent to the average daily air concentration) to the chemical-specific noncancer chronic RELs. When calculated for a single chemical, the comparison yields a ratio termed a hazard quotient or HQ. To evaluate the potential for adverse chronic noncancer health effects from simultaneous exposure to multiple chemicals, the HQs for all chemicals are summed, yielding an HI. Because DPM is the only pollutant evaluated for chronic noncancer risks in this HRA, the HQ for DPM is the same as the overall HI.

The equations used to calculate the chemical-specific HQs and the overall HI are:

$$HQ_i = C_i / REL_i$$

$$HI = \Sigma HQ_i$$

Where:

HI = Hazard Index (unitless)

HQ_i = Hazard Quotient for $Chemical_i$ (unitless)

C_i = Annual Average Air Concentration for $Chemical_i$ ($\mu g/m^3$)

REL_i = Chronic Noncancer Reference Exposure Level for $Chemical_i$ ($\mu g/m^3$)

Estimation of Acute Noncancer Hazard Quotients/Indices

The potential for exposure to result in acute noncancer effects is evaluated by comparing the estimated one-hour maximum air concentration to the chemical-specific noncancer acute RELs. The estimation method for determining the 1-hr maximum concentration was described in the "Air Dispersion Modeling" section. When calculated for a single chemical, the comparison yields a ratio termed a hazard quotient or HQ. To evaluate the potential for adverse acute noncancer health effects from simultaneous exposure to multiple chemicals, the HQs for all chemicals are summed, yielding an HI.

The equations used to calculate the chemical-specific HQs and the overall HI are:

$$HQ_i = C_i / REL_i$$

$$HI = \Sigma HQ_i$$

Where:

HI = Hazard Index (unitless)

HQ_i = Hazard Quotient for Chemical$_i$ (unitless)

C_i = 1-hour Maximum Air Concentration for Chemical$_i$ ($\mu g/m^3$)

REL_i = Acute Noncancer Reference Exposure Level for Chemical$_i$ ($\mu g/m^3$)

$PM_{2.5}$ Analysis

The same air dispersion factors used for the DPM modeling were employed for estimating ambient $PM_{2.5}$ (from propane and diesel equipment). Emission rates (in g/s) for propane equipment were estimated by dividing total PM_{10} emissions from propane equipment by the duration of propane equipment usage. As for DPM emissions, although no construction is planned on Sundays or overnight at any campus, emitting activities were modeled for 24-hours a day, 7-days a week in order to capture all screening meteorological conditions.

Propane PM_{10} and DPM emission rates were summed for a conservative $PM_{2.5}$ emissions estimate, and then multiplied by the annual average air dispersion factors to determine incremental, annual average $PM_{2.5}$ concentration at each modeled receptor location.

Results

Table 2 summarizes the results of this HRA. If the unmitigated emissions scenario exceeded any of the risk thresholds at any campus, the mitigated scenario results are also shown. Specifically, the table summarizes maximum excess lifetime cancer risk (unmitigated and with mitigation), chronic noncancer HQ (unmitigated), acute noncancer HI (unmitigated), and incremental $PM_{2.5}$ concentrations (unmitigated and with mitigation) for a child resident in the vicinity of each hospital campus.

As discussed previously, excess lifetime cancer risks and chronic noncancer HQs during construction were not estimated for sensitive on-site receptors because there will be no chronic exposure. The

magnitude of acute noncancer hazard for on-site receptors can be qualitatively evaluated based on the acute noncancer hazard estimates for the nearest off-site receptors, which are located across the street from the construction sites. The highest acute noncancer hazard for off-site receptors at any campus construction site is 0.6, which is approximately 40% lower than the CEQA threshold of 1. Based on this result for receptors located directly across the street from the construction site, it is unlikely that the acute noncancer hazard would be 40% higher for on-site receptors—that are approximately as close to the construction activities as the nearest offsite receptors—such that it would exceed the threshold of 1.

Table 2. Summary of Results for All Campuses.

Campus	Estimated Excess Cancer Risk per Million – Child Exposure Parameters (with CRAFs)			**Unmitigated** Noncancer Hazard Index (-)		Annual Average $PM_{2.5}$ Concentration ($\mu g/m^3$)		
	DEIR	**Unmitigated**	**Mitigated**	**Chronic**	**Acute**	**DEIR**	**Unmitigated**	**Mitigated**
Cathedral Hill	111	129	63	0.1	0.6	0.4	0.6	0.3
Davies Neuroscience	20	13	7	0.02	0.1	0.1	0.1	0.08
Davies Castro MOB	7	31	6	0.04	0.5	0.1	0.2	0.05
Pacific	23	16	3	0.01	0.5	0.1	0.1	0.05
St. Luke's Hospital	29	48	25	0.04	0.6	0.1	0.2	0.1
St. Luke's MOB	13	25	3	0.02	0.2	0.1	0.1	0.01
BAAQMD Threshold	10			1.0		0.3		

BAAQMD = Bay Area Air Quality Management District
CRAF = age-specific cancer risk adjustment factor
DERI = draft environmental impact report
MOB = medical office building

Appendices

Appendix A: Construction Equipment Data

Appendix B: ARB OFFROAD Outputs

Appendix C: ARB Email and Presentation Regarding OFFROAD Load Factor Reduction

Appendix D: EPA NONROAD Model Inputs and Outputs

Appendix E: Construction Truck and Worker Data

Appendix F: ARB EMFAC Model Inputs and Outputs

Appendix G: Construction Working Hours

Appendix H: Toxicity Values

Appendix I: Diesel and Propane Speciation Profiles

Appendix J: Conversion Factors

Appendix K: ISC Modeling Inputs and Outputs

Appendix L: Exposure Assumptions

Due to the number and size of modeling outputs conducted for the revisions to the CPMC Construction Emissions and Health Risk Analysis, the appendices noted on the previous page have not been attached as part of the C&R document. The appendices/modeling outputs referred to in this memo are on file with the Planning Department, 1650 Mission Street, Suite 400, San Francisco, CA 94103, and are available for public review as part of the project file.

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APPENDIX D

GHG Checklist

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Greenhouse Gas Analysis: Compliance Checklist

A. GENERAL PROJECT INFORMATION:

Date: December 13, 2010

Project name: California Pacific Medical Center (CPMC) Long Range Development Plan (LRDP)

Case No: 2005.0555E

Project address and block and lot: One new CPMC campus at Cathedral Hill and four existing CPMC campuses, including St. Luke's Campus in the Mission District, Davies Campus in Duboce Triangle, Pacific Campus in Pacific Heights, and California Campus in Presidio Heights. Details on the address and parcel block/lot are included in Table 1, below.

Table 1: CPMC LRDP Project Address and Assessor's Parcel Information by Campus

Campus	***Project Address (Assessor's Block/Lot)***
Cathedral Hill Campus	Hospital at 1101 Van Ness Avenue and 1255 Post Street (Assessor's Block/Lot: 0695/006 and 0695/005) MOB at 1100 Van Ness Avenue, 1062 Geary Street, 1054-1060 Geary Street, 1040-1052 Geary Street, 1034-1036 Geary Street, 1028-1030 Geary Street, and 1020 Geary Street (Assessor's Block/Lot: 0694/010, 0694/009A, 0694/009, 0694/008, 0694/007, 0694/006, 0694/005) MOB at 1375 Sutter (Assessor's Block/Lot: 0690/016)
St. Luke's Campus	Replacement hospital, 1957 building renovation, and MOB/Expansion building at 3555 Cesar Chavez Street (Assessor's Block/Lot: 6575/001 and 002 and 6576/021)
Davies Campus	Neuroscience Institute hospital north tower, and parking garage at 45 Castro Street (Assessor's Block/Lot: 3539/001)
Pacific Campus	2315 Buchanan Street (Assessor's Block/Lot: 0612/002) 2333 Buchanan Street, 2351 Clay Street, and 2324 Sacramento Street (Assessor's Block/Lot: 0628/014, 0613/029) 2300 California Street (Assessor's Block/Lot: 0636/033) 2330 and 2340-2360 Clay Street and Clay Street Tunnel (Assessor's Block/Lot: 0613/029) 2400 Clay Street (Assessor's Block/Lot: 0612/008) 2405 Clay Street (Assessor's Block/Lot: 0629/041 and 044) 2315 Sacramento Street (Assessor's Block/Lot: 0637/019) 2323 Sacramento Street (Assessor's Block/Lot: 0637/018) 2329 Sacramento Street (Assessor's Block/Lot: 0637/017) 2395 Sacramento Street (Assessor's Block/Lot: 0637/016) Library Garden (Assessor's Block/Lot: 0637/015)

	2018 Webster Street (Assessor's Block/Lot: 0637/014) 2100 Webster Street (Assessor's Block/Lot: 0628/013) 2200 Webster Street (Assessor's Block/Lot: 0613/029)
California Campus	3698 California Street (Assessor's Block/Lot: 1017/028 and 027) 3700 California Street (Assessor's Block/Lot: 1016/002 and 003; 1016/004, 005, 006, 007, 008, and 009) 3801 Sacramento Street (Assessor's Block/Lot: 1016/001 and 002) 460 Cherry Street (Assessor's Block/Lot: 1015/053) 3838 California Street (Assessor's Block/Lot: 1015/054) 3848-3850 California Street (Assessor's Block/Lot: 1015/016) 3905 Sacramento Street (Assessor's Block/Lot: 1015/052) 3773 Sacramento Street (Assessor's Block/Lot: 1017/028) 3901 Sacramento Street (Assessor's Block/Lot: 1015/001)

MEA planner: Devyani Jain

Brief Project description: The CPMC LDRP is a 20-year, multi-phased strategy to meet state seismic safety requirements for hospitals mandated in 1994 and 2006, respectively, by Senate Bill (SB) 1953 and SB 1661. The intent is to implement CPMC's institutional master plan for four existing medical campuses (St. Luke's, Davies, Pacific, and California) and one proposed new medical campus in San Francisco (Cathedral Hill). The breakdown of square footage of each project component is included in Table 2, below.

Table 2: CPMC LRDP Project-Level Proposals By Building

	New Construction (sf)	***Renovation/ Conversion (sf)***	***Demolition (sf)***
Cathedral Hill Hospital	1,163,790		445,391
Cathedral Hill MOB	496,278		310,100
Cathedral Hill 1375 Sutter MOB		18,000	
St. Luke's Replacement Hospital	145,000		
St. Luke's 1957 Building		21,184	
St. Luke's MOB/Expansion Building	201,050		201,983
Davies Neuroscience Institute	50,100		

B. COMPLIANCE CHECKLIST:

Complete the appropriate table by determining project compliance with the following regulations and providing project-level details in the discussion column. Projects that do not comply with an ordinance/regulation may be determined to be inconsistent with San Francisco's qualified GHG reduction strategy.

Notes: The CPMC LRDP covers four existing medical campuses (St. Luke's, Davies, Pacific, and California) and one proposed new medical campus (Cathedral Hill).

The entire Pacific Campus and the Davies Castro Street/14th Street Medical Office Building (MOB) are program-level proposals with renovation and new construction planned beyond 2015, therefore these buildings would be required to adhere to regulations included in the San Francisco GHG Compliance Checklist, as applicable in the future. In addition, subsequent environmental review would be conducted for the Pacific Campus and Davies Castro Street/14th Street MOB, once they become project-level proposals. As such, Pacific Campus and Davies Castro Street/14th Street MOB are not included in this CPMC LRDP GHG Compliance Checklist. Additionally, the California Campus would be sold and not involve construction, therefore regulations included in the San Francisco GHG Compliance Checklist would not be applicable. As such, the California Campus is not included in this CPMC LRDP GHG Compliance Checklist.

This CPMC LRDP GHG Compliance Checklist includes a summary of each of the remaining project-level buildings on each campus, addressing the project compliance with each regulation and relevant discussion. When "All Campuses" are listed under the Discussion column it represents changes proposed at the existing St. Luke's Campus, proposed new Davies Neuroscience Institute, and proposed new medical campus at Cathedral Hill. Note that the unique nature of health care facilities is not represented in this version of the checklist; however, discussion has been included even when the Not Applicable box has been checked under the Project Compliance column.

Table 3: CPMC LRDP GHG Compliance Checklist

Regulation	Requirements	Project Compliance	Discussion
Transportation Sector			
Commuter Benefits Ordinance (Environment Code, Section 421)	All employers must provide at least one of the following benefit programs: 1. A Pre-Tax Election consistent with 26 U.S.C. § 132(f), allowing employees to elect to exclude from taxable wages and compensation, employee commuting costs incurred for transit passes or vanpool charges, or (2) Employer Paid Benefit whereby the employer supplies a transit pass for the public transit system requested by each Covered Employee or reimbursement for equivalent vanpool charges at least	☒ Project Complies ☐ Not Applicable ☐ Project Does Not Comply	*All campuses:* All CPMC campuses would offer pre-tax election, consistent with 26 U.S.C. § 132(f), to its employees.

Regulation	Requirements	Project Compliance	Discussion
	equal in value to the purchase price of the appropriate benefit, or (3) Employer Provided Transit furnished by the employer at no cost to the employee in a vanpool or bus, or similar multi-passenger vehicle operated by or for the employer.		
Emergency Ride Home Program	All persons employed in San Francisco are eligible for the emergency ride home program.	☒ Project Complies ☐ Not Applicable ☐ Project Does Not Comply	*All Campuses:* All CPMC campuses would comply with the emergency ride home program.
Transportation Management Programs (Planning Code, Section 163)	Requires new buildings or additions over a specified size (buildings >25,000 sf or 100,000 sf depending on the use and zoning district) within certain zoning districts (including downtown and mixed-use districts in the City's eastern neighborhoods and south of market) to implement a Transportation Management Program and provide on-site transportation management brokerage services for the life of the building.	☒ Project Complies ☐ Not Applicable ☐ Project Does Not Comply	*All Campuses:* All campuses would comply with the Transportation Management Programs (Planning Code, Section 163).
Transit Impact Development Fee (Administrative Code, Chapter 38)	Establishes the following fees for all commercial developments. Fees are paid to the SFMTA to improve local transit services.	☐ Project Complies ☒ Not Applicable ☐ Project Does Not Comply	*All Campuses:* Since CPMC is a non-profit organization, this regulation would not be applicable. However, although payment of the Transit Impact Development Fee is technically not applicable to the proposed project, CPMC would be required under EIR Mitigation Measures MM-TR-29 through MM-TR-31, MM-TR-134, and MM-TR-137 to make a financial contribution to mitigate the transit delay impacts to the bus lines that were determined in the EIR to be significantly impacted by the project. The financial contribution would be calculated and applied in a manner that is

Regulation	Requirements	Project Compliance	Discussion
			consistent with SFMTA's existing cost/scheduling model, which SFMTA developed in conjunction with the City and County of San Francisco's existing Transit Impact Development Fee program. The requirement under the mitigation measures identified above for a Transit Mitigation Agreement and monitoring under the project's Mitigation Monitoring and Reporting Program provide certainty that CPMC would be required to pay a fee in the amount necessary to mitigate transit delay impacts consistent with the intent of and in substantial compliance with the Transit Impact Development Fee program.
Jobs-Housing Linkage Program (Planning Code Section 413)	The Jobs-Housing Program found that new large scale development attract new employees to the City who require housing. The program is designed to provide housing for those new uses within San Francisco, thereby allowing employees to live close to their place of employment. The program requires a developer to pay a fee or contribute land suitable for housing to a housing developer or pay an in-lieu fee.	☐ Project Complies ☒ Not Applicable ☐ Project Does Not Comply	*All Campuses:* Not applicable. The Impact Fees Clean-Up and Modifications legislation that was approved on October 26, 2010, exempts Institutional Uses such as hospitals, medical centers, or other medical institutions which include inpatient care facilities (and which may also include medical offices operated by and affiliated with the institution) from the Jobs-Housing Linkage Fee.
Bicycle Parking in New and Renovated Commercial Buildings (Planning Code, Section 155.4)	Professional Services: (A) Where the gross square footage of the floor area is between 10,000-20,000 feet, 3 bicycle spaces are required. (B) Where the gross square footage of the floor area is between 20,000-50,000 feet, 6 bicycle spaces are required. (3)Where the gross square footage of the floor area exceeds 50,000 square feet, 12 bicycle spaces are required. Retail Services:	☐ Project Complies ☒ Not Applicable ☐ Project Does Not Comply	*Cathedral Hill Hospital:* Even though the proposed Cathedral Hill Hospital is not a commercial use, this regulation would be adhered to through the following action: 150 bicycle parking spaces are anticipated to be provided for the proposed Cathedral Hill Hospital, exceeding the City's minimum requirements.

Regulation	Requirements	Project Compliance	Discussion
	(A) Where the gross square footage of the floor area is between 25,000 square feet - 50,000 feet, 3 bicycle spaces are required. (2) Where the gross square footage of the floor area is between 50,000 square feet- 100,000 feet, 6 bicycle spaces are required. (3) Where the gross square footage of the floor area exceeds 100,000 square feet, 12 bicycle spaces are required.	☒ Project Complies ☐ Not Applicable ☐ Project Does Not Comply	*Cathedral Hill MOB:* The gross square footage of the proposed Cathedral Hill MOB floor area would exceed 50,000 square feet and, therefore, 12 bicycle spaces are required. A minimum of 34 bicycle spaces would be provided for building users.
		☐ Project Complies ☒ Not Applicable ☐ Project Does Not Comply	*Cathedral Hill 1375 Sutter MOB:* The proposed work at the 1375 Sutter MOB does not involve an enlargement of the building and, as such, does not constitute a "major renovation" as defined in Planning Code Section 155.4(a)(3). Therefore, the bicycle parking requirements of Section 155.4 are not applicable. Even though the proposed 1375 Sutter MOB is not subject to this regulation, it would be adhered to through the following action: The gross square footage of the proposed 1375 Sutter MOB floor area may exceed 50,000 square feet total, therefore, 12 bicycle spaces would be required as per Planning Code, Section 155.4. A minimum of 12 bicycle spaces would be provided for building users.
		☐ Project Complies ☒ Not Applicable ☐ Project Does Not Comply	*St. Luke's Replacement Hospital:* Even though the proposed St. Luke's Replacement Hospital is not a commercial use, this regulation would be adhered to through the following action: The gross square footage of the proposed St. Luke's Replacement Hospital floor area would exceed 50,000 square feet, and, therefore, 12 bicycle spaces would be required as per Planning Code, Section 155.4. A minimum of 12 bicycle spaces would be provided for building users.

Regulation	Requirements	Project Compliance	Discussion
		☐ Project Complies ☒ Not Applicable ☐ Project Does Not Comply	*St. Luke's 1957 Bldg Renovation:* The proposed work at the 1957 Building does not involve an enlargement of the building and, as such, does not constitute a "major renovation" as defined in Planning Code Section 155.4(a)(3). Therefore, the bicycle parking requirements of Section 155.4 are not applicable. Even though the proposed St. Luke's Bldg Renovation is not subject to this regulation, it would be adhered to through the following action: The gross square footage of the St. Luke's 1957 Building renovation floor area is anticipated to slightly exceed 20,000 square feet, and, therefore, 6 bicycle spaces would be required as per Planning Code, Section 155.4. Therefore, a minimum of 6 bicycle spaces would be provided for building users.
		☒ Project Complies ☐ Not Applicable ☐ Project Does Not Comply	*St. Luke's MOB/Expansion Bldg:* The gross square footage of the proposed St. Luke's MOB/Expansion Building floor area would exceed 50,000 square feet, and, therefore, 12 bicycle spaces are required. A minimum of 12 bicycle spaces would be provided for building users.
		☒ Project Complies ☐ Not Applicable ☐ Project Does Not Comply	*Davies Neuroscience Institute:* The Davies Campus currently provides bicycle parking and shower facilities for bicyclists on the campus. The parking required by the proposed project would be accommodated by existing facilities in the parking garage, existing showers and lockers in the hospital, and 25 new bicycle parking facilities in the main plaza by the project's main south entrance off the pedestrian plaza.

Regulation	Requirements	Project Compliance	Discussion
Bicycle parking in parking garages (Planning Code, Section 155.2)	(C) Garages with more than 500 automobile spaces shall provide 25 spaces plus one additional space for every 40 automobile spaces over 500 spaces, up to a maximum of 50 bicycle parking spaces.	☒ Project Complies ☐ Not Applicable ☐ Project Does Not Comply	*Cathedral Hill Hospital:* The proposed Cathedral Hill Hospital parking garage would provide 513 automobile parking spaces. 150 bicycle parking spaces would be provided in the parking garage for the proposed Cathedral Hill Hospital, exceeding the City's minimum requirements.
		☒ Project Complies ☐ Not Applicable ☐ Project Does Not Comply	*Cathedral Hill MOB:* The proposed Cathedral Hill MOB parking garage would provide 542 automobile parking spaces. 62 bicycle parking spaces would be provided at the MOB, which would exceed the Planning Code requirements.
		☒ Project Complies ☐ Not Applicable ☐ Project Does Not Comply	*Cathedral Hill 1375 Sutter MOB:* The 1375 Sutter MOB site currently contains a self-park garage that provides 172 parking spaces on one level. These parking spaces would be retained with implementation of the proposed LRDP. Planning Code Section 155.2(C)(2) requires the provision of one bicycle space for every 20 automobile spaces for garages with 120-500 automobile spaces. The 1375 Sutter MOB site would continue to provide bicycle spaces and, therefore, would comply with the requirement to provide at least 9 bicycle spaces for a garage with 172 automobile spaces.
		☐ Project Complies ☒ Not Applicable ☐ Project Does Not Comply	*St. Luke's Replacement Hospital:* Since the St. Luke's Replacement Hospital would not include a parking garage, this regulation would not be applicable to the new Replacement Hospital building. However, employees, visitors, and patients at the Replacement Hospital would utilize the existing Duncan Street Parking Garage, which includes 215 automobile

Regulation	Requirements	Project Compliance	Discussion
			spaces. Planning Code Section 155.2(C)(2) requires the provision of one bicycle space for every 20 automobile spaces for garages with 120-500 automobile spaces. The Duncan Street Parking Garage would continue to provide bicycle spaces and, therefore, would comply with the requirement to provide at least 11 bicycle spaces for a garage with 215 automobile spaces.
		☐ Project Complies ☒ Not Applicable ☐ Project Does Not Comply	*St. Luke's 1957 Bldg Renovation:* Since the St. Luke's Building renovation would not include a parking garage, this regulation would not be applicable.
		☒ Project Complies ☐ Not Applicable ☐ Project Does Not Comply	*St. Luke's MOB/Expansion Bldg:* The proposed St. Luke's MOB/Expansion Building would provide a minimum of 1 bicycle space for every 20 automobile spaces.
		☐ Project Complies ☒ Not Applicable ☐ Project Does Not Comply	*Davies Neuroscience Institute:* Since the Davies Neuroscience Institute would not include a new parking garage, this regulation would not be applicable.
Bicycle parking in Residential Buildings (Planning Code, Section 155.5)	(A) For projects up to 50 dwelling units, one Class 1 space for every 2 dwelling units. (B) For projects over 50 dwelling units, 25 Class 1 spaces plus one Class 1 space for every 4 dwelling units over 50.	☐ Project Complies ☒ Not Applicable ☐ Project Does Not Comply	*All campuses:* Since the LRDP is not a residential project, this regulation would not be applicable.
Car Sharing Requirements (Planning Code, Section 166)	New residential projects or renovation of buildings being converted to residential uses within most of the City's mixed-use and transit-oriented residential districts are required to provide car share parking spaces.	☐ Project Complies ☒ Not Applicable ☐ Project Does Not Comply	*All campuses:* Since the LRDP is not a residential project, this regulation would not be applicable.

Regulation	Requirements	Project Compliance	Discussion
Parking requirements for San Francisco's Mixed-Use zoning districts (Planning Code Section 151.1)	The Planning Code has established parking maximums for many of San Francisco's Mixed-Use districts.	☐ Project Complies ☒ Not Applicable ☐ Project Does Not Comply	*Cathedral Hill Hospital:* Planning Code Section 151.1 establishes the parking requirements only for the DTR, NCT, RTO, Eastern Neighborhood Mixed Use, PDR-1-D, and PDR-1-G or C-3 Districts. Since the Cathedral Hill Hospital site is zoned within the RC-4 District and the Van Ness SUD, this regulation would not be applicable.
		☐ Project Complies ☒ Not Applicable ☐ Project Does Not Comply	*Cathedral Hill MOB:* Planning Code Section 151.1 establishes the parking requirements only for the DTR, NCT, RTO, Eastern Neighborhood Mixed Use, PDR-1-D, and PDR-1-G or C-3 Districts. Since the Cathedral Hill MOB site is zoned RC-4 and Van Ness SUD, this regulation would not be applicable.
		☐ Project Complies ☒ Not Applicable ☐ Project Does Not Comply	*Cathedral Hill 1375 Sutter MOB:* Planning Code Section 151.1 establishes the parking requirements only for the DTR, NCT, RTO, Eastern Neighborhood Mixed Use, PDR-1-D, and PDR-1-G or C-3 Districts. Since the 1375 Sutter MOB site is zoned NC-3 and Northern Waterfront-No. 1, this regulation would not be applicable.
		☐ Project Complies ☒ Not Applicable ☐ Project Does Not Comply	*St. Luke's Replacement Hospital:* Since the St. Luke's Replacement Hospital site is zoned RH-2, this regulation would not be applicable
		☐ Project Complies ☒ Not Applicable ☐ Project Does Not Comply	*St. Luke's 1957 Bldg Renovation:* Since the St. Luke's 1957 Building renovation site is zoned RH-2, this regulation would not be applicable.

Regulation	Requirements	Project Compliance	Discussion
		☐ Project Complies ☒ Not Applicable ☐ Project Does Not Comply	*St. Luke's MOB/Expansion Bldg:* Since the St. Luke's MOB/Expansion Building is zoned RH-2, this regulation would not be applicable.
		☐ Project Complies ☒ Not Applicable ☐ Project Does Not Comply	*Davies Neuroscience Institute:* Since the Davies Neuroscience Institute site is zoned RH-3, this regulation would not be applicable.
Energy Efficiency Sector			
San Francisco Green Building Requirements for Energy Efficiency (SF Building Code, Chapter 13C)	Commercial buildings greater than 5,000 sf will be required to be at a minimum 14% more energy efficient than Title 24 energy efficiency requirements. By 2008 large commercial buildings will be required to have their energy systems commissioned, and by 2010, these large buildings will be required to provide enhanced commissioning in compliance with LEED® Energy and Atmosphere Credit 3. Mid-sized commercial buildings will be required to have their systems commissioned by 2009, with enhanced commissioning by 2011.	☐ Project Complies ☒ Not Applicable ☐ Project Does Not Comply	*Cathedral Hill Hospital:* Even though the proposed Cathedral Hill Hospital is not an R, B, or M occupancy and building permits for acute-care facilities are under Office of Statewide Health Planning and Development (OSHPD) jurisdiction and, therefore, not subject to the San Francisco Green Building Ordinance, this regulation would be adhered to through the following action: The Cathedral Hill Hospital is targeting 14% energy-efficiency over ASHRAE Standard 90.1-2004 by cost.
		☒ Project Complies ☐ Not Applicable ☐ Project Does Not Comply	*Cathedral Hill MOB:* The proposed Cathedral Hill MOB would be at a minimum 14% more energy efficient than Title 24 energy efficiency requirements. It would also have its energy systems commissioned, and enhanced commissioning would be completed in accordance with LEED Energy and Atmosphere Credit 3.

Regulation	Requirements	Project Compliance	Discussion
		☐ Project Complies ☒ Not Applicable ☐ Project Does Not Comply	*Cathedral Hill 1375 Sutter MOB:* With less than 25,000 square feet of improvements and no structural upgrade, the proposed 1375 Sutter MOB conversion/renovation does not fall within the scope of Chapter 13C of the San Francisco Building Code, and, therefore, is not subject to the San Francisco Green Building Ordinance. Thus, this regulation would not be applicable.
		☐ Project Complies ☒ Not Applicable ☐ Project Does Not Comply	*St. Luke's Replacement Hospital:* Even though St. Luke's Replacement Hospital is not an R, B, or M occupancy and building permits for acute-care facilities are under OSHPD jurisdiction and, therefore, not subject to the San Francisco Green Building Ordinance, this regulation would be adhered to through the following action: The St. Luke's Replacement Hospital is targeting 14% energy-efficiency over ASHRAE Standard 90.1-2004 by cost.
		☐ Project Complies ☒ Not Applicable ☐ Project Does Not Comply	*St. Luke's 1957 Bldg Renovation:* With less than 25,000 square feet of improvements and no significant upgrade to structural and mechanical, electrical, and/or plumbing systems, the proposed St. Luke's 1957 Building renovation does not fall within the scope of Chapter 13C of the San Francisco Building Code, and, therefore, is not subject to the San Francisco Green Building Ordinance. Thus, this regulation would not be applicable.
		☒ Project Complies ☐ Not Applicable ☐ Project Does Not Comply	*St. Luke's MOB/Expansion Bldg:* The proposed St. Luke's MOB/Expansion Building would be at a minimum 14% more energy efficient than Title 24 energy efficiency requirements. It would also have its energy systems

Regulation	Requirements	Project Compliance	Discussion
			commissioned, and enhanced commissioning would be completed in accordance with LEED Energy and Atmosphere Credit 3.
		☐ Project Complies ☒ Not Applicable ☐ Project Does Not Comply	*Davies Neuroscience Institute:* A site permit application for the Neuroscience Institute (former Noe Street MOB, Planning Department Case No. 2004.0603E) was filed in May 2006, before implementation of San Francisco's Green Building Ordinance, which became effective in November 2008. Therefore, the Neuroscience Institute is exempt from regulations under the Green Building Ordinance.
San Francisco Green Building Requirements for Energy Efficiency (SF Building Code, Chapter 13C)	Under the Green Point Rated system and in compliance with the Green Building Ordinance, all new residential buildings will be required to be at a minimum 15% more energy efficient than Title 24 energy efficiency requirements.	☐ Project Complies ☒ Not Applicable ☐ Project Does Not Comply	*All campuses:* Since the LRDP is not a residential project, this regulation would not be applicable.
San Francisco Green Building Requirements for Stormwater Management (SF Building Code, Chapter 13C) Or San Francisco Stormwater Management Ordinance (Public Works Code Article 4.2)	Requires all new development or redevelopment disturbing more than 5,000 square feet of ground surface to manage stormwater on-site using low impact design. Projects subject to the Green Building Ordinance Requirements must comply with either LEED® Sustainable Sites Credits 6.1 and 6.2, or with the City's Stormwater ordinance and stormwater design guidelines.	☒ Project Complies ☐ Not Applicable ☐ Project Does Not Comply	*Cathedral Hill Hospital:* The proposed project would disturb more than 5,000 square feet and would, therefore, be required to comply with the City's Stormwater Management Ordinance. A rainwater storage system in combination with permeable landscaping at the street level and 25% of the roof area covered in vegetation together satisfies the City's requirements for SS 6.1, but SS 6.2 is not currently pursued due to the fact that this site is served by a combined rainwater-sewer system. The design team believes that pretreatment of clean rainwater before it combines with contaminated blackwater provides little, if any value, given the reality of the existing system this building ties into.

Regulation	Requirements	Project Compliance	Discussion
		☒ Project Complies ☐ Not Applicable ☐ Project Does Not Comply	*Cathedral Hill MOB:* The proposed project would disturb more than 5,000 square feet and would, therefore, be required to comply with the City's Stormwater Management Ordinance. The Cathedral Hill MOB site is served by a combined rainwater-sewer system and would be designed to meet the requirements through compliance with LEED Sustainable Sites Credit 6.1, implementing measures to decrease the volume of stormwater runoff from the two-year, 24-hour design storm by 25% from existing conditions.
		☐ Project Complies ☒ Not Applicable ☐ Project Does Not Comply	*Cathedral Hill 1375 Sutter MOB:* With less than 25,000 square feet of improvements and no structural upgrade, the proposed 1375 Sutter MOB conversion/renovation does not fall within the scope of Chapter 13C of the San Francisco Building Code, and, therefore, is not subject to the San Francisco Green Building Ordinance. In addition, the proposed 1375 Sutter MOB would not disturb ground surface. Thus, this regulation would not be applicable.
		☒ Project Complies ☐ Not Applicable ☐ Project Does Not Comply	*St. Luke's Replacement Hospital:* The St. Luke's Replacement Hospital would disturb more than 5,000 square feet and would, therefore, be required to comply with the City's Stormwater Management Ordinance. The St. Luke's Replacement Hospital site is served by a combined rainwater-sewer system and would be designed to meet the requirements through compliance with LEED Sustainable Sites Credit 6.1, implementing measures to decrease the volume of stormwater runoff from the two-year, 24-hour design storm by 25% from existing conditions.

Regulation	Requirements	Project Compliance	Discussion
		☐ Project Complies ☒ Not Applicable ☐ Project Does Not Comply	*St. Luke's 1957 Bldg Renovation:* With less than 25,000 square feet of improvements and no significant upgrade to structural and mechanical, electrical, and/or plumbing systems, the proposed St. Luke's 1957 Building renovation does not fall within the scope of Chapter 13C of the San Francisco Building Code, and, therefore, is not subject to the San Francisco Green Building Ordinance. In addition, the proposed 1957 Building renovation would not disturb ground surface. Thus, this regulation would not be applicable.
		☒ Project Complies ☐ Not Applicable ☐ Project Does Not Comply	*St. Luke's MOB/Expansion Bldg:* The proposed St. Luke's MOB/Expansion Building would disturb more than 5,000 square feet and would, therefore, be required to comply with the City's Stormwater Management Ordinance. The St. Luke's MOB/Expansion Building site is served by a combined rainwater-sewer system and would be designed to meet the requirements through compliance with LEED Sustainable Sites Credit 6.1, implementing measures to decrease the volume of stormwater runoff from the two-year, 24-hour design storm by 25% from existing conditions.
		☒ Project Complies ☐ Not Applicable ☐ Project Does Not Comply	*Davies Neuroscience Institute:* The Neuroscience Institute would disturb more than 5,000 square feet and would, therefore, be required to comply with the City's Stormwater Management Ordinance. The Neuroscience Institute would be designed to meet the requirements through compliance with LEED Sustainable Sites Credit 6.1, implementing measures to decrease the volume of stormwater runoff from the two-year, 24-hour design storm by 25% from existing conditions.

Regulation	Requirements	Project Compliance	Discussion
San Francisco Green Building Requirements for water efficient landscaping (SF Building Code, Chapter 13C)	All new commercial buildings greater than 5,000 square feet are required to reduce the amount of potable water used for landscaping by 50%.	☐ Project Complies ☒ Not Applicable ☐ Project Does Not Comply	*Cathedral Hill Hospital:* Even though the proposed Cathedral Hill Hospital is not an R, B, or M occupancy and building permits for acute-care facilities are under OSHPD jurisdiction and, therefore, not subject to the San Francisco Green Building Ordinance, this regulation would be adhered to through the following action: Cathedral Hill Hospital would utilize native, drought-tolerant plant and tree species and a high-efficiency irrigation system to reduce potable water needs for landscaping.
		☒ Project Complies ☐ Not Applicable ☐ Project Does Not Comply	*Cathedral Hill MOB:* The proposed Cathedral Hill MOB would reduce the amount of potable water used for landscaping by 50%. This would be accomplished through plant selection and efficient irrigation systems that would make use of captured and stored rain water.
		☐ Project Complies ☒ Not Applicable ☐ Project Does Not Comply	*Cathedral Hill 1375 Sutter MOB:* With less than 25,000 square feet of improvements and no structural upgrade, the proposed 1375 Sutter MOB conversion/renovation does not fall within the scope of Chapter 13C of the San Francisco Building Code, and, therefore, is not subject to the San Francisco Green Building Ordinance. In addition, the 1375 Sutter MOB is not a new commercial use. Thus, this regulation would not be applicable.
		☐ Project Complies ☒ Not Applicable ☐ Project Does Not Comply	*St. Luke's Replacement Hospital:* Even though the proposed St. Luke's Replacement Hospital is not an R, B, or M occupancy and building permits for acute-care facilities are under OSHPD jurisdiction and, therefore, not subject to the San Francisco Green

Regulation	Requirements	Project Compliance	Discussion
			Building Ordinance, this regulation would be adhered to through the following action: St. Luke's Replacement Hospital design includes specific plant selection and a high-efficiency irrigation system to reduce potable water needs for landscaping.
		☐ Project Complies ☒ Not Applicable ☐ Project Does Not Comply	*St. Luke's 1957 Bldg Renovation:* With less than 25,000 square feet of improvements and no significant upgrade to structural and mechanical, electrical, and/or plumbing systems, the proposed St. Luke's 1957 Building renovation does not fall within the scope of Chapter 13C of the San Francisco Building Code, and, therefore, is not subject to the San Francisco Green Building Ordinance. In addition, the St. Luke's 1957 Building renovation is not a new commercial use. Thus, this regulation would not be applicable.
		☒ Project Complies ☐ Not Applicable ☐ Project Does Not Comply	*St. Luke's MOB/Expansion Bldg:* The proposed St. Luke's MOB/Expansion Building would reduce the amount of potable water used for landscaping by 50%. This would be accomplished through plant selection and high efficiency irrigation systems.
		☐ Project Complies ☒ Not Applicable ☐ Project Does Not Comply	*Davies Neuroscience Institute:* A site permit application for the Neuroscience Institute (former Noe Street MOB, Planning Department Case No. 2004.0603E) was filed in May 2006, before implementation of San Francisco's Green Building Ordinance, which became effective in November 2008. Therefore, the Neuroscience Institute is exempt from regulations under the Green Building Ordinance.

Regulation	Requirements	Project Compliance	Discussion
San Francisco Green Building Requirements for water use reduction (SF Building Code, Chapter 13C)	All new commercial buildings greater than 5,000 sf are required to reduce the amount of potable water used by 20%.	☐ Project Complies ☒ Not Applicable ☐ Project Does Not Comply	*Cathedral Hill Hospital:* Even though the proposed Cathedral Hill Hospital is not an R, B, or M occupancy and building permits for acute-care facilities are under OSHPD jurisdiction and, therefore, not subject to the San Francisco Green Building Ordinance this regulation would be adhered to through the following action: Cathedral Hill Hospital would reduce potable water use for plumbing fixtures through a combination of low-flow plumbing fixtures, high-efficiency medical equipment, high-efficiency kitchen fixtures and dishwashing systems, high-efficiency mechanical equipment, and a high-efficiency irrigation system.
		☒ Project Complies ☐ Not Applicable ☐ Project Does Not Comply	*Cathedral Hill MOB:* The proposed Cathedral Hill MOB would reduce the amount of potable water used for plumbing fixtures by 20%. This would be achieved through the use of low-flow plumbing fixtures.
		☐ Project Complies ☒ Not Applicable ☐ Project Does Not Comply	*Cathedral Hill 1375 Sutter MOB:* With less than 25,000 square feet of improvements and no structural upgrade, the proposed 1375 Sutter MOB conversion/renovation does not fall within the scope of Chapter 13C of the San Francisco Building Code, and, therefore, is not subject to the San Francisco Green Building Ordinance. Thus, this regulation would not be applicable.
		☐ Project Complies ☒ Not Applicable ☐ Project Does Not Comply	*St. Luke's Replacement Hospital:* Even though the St. Luke's Replacement Hospital is not an R, B, or M occupancy and building permits for acute-care facilities are under OSHPD jurisdiction and, therefore, not subject to the San Francisco Green Building

Regulation	Requirements	Project Compliance	Discussion
			Ordinance, this regulation would be adhered to through the following action: St. Luke's Replacement Hospital would reduce potable water use for plumbing fixtures through the use of low-flow fixtures.
		☐ Project Complies ☒ Not Applicable ☐ Project Does Not Comply	*St. Luke's 1957 Bldg Renovation:* With less than 25,000 square feet of improvements and no significant upgrade to structural and mechanical, electrical, and/or plumbing systems, the proposed St. Luke's 1957 Building renovation does not fall within the scope of Chapter 13C of the San Francisco Building Code, and, therefore, is not subject to the San Francisco Green Building Ordinance. Thus, this regulation would not be applicable.
		☒ Project Complies ☐ Not Applicable ☐ Project Does Not Comply	*St. Luke's MOB/Expansion Bldg:* The St. Luke's MOB/Expansion Building would reduce the amount of potable water used for plumbing fixtures by 20%. This would be achieved through the use of low-flow plumbing fixtures.
		☐ Project Complies ☒ Not Applicable ☐ Project Does Not Comply	*Davies Neuroscience Institute:* A site permit application for the Neuroscience Institute (former Noe Street MOB, Planning Department Case No. 2004.0603E) was filed in May 2006, before implementation of San Francisco's Green Building Ordinance, which became effective in November 2008. Therefore, the Neuroscience Institute is exempt from regulations under the Green Building Ordinance.
Commercial Water Conservation Ordinance (SF Building Code, Chapter 13A)	Requires all existing commercial properties undergoing tenant improvements to achieve the following minimum standards: 1. All showerheads have a maximum flow of 2.5 gallons per minute (gpm)	☐ Project Complies ☒ Not Applicable ☐ Project Does Not Comply	*Cathedral Hill Hospital:* Since the proposed Cathedral Hill Hospital is not an existing building, it is not subject to the requirements of Building Code Chapter 13A.

Regulation	Requirements	Project Compliance	Discussion
	2. All showers have no more than one showerhead per valve 3. All faucets and faucet aerators have a maximum flow rate of 2.2 gpm 4. All Water Closets (toilets) have a maximum rated water consumption of 1.6 gallons per flush (gpf) 5. All urinals have a maximum flow rate of 1.0 gpf 6. All water leaks have been repaired.	☐ Project Complies ☒ Not Applicable ☐ Project Does Not Comply	*Cathedral Hill MOB:* Since the proposed Cathedral Hill MOB is not an existing building, it is not subject to the requirements of Building Code Chapter 13A.
		☒ Project Complies ☐ Not Applicable ☐ Project Does Not Comply	*Cathedral Hill 1375 Sutter MOB:* The 1375 Sutter MOB would comply with this regulation.
		☐ Project Complies ☒ Not Applicable ☐ Project Does Not Comply	*St. Luke's Replacement Hospital:* Since the proposed St. Luke's Replacement Hospital is not an existing building, it is not subject to the requirements of Building Code Chapter 13A.
		☒ Project Complies ☐ Not Applicable ☐ Project Does Not Comply	*St. Luke's 1957 Bldg Renovation:* The St. Luke's 1957 Building renovation would comply with this regulation.
		☐ Project Complies ☒ Not Applicable ☐ Project Does Not Comply	*St. Luke's MOB/Expansion Bldg:* Since the St. Luke's MOB/Expansion Building is not an existing building, it is not subject to the requirements of Building Code Chapter 13A.
		☐ Project Complies ☒ Not Applicable ☐ Project Does Not Comply	*Davies Neuroscience Institute:* Since the Davies Neuroscience Institute is not an existing building, it is not subject to the requirements of Building Code Chapter 13A.

Regulation	Requirements	Project Compliance	Discussion
Residential Water Conservation Ordinance (SF Building Code, Housing Code, Chapter 12A)	Requires all residential properties (existing and new), prior to sale, to upgrade to the following minimum standards: 1. All showerheads have a maximum flow of 2.5 gallons per minute (gpm) 2. All showers have no more than one showerhead per valve 3. All faucets and faucet aerators have a maximum flow rate of 2.2 gpm 4. All Water Closets (toilets) have a maximum rated water consumption of 1.6 gallons per flush (gpf) 5. All urinals have a maximum flow rate of 1.0 gpf 6. All water leaks have been repaired. Although these requirement apply to existing buildings, compliance must be completed through the Department of Building Inspection, for which a discretionary permit (subject to CEQA) would be issued.	☐ Project Complies ☒ Not Applicable ☐ Project Does Not Comply	*All campuses:* Since the LRDP is not a residential project, this regulation would not be applicable.
Residential Energy Conservation Ordinance (SF Building Code, Housing Code, Chapter 12)	Requires all residential properties to provide, prior to sale of property, certain energy and water conservation measures for their buildings: attic insulation; weather-stripping all doors leading from heated to unheated areas; insulating hot water heaters and insulating hot water pipes; installing low-flow showerheads; caulking and sealing any openings or cracks in the building's exterior; insulating accessible heating and cooling ducts; installing low-flow water-tap aerators; and installing or retrofitting toilets to make them low-flush. Apartment buildings and hotels are also required to insulate steam and hot water pipes and tanks, clean and tune their boilers, repair boiler leaks, and install a time-clock on the burner. Although these requirements apply to existing buildings, compliance must be completed through the Department of Building Inspection,	☐ Project Complies ☒ Not Applicable ☐ Project Does Not Comply	*All campuses:* Since the LRDP is not a residential project, this regulation would not be applicable.

Regulation	Requirements	Project Compliance	Discussion
	for which a discretionary permit (subject to CEQA) would be issued.		
Renewable Energy Sector			
San Francisco Green Building Requirements for renewable energy (SF Building Code, Chapter 13C)	By 2012, all new commercial buildings will be required to provide on-site renewable energy or purchase renewable energy credits pursuant to LEED® Energy and Atmosphere Credits 2 or 6. Credit 2 requires providing at least 2.5% of the buildings energy use from on-site renewable sources. Credit 6 requires providing at least 35% of the building's electricity from renewable energy contracts.	☐ Project Complies ☒ Not Applicable ☐ Project Does Not Comply	*All campuses:* Since the proposed project-level buildings are anticipated to be permitted prior to 2012, this regulation would not be applicable for the CPMC buildings discussed in this checklist.
Waste Reduction Sector			
San Francisco Green Building Requirements for solid waste (SF Building Code, Chapter 13C)	Pursuant to Section 1304C.0.4 of the Green Building Ordinance, all new construction, renovation and alterations subject to the ordinance are required to provide recycling, composting and trash storage, collection, and loading that is convenient for all users of the building. .	☐ Project Complies ☒ Not Applicable ☐ Project Does Not Comply	*Cathedral Hill Hospital:* Even though building permits for acute-care facilities, such as the proposed Cathedral Hill Hospital, are under OSHPD jurisdiction and, therefore, not subject to the San Francisco Green Building Ordinance, this regulation would be adhered to through the following action: The Cathedral Hill Hospital would have provisions for recycling, composting, trash storage, collection, and loading.
		☒ Project Complies ☐ Not Applicable ☐ Project Does Not Comply	*Cathedral Hill MOB:* The Cathedral Hill MOB would have provisions for recycling, composting, trash storage, collection, and loading that would be convenient for all building users.

Regulation	Requirements	Project Compliance	Discussion
		☐ Project Complies ☒ Not Applicable ☐ Project Does Not Comply	*Cathedral Hill 1375 Sutter MOB:* Even though the proposed 1375 Sutter MOB conversion/renovation does not fall within the scope of Chapter 13C of the San Francisco Building Code, and, therefore, is not subject to the San Francisco Green Building Ordinance, this regulation would be adhered to through the following action: The 1375 Sutter MOB would have provisions for recycling, composting, trash storage, collection, and loading that would be convenient for all building users.
		☐ Project Complies ☒ Not Applicable ☐ Project Does Not Comply	*St. Luke's Replacement Hospital:* Even though building permits for acute-care facilities, such as the proposed St. Luke's Replacement Hospital, are under OSHPD jurisdiction and, therefore, not subject to the San Francisco Green Building Ordinance, this regulation would be adhered to through the following action: The St. Luke's Replacement Hospital would have provisions for recycling, composting, trash storage, collection, and loading.
		☐ Project Complies ☒ Not Applicable ☐ Project Does Not Comply	*St. Luke's 1957 Bldg Renovation:* Even though the proposed St. Luke's 1957 Building renovation does not fall within the scope of Chapter 13C of the San Francisco Building Code, and, therefore, is not subject to the San Francisco Green Building Ordinance, this regulation would be adhered to through the following action: The St. Luke's 1957 Building would have provisions for recycling, composting, trash storage, collection, and loading that would be convenient for all building users.

Regulation	Requirements	Project Compliance	Discussion
		☒ Project Complies ☐ Not Applicable ☐ Project Does Not Comply	*St. Luke's MOB/Expansion Bldg:* The St. Luke's MOB/Expansion Building would have provisions for recycling, composting, trash storage, collection, and loading that would be convenient for all building users.
		☐ Project Complies ☒ Not Applicable ☐ Project Does Not Comply	*Davies Neuroscience Institute:* Even though a site permit application for the Neuroscience Institute (former Noe Street MOB, Planning Department Case No. 2004.0603E) was filed in May 2006, before implementation of San Francisco's Green Building Ordinance, which became effective in November 2008, and, therefore, is not subject to the San Francisco Green Building Ordinance, this regulation would be adhered to through the following action: The Davies Neuroscience Institute would have provisions for recycling, composting, trash storage, collection, and loading.
Mandatory Recycling and Composting Ordinance (Environment Code, Chapter 19)	The mandatory recycling and composting ordinance requires all persons in San Francisco to separate their refuse into recyclables, compostables and trash, and place each type of refuse in a separate container designated for disposal of that type of refuse.	☒ Project Complies ☐ Not Applicable ☐ Project Does Not Comply	*All Campuses:* Recycling, composting and trash containers would be located appropriately to allow all persons to dispose of refuse as required.
San Francisco Green Building Requirements for construction and demolition debris recycling (SF Building Code, Chapter 13C)	These projects proposing demolition are required to divert at least 75% of the project's construction and demolition debris to recycling.	☐ Project Complies ☒ Not Applicable ☐ Project Does Not Comply	*Cathedral Hill Hospital:* Even though building permits for acute-care facilities, such as the proposed Cathedral Hill Hospital, are under OSHPD jurisdiction and, therefore, not subject to the San Francisco Green Building Ordinance, this regulation would be adhered to through the following action: The Cathedral Hill Hospital would require construction and demolition

Regulation	Requirements	Project Compliance	Discussion
			debris recycling, and is targeting a 75% diversion rate.
		☒ Project Complies ☐ Not Applicable ☐ Project Does Not Comply	*Cathedral Hill MOB:* The proposed Cathedral Hill MOB includes demolition of existing structures and, therefore, would divert at least 75% of the project's construction and demolition debris.
		☐ Project Complies ☒ Not Applicable ☐ Project Does Not Comply	*Cathedral Hill 1375 Sutter MOB:* Since the proposed 1375 Sutter MOB does not include demolition, this regulation would not be applicable.
		☐ Project Complies ☒ Not Applicable ☐ Project Does Not Comply	*St. Luke's Replacement Hospital:* Even though building permits for acute-care facilities, such as the proposed St. Luke's Replacement Hospital, are under OSHPD jurisdiction and, therefore, not subject to the San Francisco Green Building Ordinance, this regulation would be adhered to through the following action: The St. Luke's Replacement Hospital would require construction and demolition debris recycling, and is targeting a 75% diversion rate.
		☐ Project Complies ☒ Not Applicable ☐ Project Does Not Comply	*St. Luke's 1957 Bldg Renovation:* Since the proposed St. Luke's 1957 Building renovation does not include demolition, this regulation would not be applicable.
		☒ Project Complies ☐ Not Applicable ☐ Project Does Not Comply	*St. Luke's MOB/Expansion Bldg:* The St. Luke's MOB/Expansion Building includes demolition of existing structures and, therefore, would divert at least 75% of the project's construction and demolition debris.

Regulation	Requirements	Project Compliance	Discussion
		☐ Project Complies ☒ Not Applicable ☐ Project Does Not Comply	*Davies Neuroscience Institute:* A site permit application for the Neuroscience Institute (former Noe Street MOB, Planning Department Case No. 2004.0603E) was filed in May 2006, before implementation of San Francisco's Green Building Ordinance, which became effective in November 2008. Therefore, the Neuroscience Institute is exempt from regulations under the Green Building Ordinance. Furthermore, since the Davies Neuroscience Institute does not include demolition of existing structures, this regulation would not be applicable.
San Francisco Construction and Demolition Debris Recovery Ordinance (SF Environment Code, Chapter 14)	Requires that a person conducting full demolition of an existing structure to submit a waste diversion plan to the Director of the Environment which provides for a minimum of 65% diversion from landfill of construction and demolition debris, including materials source separated for reuse or recycling.	☒ Project Complies ☐ Not Applicable ☐ Project Does Not Comply	*Cathedral Hill Hospital:* The proposed Cathedral Hill Hospital would require construction and demolition debris recycling, and is targeting a 75% diversion rate and would at least meet the minimum 65% diversion rate. Since construction entails demolition of the existing Cathedral Hill Hotel, CPMC will be submitting a waste diversion plan to San Francisco Department of the Environment, per this requirement.
		☒ Project Complies ☐ Not Applicable ☐ Project Does Not Comply	*Cathedral Hill MOB:* The proposed Cathedral Hill MOB would entail demolition of existing structures and, therefore, would submit a Demolition Debris Recovery Plan (DDRP) to the San Francisco Department of the Environment that provides for a minimum of 75% diversion from landfill of construction and demolition debris.
		☐ Project Complies ☒ Not Applicable ☐ Project Does Not Comply	*Cathedral Hill 1375 Sutter MOB:* Since the proposed 1375 Sutter MOB does not include demolition of existing structures, this regulation would not be applicable.

Regulation	Requirements	Project Compliance	Discussion
		☐ Project Complies ☒ Not Applicable ☐ Project Does Not Comply	*St. Luke's Replacement Hospital:* Since the proposed St. Luke's Replacement Hospital does not include demolition of existing structures, this regulation would not be applicable.
		☐ Project Complies ☒ Not Applicable ☐ Project Does Not Comply	*St. Luke's 1957 Bldg Renovation:* Since the proposed St. Luke's 1957 Building Renovation does not include demolition of existing structures, this regulation would not be applicable.
		☒ Project Complies ☐ Not Applicable ☐ Project Does Not Comply	*St. Luke's MOB/Expansion Bldg:* The proposed St. Luke's MOB/Expansion Building would entail demolition of existing structures and, therefore, would submit a Demolition Debris Recovery Plan (DDRP) to the San Francisco Department of the Environment that provides for a minimum of 75% diversion from landfill of construction and demolition debris.
		☐ Project Complies ☒ Not Applicable ☐ Project Does Not Comply	*Davies Neuroscience Institute:* Since the proposed Davies Neuroscience Institute does not include demolition of existing structures, this regulation would not be applicable.
Environment/Conservation Sector			
Street Tree Planting Requirements for New Construction (Planning Code Section 428)	Planning Code Section 143 requires new construction, significant alterations or relocation of buildings within many of San Francisco's zoning districts to plant on 24-inch box tree for every 20 feet along the property street frontage.	☒ Project Complies ☐ Not Applicable ☐ Project Does Not Comply	*Cathedral Hill Hospital:* The proposed Cathedral Hill Hospital would be within the Van Ness Special Use District and is, therefore, required to comply with street tree planting requirements for new construction. 32 existing street trees would be removed and replaced per the Department of Public Works tree removal process. Planning Code Section 428 requirements would be met by the

Regulation	Requirements	Project Compliance	Discussion
			planting of 12 additional new street trees (total of 44).
		☒ Project Complies ☐ Not Applicable ☐ Project Does Not Comply	*Cathedral Hill MOB:* The proposed Cathedral Hill MOB is zoned RC-4 and, therefore, would be required to comply. 7 existing street trees would be removed and replaced per the Department of Public Works tree removal process. Planning Code Section 428 requirements would be met by the planting of 29 additional new trees (total of 36).
		☐ Project Complies ☒ Not Applicable ☐ Project Does Not Comply	*Cathedral Hill 1375 Sutter MOB:* Since the proposed 1375 Sutter MOB conversion/renovation does not include new construction, this regulation would not be applicable.
		☒ Project Complies ☐ Not Applicable ☐ Project Does Not Comply	*St. Luke's Replacement Hospital:* The proposed St. Luke's Replacement Hospital site is zoned RH-2 and is, therefore, required to comply with street tree planting requirements for new construction. A total of 7 street trees would be removed and replaced per the Department of Public Works tree removal process. Planning Code Section 428 requirements would be met by the planting of 7 additional new trees (total of 14).
		☐ Project Complies ☒ Not Applicable ☐ Project Does Not Comply	*St. Luke's 1957 Bldg Renovation:* Since the proposed St. Luke's 1957 Building renovation does not include new construction, this regulation would not be applicable.

Regulation	Requirements	Project Compliance	Discussion
		☒ Project Complies ☐ Not Applicable ☐ Project Does Not Comply	*St. Luke's MOB/Expansion Bldg:* The proposed St. Luke's MOB/Expansion Building site is zoned RH-2 and is, therefore, required to comply with street tree planting requirements for new construction. 5 street trees would be removed along Cesar Chavez Street during construction, and replaced per the Department of Public Works tree removal process. Planning Code Section 428 requirements would be met by the planting of approximately 11 additional new trees (total of 16).
		☒ Project Complies ☐ Not Applicable ☐ Project Does Not Comply	*Davies Neuroscience Institute:* The proposed Davies Neuroscience Institute site is zoned RH-3 and is, therefore, required to comply with street tree planting requirements for new construction. 17 street trees would be removed along Cesar Chavez Street during construction, and replaced per the Department of Public Works tree removal process. 32 replacement trees would be planted, in compliance with Planning Code Section 428.
Wood Burning Fireplace Ordinance (San Francisco Building Code, Chapter 31, Section 3102.8)	Bans the installation of wood burning fire places except for the following: • Pellet-fueled wood heater • EPA approved wood heater • Wood heater approved by the Northern Sonoma Air Pollution Control District	☐ Project Complies ☒ Not Applicable ☐ Project Does Not Comply	*All campuses:* Since no wood-burning fireplaces are included as part of the LRDP, this regulation would not be applicable for any of the CPMC buildings.
Regulation of Diesel Backup Generators (San Francisco Health Code, Article 30)	Requires (among other things): • All diesel generators to be registered with the Department of Public Health • All new diesel generators must be equipped with the best available air emissions control technology.	☒ Project Complies ☐ Not Applicable ☐ Project Does Not Comply	*All campuses:* All diesel-fueled emergency generators would meet federal, State, and local emissions standards in effect at the time the generators are installed. Prior to installation, all diesel-fueled emergency generators would receive approval from the Bay Area Air Quality Management District and would submit an application to the San Francisco Department of Public

Regulation	Requirements	Project Compliance	Discussion
			Health in accordance with San Francisco Health Code, Article 30. All diesel-fueled emergency generators would be operated in accordance with requirements of their respective Bay Area Air Quality Management District Permits to Operate and San Francisco Department of Public Health Certificates.

Compliance Checklist Prepared By: AECOM; Boulder Associates; California Pacific Medical Center; Coblentz, Patch, Duffy & Bass; Environ; Smith Group

Date: December 13, 2010

C. DETERMINATION OF COMPLIANCE WITH CITY'S GHG REDUCTION STRATEGY

☒ Project Complies with San Francisco's *Strategies to Address Greenhouse Gas Emissions*

Project Notes:

The proposed project would comply with all applicable requirements as discussed above and therefore, substantially complies with San Francisco's Greenhouse Gas Reduction Strategy. Although many requirements are not applicable to the proposed use, the project does meet the intent of the above requirements through project design features.

☐ Project Does Not Comply

If Project does not comply, provide discussion of non-compliant features:

Planner Name: Jessica Range **Date of Determination:** 12/14/10

APPENDIX E

Cathedral Hill Supplemental Sensitivity Analyses

FEHR & PEERS
TRANSPORTATION CONSULTANTS

April 27, 2011

Ms. Viktoriya Wise
San Francisco Planning Department
1650 Mission Street, Suite 400
San Francisco, CA 94103

Re: Supplemental and Sensitivity Transportation Impact Analyses for the California Pacific Medical Center Cathedral Hill Campus in San Francisco, CA

Dear Viktoriya:

Fehr & Peers has conducted both a supplemental and sensitivity transportation impact analysis for the proposed California Pacific Medical Center ("CPMC") Cathedral Hill Campus in the City and County of San Francisco, California, as part of the CPMC *Long Range Development Plan* ("LRDP"). This letter report describes the existing transportation conditions and provides a transportation impact analysis at key intersections in the Tenderloin and Civic Center neighborhoods identified through consultation with the San Francisco Planning Department's Major Environmental Analysis ("MEA") Division.

The supplemental analysis was conducted for traffic, pedestrian, and bicycle conditions for each scenario as identified in the *California Pacific Medical Center Long Range Development Plan Cathedral Hill Campus Transportation Impact Study* ("Cathedral Hill TIS"), June 2010. Additionally, the transportation impact analysis was performed consistent with the City and County of San Francisco *Transportation Impacts Analysis Guidelines for Environmental Review ("*SF Guidelines*").*

The sensitivity analysis explores what transportation impacts, if any, would occur if a higher percentage of motorists traveling to the Cathedral Hill Campus from Superdistrict 1, Superdistrict 3, and the freeway were to use alternate routes, primarily through the South of Market and Tenderloin, rather than those routes assumed in the DEIR. The trip distribution used in the Cathedral Hill TIS and DEIR was not changed as part of this analysis, but the trip assignments to the roadways were modified to reflect higher use of the alternative routes.

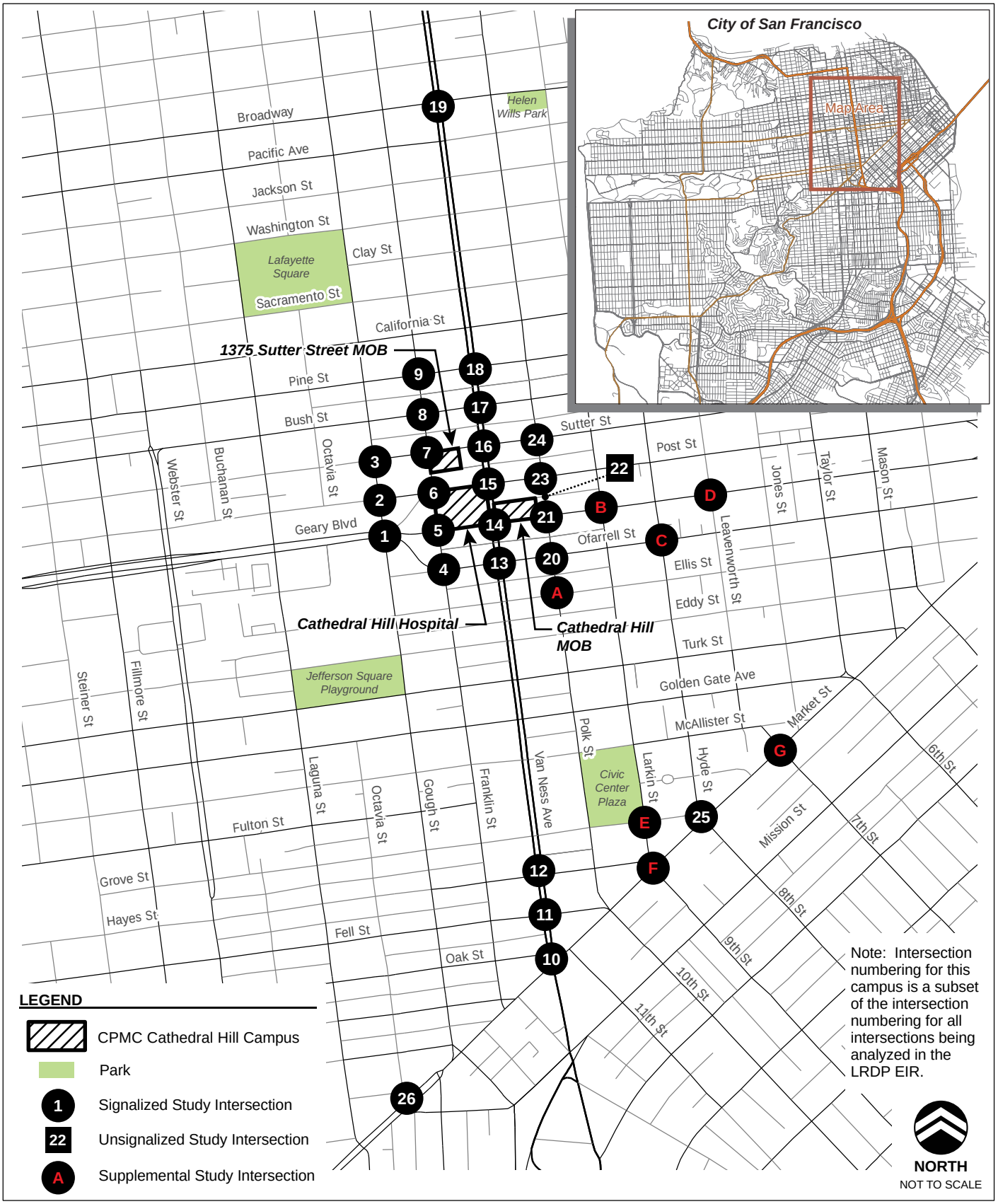
For additional information regarding elements of the previous transportation impact analysis such as the project location, project description, existing conditions, trip generation and distribution, and transportation impact analysis (including methodology) of the Proposed Project and Project Variants please reference the Cathedral Hill TIS dated June 2010.

CMPC CATHEDRAL HILL CAMPUS OVERVIEW

The Cathedral Hill project site is located near the intersection of Geary Street and Van Ness Avenue in the Van Ness commercial corridor and Western Addition, Civic Center and Tenderloin neighborhoods of San Francisco. **Figure 1** shows the location of the project site and streets within the project study area. The Proposed Project includes:

- A new 555-bed hospital on the entire block bounded by Geary Street, Franklin Street, Post Street and Van Ness Avenue;
- A new medical office building ("MOB") on most of the block bounded by Geary Street, Van Ness Avenue, Cedar Street and Polk Street; and,
- A renovated MOB on the southeast corner of Sutter Street and Franklin Street.

The Proposed Project would generate 593 AM peak hour and 609 PM peak hour net vehicle trips.



CPMC Cathedral Hill Campus TIS - Supplemental Analysis

STUDY AREA AND PROJECT LOCATION

Nov 2010

FIGURE 1

Project Variants

The City of San Francisco and CPMC formulated two project variants for purposes of the environmental analysis to address concerns about vehicle circulation around the Proposed Project. These are shown on Figures 4 and 5 in the Cathedral Hill TIS. The supplemental intersections analyzed in this memo were also analyzed under these two variants:

Proposed Project Variant 1 (hereafter referred to as the "Post Street Variant") would rescind the one-way eastbound restriction on Post Street between Van Ness Avenue and Gough Street to permit eastbound and westbound travel on Post Street between Van Ness Avenue and Gough Street. The Hospital driveway onto Post Street would be configured to allow full ingress and egress onto Post Street. Access from Geary Street would be ingress-only for both the hospital and MOB. Emergency egress onto Geary Street would be allowed at the Hospital. All driveways would be single lanes, and access from Geary Street would be allowed using a revocable curb cut permit.

Proposed Project Variant 2 (hereafter referred to as the "MOB Access Variant") would maintain the one-way eastbound restriction that currently is in place on Cedar Street. The Hospital driveway onto Post Street would be configured to allow right-in/right-out only access from Post Street (i.e., Post Street would remain eastbound east of Gough Street). Access from Geary Street would be ingress-only for the hospital and both ingress and egress for the MOB. Emergency egress onto Geary Street would be allowed at the Hospital. All driveways would be single lanes, and access from Geary Street would be allowed using a revocable curb cut permit.

I. SUPPLEMENTAL STUDY INTERSECTION ANALYSIS

The supplemental study intersections are located in the Tenderloin and Civic Center neighborhoods and are generally bounded by Geary Street to the north, Leavenworth Street to the east, Market Street to the south, and Polk Street to the west. The seven study intersections are shown in **Figure 1** and are also listed below:

A. Polk Street/Ellis Street

B. Larkin Street/Geary Street

C. Hyde Street/O'Farrell Street

D. Leavenworth Street/Geary Street

E. Larkin Street/Grove Street

F. 9th Street/Larkin Street/Market Street

G. 7th Street/Market Street

EXISTING CONDITIONS

This section presents the existing conditions of the supplemental study intersections, including AM and PM peak hour level of service and a qualitative assessment of the interaction between vehicles, pedestrians, and bicyclists at each intersection.

Intersection Volumes, Lane Configurations and Levels of Service

Weekday peak hour intersection turning movement counts at the supplemental study intersections were conducted in October and November 2010. Care was made to select days in which conditions would best be described as "normal." As such, no traffic counts were collected on days coinciding with the Major League Baseball playoffs games or major events in San Francisco.

At the time that the original existing conditions for the Cathedral Hill TIS were completed, the San Francisco Municipal Transportation Agency ("SFMTA") had not instituted an effort to discourage private vehicle traffic on eastbound Market Street on a trial basis. The trial started in December 2009. As part of the study, eastbound drivers are required to turn right at 10th Street and vehicles entering eastbound Market Street between 10th Street and 7th Street are required to turn right at 6th Street. This effort is not expected to affect westbound Market Street or cross Market Street traffic. The trial is expected to become a permanent installation in 2011.

A comparison of intersection turning movement counts conducted in 2006 and in November 2010 at the intersection of 8th Street/Market Street shows that the total number of eastbound vehicles has decreased approximately 15 and 40 percent in the AM and PM peak hours, respectively. Additionally, an increase was observed in eastbound vehicles turning right at 8th Street and a decrease in southbound vehicles turning left onto Market Street from Hyde Street, particularly during the AM peak hour.

Figures 2 and **3** show the peak hour intersection turning movement volumes and associated lane configurations and controls for the supplemental study intersections. The critical movement, which is the traffic movement that experiences the highest level of congestion, is also shown.

Lane configurations, including traffic lanes, turn pockets, and Muni-only lanes were confirmed based on field observations. Traffic signal timing plans (i.e., phasing, green time, etc.,) were provided by the SFMTA.



CPMC Cathedral Hill Campus TIS - Supplemental Analysis

EXISTING PEAK HOUR TURNING MOVEMENT VOLUMES

Dec 2010

FIGURE 2

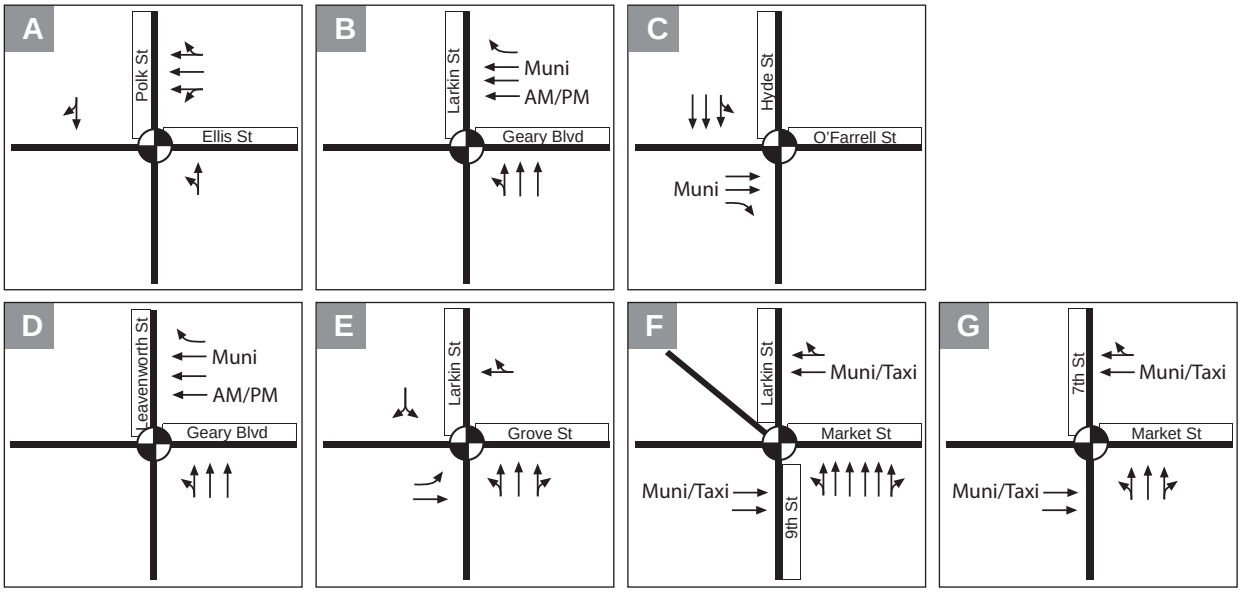


LEGEND

- CPMC Cathedral Hill Campus
- Park
- 1 — Signalized Study Intersection
- 22 — Unsignalized Study Intersection
- A — Supplemental Study Intersection

KEY:

- = Traffic Signal
- Muni = Muni only lane; right turns allowed for passenger vehicles from Muni only lanes.
- Muni/Taxi = Muni/Taxi only lane; passenger vehicles prohibited.
- AM/PM = Parking restriction enforced during AM or PM peak period. Lane available for travel.



CPMC Cathedral Hill Campus TIS - Supplemental Analysis

EXISTING LANE CONFIGURATIONS AND TRAFFIC CONTROLS

Dec 2010

FIGURE 3

The supplemental traffic analysis evaluates the operational characteristics during the weekday AM and PM peak period (between 7:00 to 9:00 AM and 4:00 PM to 6:00 PM, respectively) of the seven supplementary study intersections.

Vehicle operations at intersections are typically described in terms of "Level of Service" (LOS). LOS is a qualitative measure of the effect of several factors on traffic operating conditions including speed, travel time, traffic interruptions, freedom to maneuver, safety, driving comfort, and convenience. Transportation planners and engineers generally measure LOS quantitatively in terms of vehicular delay and describe LOS using a scale that ranges from LOS A, which indicate free flow or excellent conditions with short delays, to LOS F, which indicates congested or overloaded conditions with long delays. LOS A through LOS D is considered excellent to satisfactory operating conditions, and LOS E represents "at-capacity" operations. When traffic volumes exceed capacity, stop-and-go conditions result, and operations are designated as LOS F. In San Francisco, LOS A through D is considered satisfactory for signalized intersections, and LOS E and F are considered unsatisfactory service levels.

The supplementary study intersections were analyzed using the 2000 *Highway Capacity Manual* (HCM) methodology. Control delay is defined as the delay directly associated with the traffic control device (e.g., a traffic signal) and specifically includes the initial deceleration delay, queue move-up time, stopped delay, and final acceleration delay.

Levels of service were calculated at each supplemental study intersection for the weekday AM and PM peak hour. **Table 1** presents the resulting LOS and corresponding delay at each study intersection. As shown in the table, all seven of the supplemental study intersections operate at LOS C or better during both the AM and PM peak hour.

TABLE 1:
EXISTING INTERSECTION LEVELS OF SERVICE (LOS) – SUPPLEMENTAL INTERSECTIONS

Intersection	Traffic Control[1]	Peak Hour	Avg. Delay[2]	LOS[3,4]
A. Polk Street/Ellis Street	Signalized	AM PM	14.2 16.3	B B
B. Larkin Street/Geary Street	Signalized	AM PM	13.8 15.3	B B
C. Hyde Street/O'Farrell Street	Signalized	AM PM	12.6 13.1	B B
D. Leavenworth Street/Geary Street	Signalized	AM PM	12.4 14.1	B B
E. Larkin Street/Grove Street	Signalized	AM PM	13.4 13.5	B B
F. 9th Street/Market Street	Signalized	AM PM	14.0 21.3	B C
G. 7th Street/Market Street	Signalized	AM PM	16.7 22.2	B C

Notes:

1. Signalized = Signal controlled.
2. Delay presented in seconds per vehicle.
3. LOS = Level of Service; Intersections operating at unacceptable levels of service, LOS E or LOS F, are highlighted in **bold**.
4. For signalized intersections, LOS based on average intersection delay, based on the methodology in the *Highway Capacity Manual*, 2000 Edition.

Source: Fehr & Peers, 2010.

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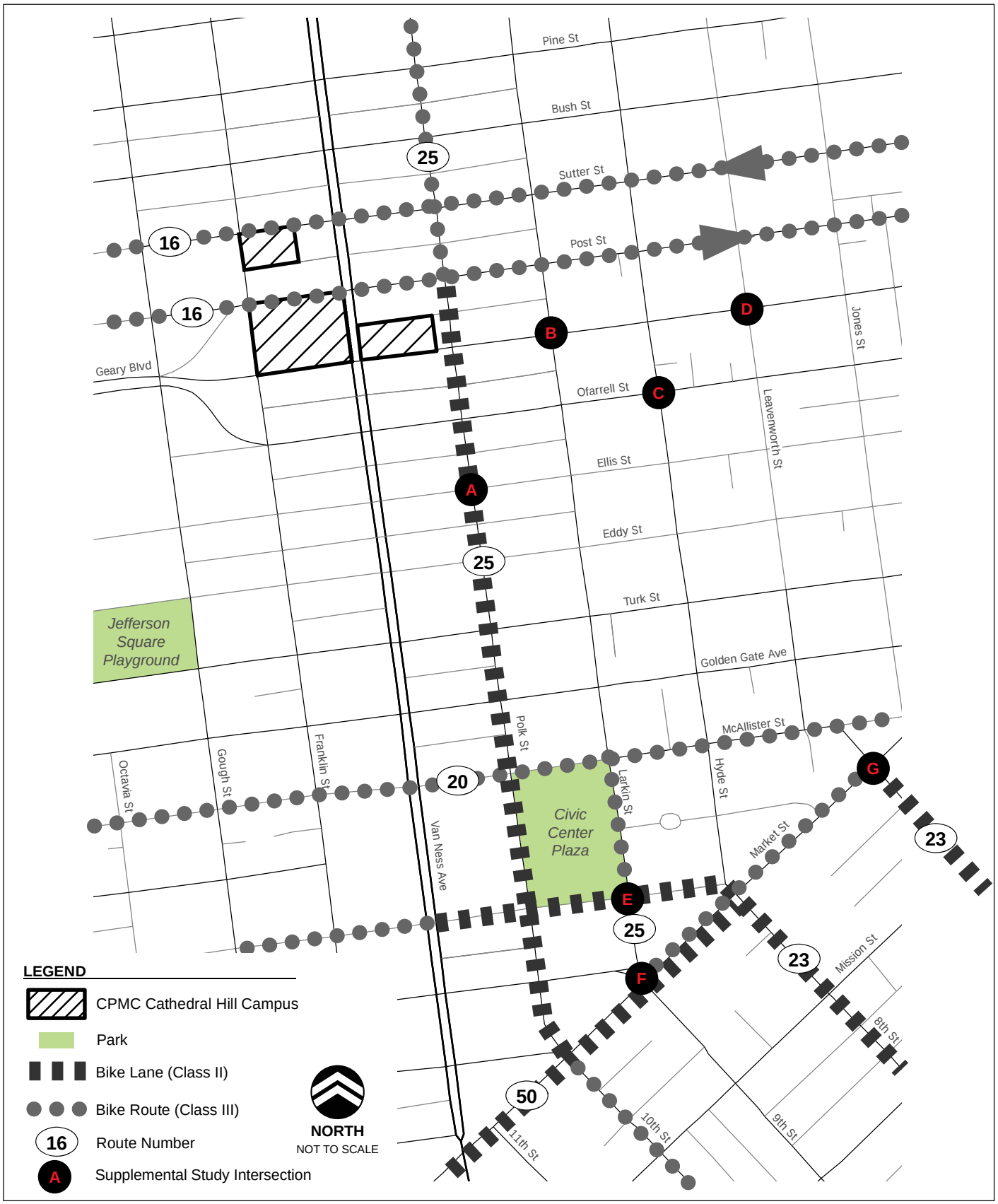
Existing Pedestrian and Bicycle Conditions

This section describes the existing pedestrian and bicycling environment near the supplemental study intersections. Pedestrian facilities include sidewalks, crosswalks, curb ramps, and pedestrian signals and countdown timers. Pedestrian facilities and conditions were quantitatively analyzed for intersections near the project site in the Cathedral Hill TIS; however, this supplemental analysis only qualitatively considers pedestrian facilities and conditions near the additional intersections.

Bicycle Facilities

The bicycle routes as designated by the San Francisco 2009 Bike Plan are shown on a map of the supplemental study area as shown on **Figure 4**. There are five bicycle routes within the area:

- *Route #16* on Post Street (eastbound) and Sutter Street (westbound) between Webster Street and Market Street (Class III facility)
- *Route #20* on McAllister Street (Class III facility)
- *Route #23* on 8th Street (southbound) and 7th Street (northbound) south of Market Street (Class II facility)
- *Route #25* on Polk/10th Street between Mission Street and Beach Street. Between Mission and Market Street this is a Class III facility; between Market Street and Post Street and between Union Street and Beach Street this route is a Class II facility and between Post and Union Street this route is a Class III facility.
- *Route #50* on Market Street between 17th Street and Steuart Street: Between Van Ness Avenue and 9th Street-Larkin Street this is a Class II facility (painted green); between 9th Street-Larkin Street and 8th Street-Hyde Street it is a Class II facility on the north side and Class III facility on the south side of Market Street; east of 8th Street-Hyde Street it is a Class III facility



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EXISTING BICYCLE ROUTE NETWORK

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FIGURE 4

Intersection Observations

A. Polk Street/Ellis Street: This intersection has crosswalks on all four sides of the intersection and no pedestrian countdown signals. At the time of field observations, the curb ramps on all four corners were being reconstructed with new directional ramps and truncated dome sections. In general, pedestrian volumes were low to moderate, with about zero to 10 pedestrians crossing per traffic signal cycle during both AM and PM peak hours. Polk Street has Class II bike lanes in both directions, and about five cyclists were observed traveling through the intersection during each traffic signal cycle. Vehicles yielded to pedestrians and bicyclists, and no substantial conflicts were observed.

B. Geary Street/Larkin Street: This intersection has crosswalks on all four sides of the intersection and countdown pedestrian signals on all approaches. There is a bus stop on the west side of the intersection. In general, pedestrian volumes were low to moderate, with about five to 10 pedestrian crossings per traffic signal cycle. Very few cyclists were observed (along Geary Street). Vehicles yielded to pedestrians and bicyclists, and no substantial conflicts were observed.

C. Hyde Street/O'Farrell Street: This intersection has crosswalks on all four sides of the intersection and countdown pedestrian signals on all approaches. There is a bus stop on the east side of the intersection. In general, pedestrian volumes were moderate, with about 10 to 15 pedestrians crossing per traffic signal cycle. Vehicles yielded to pedestrians, and no substantial conflicts were observed.

D. Leavenworth Street/Geary Street: This intersection has crosswalks on all four sides of the intersection and countdown pedestrian signals on all approaches. In general, pedestrian volumes were moderate during both the AM and PM peak hours, with about 10 to 15 pedestrians crossing each side of the intersection during each traffic signal cycle. Bus stops on south and west legs of the intersection increased the amount of foot traffic. Vehicles yielded to pedestrians; however, some conflicts were observed when pedestrians would cross outside of the crosswalk on the west side of the intersection after exiting a bus at the stop on that corner.

E. Larkin Street/Grove Street: This intersection has wide crosswalks on all four sides of the intersection and countdown pedestrian signals on all approaches. In general, pedestrian volumes were moderate during both the AM and PM peak hours, with about 10 to 15 pedestrians crossing each side of the intersection during each traffic signal cycle. Grove Street has a Class II bike lane in the eastbound direction at this intersection. The intersection had several bicyclists headed eastbound during each traffic signal cycle during the AM peak hour. Vehicles yielded to pedestrians and bicyclists, and no substantial conflicts were observed.

F. 9th Street-Larkin Street-Hayes Street/Market Street: This intersection has wide decorative crosswalks on all four sides of the intersection and countdown pedestrian signals on all approaches. There are in-lane bus boarding islands on both the east and west sides of the intersection. In general, pedestrian volumes were moderate during both the AM and PM peak hours, with about 15 to 20 pedestrians crossing each side of the intersection during each traffic signal cycle. This intersection also had a substantial number of bicyclists headed eastbound during the AM peak hour and westbound during the PM peak hour along Market Street. During the AM peak hour, up to 15 bicyclists would travel through the intersection during certain traffic signal cycles. In general, vehicles yielded to pedestrians and bicyclists. Eastbound private vehicle traffic is temporarily restricted between 10th Street and 9th Street as part of the temporary forced right turns discussed earlier; therefore, bicyclists tended to use the entire lane when heading eastbound. During the PM peak hour, vehicles turning right from Market Street onto either Hayes Street or Larkin Street tended to block bicyclists proceeding westbound on Market Street, causing cyclists to weave through queued vehicles at the approach.

G. 7th Street/Market Street: This intersection has wide decorative crosswalks on all four sides of the intersection and countdown pedestrian signals on all approaches. There are in-lane bus boarding islands on the east, west, and south sides of the intersection, and a bus bulbout on the north side of the intersection. In general, pedestrian volumes were moderate to high during both the AM and PM peak hours, with about 20 pedestrians crossing each side of the intersection during each traffic signal cycle. This intersection also had a substantial number of bicyclists headed eastbound during the AM peak hour and westbound during the PM peak hour along Market Street. During the AM peak hour, up to 15 bicyclists would travel through the intersection during certain traffic signal cycles. Bicyclists tended to use the entire curbside lane when heading eastbound or westbound though the intersection. In general, vehicles yielded to pedestrians and bicyclists and no substantial conflicts were observed. Bicyclists tended to advance into the crosswalk prior to stopping; however, most yielded to pedestrians in the crosswalk.

Tenderloin- Little Saigon Neighborhood Area

The need to improve the pedestrian, bicycle, and transit user experience in the supplemental study area has previously been identified, studied, and prioritized. As a means of background; the *Tenderloin-Little Saigon Neighborhood Transportation Plan Final Report*, March 2007 ("TLS Study") is a report prepared by the San Francisco County Transportation Authority (SFCTA) and partially funded by a grant from the Metropolitan Transportation Commission (MTC). The report's aim was to "prioritize community transportation needs and develop near and mid-term improvements in the Tenderloin and Little Saigon neighborhoods". The study area was generally bounded by Van Ness Avenue, Market Street, Powell Street, and Post Street, generally overlaps with the supplementary analysis area, and is shown in Image



Image 1. Little Saigon Study Area.
(Source: SFCTA, 2007)

Through a process involving both community outreach and technical analysis, the TLS Study identified a number of priority projects ranging in benefits and costs to improve pedestrian safety, calm traffic, improve transit service, and enhance the streetscape. Some specific projects or actions proposed in the plan included:

Pedestrian safety: construct intersection bulb-outs to reduce crossing distances, make crosswalks more visible with improved markings, install red-light running cameras to reduce vehicle speeds, install pedestrian countdown timers at intersections, and install on-street Class II (separate lane) or Class III (within traffic lane) bicycle lanes when possible.

Calm Traffic: narrow traffic lanes, install designated bicycle or bus-only lanes, convert one-way streets to two-way streets, retime signal progressions to reduce average vehicle travel speeds, reduce the number of overall travel lanes, and plant trees at uniform distances within the parking lane (4 per block).

Improve Transit Service: Install bus bulb-outs (where the sidewalk is extended outwards at a bus stop) to decrease bus reentry times and improve reliability, 'colorize' (with paint) the Geary Street/O'Farrell Street bus-only lanes, alter the street circulation network (one-way to two-way streets) to consolidate bus routes, and upgrade/improve bus stops

Enhance the Streetscape: Install 'pedestrian-scale' sidewalk lighting, widen sidewalks, plant trees at uniform distances within the parking lane (4 per block), and install 'pedestrian-scale' directional signs to improve way finding.

Appendix A includes the specific improvements, categorized by near-term, mid-term, and long-term phases that were proposed in the Study.

The SFMTA confirmed that the following improvements, as identified in the Tenderloin/Little Saigon Study:

Have been implemented;

- Curb extensions have been installed on the northwest corner of McAllister Street/Jones Street
- A bus bulb-out was installed on the east side of 7th Street between Market Street and McAllister Street

Are under construction as of March 2011;

- New curb extensions on all corners at the intersections of Ellis Street/Hyde Street, Eddy Street/Hyde Street, and Ellis Street/Mason Street
- New curb extensions on the southeast and northeast corners of the intersection of Eddy Street/Jones Street
- Eddy Street - A road diet (reduction from three to two travel lanes) from Mason Street to Larkin Street as part of the road resurfacing of Eddy Street
- Ellis Street - A road diet (reduction from three to two travel lanes) from Mason Street to Polk Street as part of the road resurfacing of Ellis Street
- The installation of decorative crosswalks at selected locations along Eddy Street and Ellis Street

Will require further transportation analysis/environmental review;

- The conversion of Eddy and Ellis Streets from a one-way couplet to two-way roadways

IMPACT ANALYSIS

The remainder of this letter report describes the impact of the Proposed Project within the supplemental study area under Modified Baseline and Cumulative Conditions.

Study Scenarios

The Cathedral Hill TIS analyzed the transportation system under the following scenarios. The supplemental study intersections were analyzed under the same scenarios.

Modified Baseline No Project Conditions describes the anticipated operating conditions of the transportation network in Year 2015, including the expected growth between existing conditions and 2015 assuming no new development at the Campus site. A modified baseline of year 2015 was chosen to represent when the Cathedral Hill Campus would be completed and the buildings occupied. Vehicle operations at the supplemental study intersections are described for Modified Baseline Conditions.

Modified Baseline Plus Project Conditions describes the anticipated operating conditions of the transportation network under Modified Baseline Conditions assuming full operation of the new Hospital and MOB. Operations of the transportation network after the addition of the travel demand from the project are described, including the project's impacts on study intersections, bicycle, and pedestrian facilities.

Cumulative No Project Conditions describes the anticipated operating conditions of the transportation network in Year 2030 including the expected growth between existing conditions and 2030, assuming no development at the Cathedral Hill Campus (existing land uses would remain). Vehicle operations at each of the supplemental study intersections are described for Cumulative 2030 Conditions.

Cumulative Plus Project Conditions describes the anticipated operating conditions of the transportation network in Cumulative Conditions assuming full buildout and operation of the new Hospital and MOB. Operations of the transportation network after the addition of the travel demand from the project are described, including the project's impacts on study intersections, bicycle, and pedestrian facilities.

Projects in San Francisco are typically analyzed under an "existing plus project" scenario in which the project's travel demand is layered onto existing transportation conditions. However, due to the scale and timeframe of projects included in the CPMC LRDP, a Modified Baseline scenario was developed to present a more accurate representation of the transportation system at the time when the Cathedral Hill Campus would open.

Significance Criteria

The supplementary study area was analyzed and impacts were identified using the City of San Francisco significance thresholds, as described in the Cathedral Hill TIS and DEIR.

Traffic Impacts

Modified Baseline Conditions

As described in the Cathedral Hill TIS, Modified Baseline traffic volumes were developed based on expected traffic growth rates between 2005 and 2030 using the SFCTA travel demand model (SF CHAMP model). The growth predicted by the model was applied to the existing year traffic counts collected at the supplemental study intersections in order to obtain year 2015 turning movement volumes. The resulting traffic estimates represent Modified Baseline No Project traffic volumes within the study area assuming no changes to the existing uses within the project site. The planned growth at other CPMC campuses is included in this Modified Baseline No Project. In other words, the Modified Baseline No Project analysis for the Cathedral Hill Campus assumes that all other campuses are built out as identified in the LRDP. Modified Baseline No Project Conditions for the supplemental study intersections are shown on **Figure 5**[1]**.**

As presented in the Cathedral Hill TIS, the Proposed Project would generate 593 AM peak hour and 609 PM net peak hour vehicle trips. Based on the trip distribution presented in the Cathedral Hill TIS, these trips were added to the Modified Baseline No Project peak hour intersection volumes to represent Modified Baseline Plus Project Conditions within the supplemental study area. The project trip assignment at the supplementary intersections is shown on **Figure 6**. Modified Baseline Plus Project Conditions peak hour turning movement volumes are shown on **Figure 7**.

Consistent with the significance criteria presented in Section 4.1 of the Cathedral Hill TIS, the Proposed Project and Project Variants were determined to have a significant impact at an intersection if project-

1. Future year intersection volume forecasts prepared by Adavant Consulting.

generated trips would cause an intersection operating at LOS D or better under the Modified Baseline No Project Condition to operate at LOS E or LOS F, or an intersection operating at LOS E under the Modified Baseline No Project Condition to deteriorate to LOS F conditions. At intersections that would operate at LOS E or LOS F under the Modified Baseline No Project Condition, and would continue to operate at LOS E or LOS F under Modified Baseline Plus Project Conditions, the increase in project vehicle trips were reviewed to determine whether the increase would contribute considerably to critical movements operating at LOS E or LOS F[2]. **Table 2** presents intersection LOS for AM and PM peak hour for Existing, Modified Baseline No Project, and Modified Baseline Plus Project. The Modified Baseline Plus Project conditions are also presented for the two Project Variants – the Post Street Variant and the MOB Access Variant.

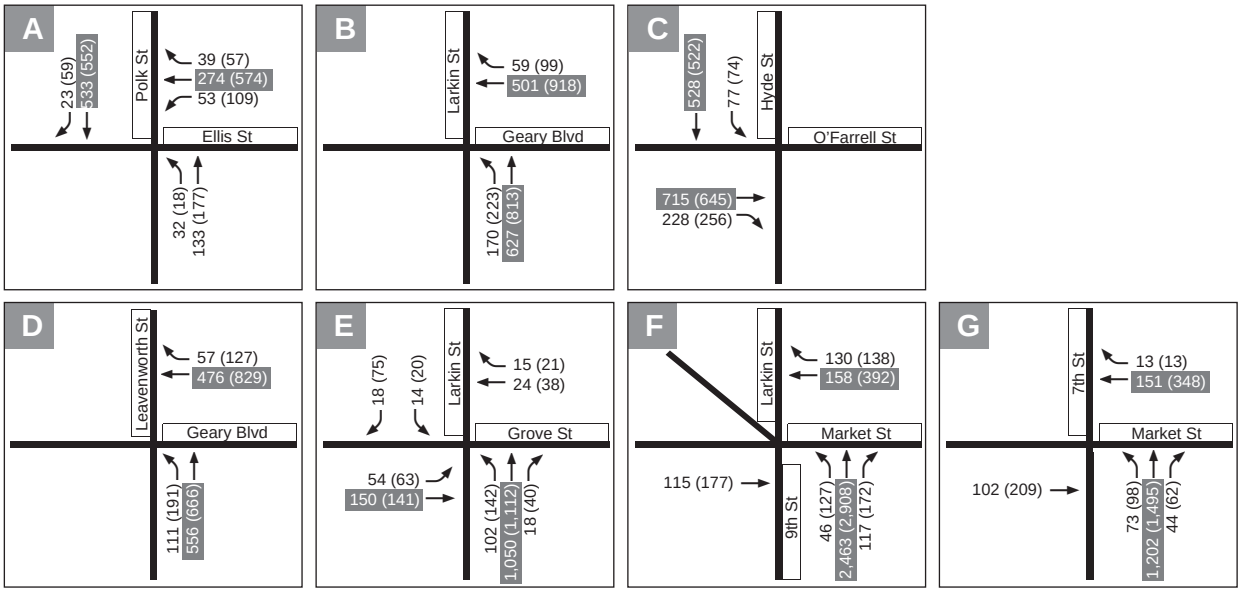
2. At an intersection, the critical movements are the traffic movements that operate with the highest volume to capacity ratio. In other words, the critical movements are the most congested movements.



KEY:

XX (YY) = AM (PM) Peak Hour Traffic Volumes

XX (YY) = Critical Movement



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MODIFIED BASELINE NO PROJECT PEAK HOUR TURNING MOVEMENT VOLUMES

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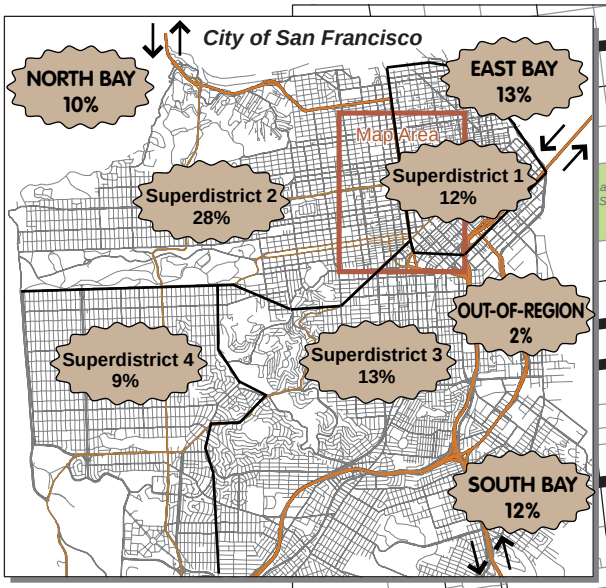
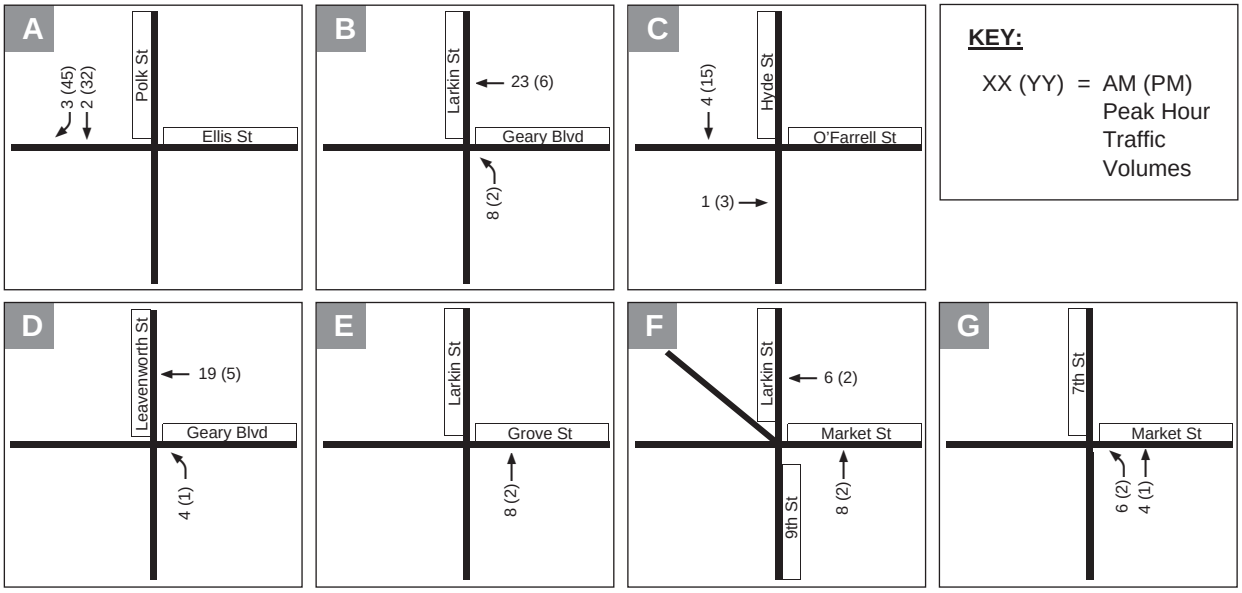
FIGURE 5



LEGEND

- CPCM Cathedral Hill Campus
- Park
- Study Intersection
- Supplemental Study Intersection
- XX% Trip Distribution %
- Key Routes



KEY:

XX (YY) = AM (PM) Peak Hour Traffic Volumes

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PROJECT TRIP DISTRIBUTION

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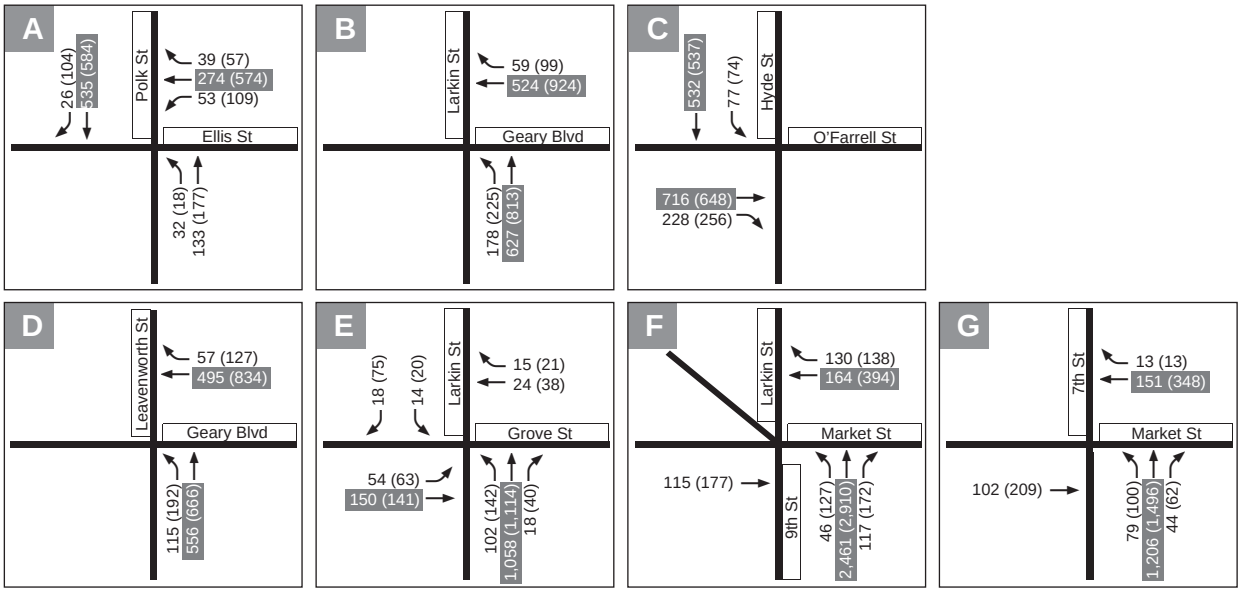
FIGURE 6



KEY:

XX (YY) = AM (PM) Peak Hour Traffic Volumes

XX (YY) = Critical Movement



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MODIFIED BASELINE PLUS PROJECT PEAK HOUR TURNING MOVEMENT VOLUMES

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FIGURE 7

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TABLE 2:
EXISTING AND MODIFIED BASELINE INTERSECTION LOS – SUPPLEMENTAL INTERSECTION ANALYSIS

Intersection	Peak Hour	Existing		Modified Baseline No Project		Modified Baseline Plus Project		Modified Baseline Plus Post Street Variant		Modified Baseline Plus MOB Access Variant	
		Avg. Delay	LOS[1,2]	Avg. Delay	LOS[1,2]	Avg. Delay	LOS[1,2]	Avg. Delay	LOS[1,2]	Avg. Delay	LOS[1,2]
A. Polk Street/Ellis Street	AM	14.2	B	13.7	B	13.8	B	13.8	B	13.8	B
	PM	16.3	B	17.8	B	19.2	B	19.2	B	18.5	B
B. Larkin Street/Geary Street	AM	13.8	B	14.1	B	14.1	B	14.1	B	14.1	B
	PM	15.3	B	16.8	B	16.9	B	16.9	B	16.9	B
C. Hyde Street/O'Farrell Street	AM	12.6	B	12.5	B	12.5	B	12.5	B	12.5	B
	PM	13.1	B	13.3	B	13.4	B	13.4	B	13.4	B
D. Leavenworth Street/Geary Street	AM	12.4	B	12.5	B	12.5	B	12.5	B	12.5	B
	PM	14.1	B	14.2	B	14.3	B	14.3	B	14.3	B
E. Larkin Street/Grove Street	AM	13.4	B	13.8	B	13.8	B	13.8	B	13.8	B
	PM	13.5	B	13.9	B	13.9	B	13.9	B	13.9	B
F. 9th Street/Market Street	AM	14.0	B	14.3	B	14.3	B	14.3	B	14.3	B
	PM	21.3	C	23.5	C	23.7	C	23.7	C	23.7	C
G. 7th Street/Market Street	AM	16.7	B	17.2	B	17.4	B	17.4	B	17.4	B
	PM	22.2	C	25.6	C	25.8	C	25.8	C	25.8	C

Notes:

Bold font indicates deficient LOS of LOS E or LOS F

1. LOS = Level of Service
2. For signalized intersections and all-way stop-controlled intersections, LOS based on average intersection delay, based on the methodology in the *Highway Capacity Manual*, 2000 Edition. For stop-controlled intersections, the delay of the worst performing approach is presented.
3. At some of the study intersections, the average delay per vehicle would remain the same or slightly decrease with the addition of project-related traffic. Using the HCM methodology, the level of service is calculated based on an average of the total vehicular delay per approach, weighted by the number of vehicles at each approach. Increases in traffic volumes at an intersection usually result in increases in the overall intersection delay. However, if there are increases in the number of vehicles at movements with low delays, the average weighted delay per vehicle may remain the same or decrease

Source: Fehr & Peers, 2010

Table 2 presents the intersection levels of service for Modified Baseline No Project and Modified Baseline Plus Project Conditions. In general, the addition of project-generated traffic would result in minor changes in the average delay per vehicle at the supplemental study intersections, and all study intersections would continue to operate at the same service level as under Modified Baseline No Project Conditions. In general, intersection operations would be consistent between the Proposed Project and the Project Variants, except at intersections located near the Campus where local changes in circulation would affect project-related vehicle turning movements.

It should be noted that at two of the supplemental study intersections, Polk Street/Ellis Street and Hyde Street/O'Farrell Street, the average delay per vehicle slightly decreases under Modified Baseline No Project Conditions when compared to Existing Conditions during the AM peak hour. This slight decrease is attributable to the slight increase of the peak hour factor (PHF) in some future situations.

The seven supplemental intersections operate acceptably under both AM and PM peak hour conditions under Modified Baseline No Project Conditions and would continue to operate acceptably under Modified Baseline Plus Project Conditions; therefore, the Proposed Project would have a ***less-than-significant*** impact.

Implementation of either the Post Street Variant or the MOB Access Variant would result in similar level of service and delay changes as the Proposed Project; therefore, both the Post Street Variant and the MOB Access Variant would have a ***less-than-significant*** impact.

Cumulative Conditions

As described in the Cathedral Hill TIS, future year Cumulative Condition traffic volume forecasts were estimated based on output from the SF CHAMP travel demand model. The Cumulative analysis does not assume any changes to the existing roadway network. Cumulative Conditions describes the anticipated operating conditions of the transportation network in Year 2030 including the expected growth between existing conditions and 2030, assuming no development at the Cathedral Hill Campus (existing land uses would remain).

Cumulative No Project Conditions traffic volumes are depicted on **Figure 8**, project generated traffic was added to the Cumulative No Project volumes to determine Cumulative Plus Project intersection turning movement volumes. These volumes are shown in **Figure 9**. Project-generated traffic in the Cumulative Plus Project scenario is the same as project generated traffic in the Modified Baseline Plus Project scenario.



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CUMULATIVE NO PROJECT PEAK HOUR TURNING MOVEMENT VOLUMES

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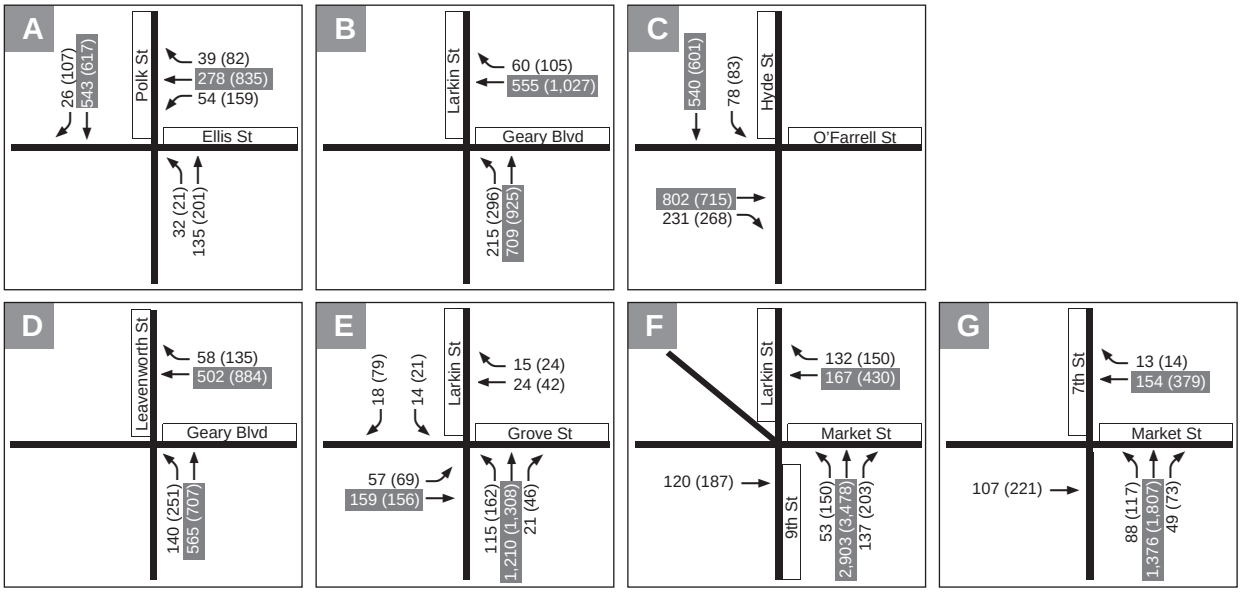
FIGURE 8



KEY:

XX (YY) = AM (PM) Peak Hour Traffic Volumes

XX (YY) = Critical Movement



CPMC Cathedral Hill Campus TIS - Supplemental Analysis

CUMULATIVE PLUS PROJECT PEAK HOUR TURNING MOVEMENT VOLUMES

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FIGURE 9

TABLE 3:
EXISTING AND CUMULATIVE INTERSECTION LOS – SUPPLEMENTAL INTERSECTION ANALYSIS

Intersection	Peak Hour	Existing		Cumulative No Project		Cumulative Plus Project		Cumulative Plus Post Street Variant		Cumulative Plus MOB Access Variant	
		Avg. Delay	LOS[1,2]	Avg. Delay	LOS[1,2]	Avg. Delay	LOS[1,2]	Avg. Delay	LOS[1,2]	Avg. Delay	LOS[1,2]
A. Polk Street/Ellis Street	AM	14.2	B	13.6	B	13.7	B	13.7	B	13.6	B
	PM	16.3	B	32.8	C	33.7	C	33.7	C	33.2	C
B. Larkin Street/Geary Street	AM	13.8	B	15.0	B	15.1	B	15.1	B	15.1	B
	PM	15.3	B	20.1	C	20.2	C	20.2	C	20.2	C
C. Hyde Street/O'Farrell Street	AM	12.6	B	12.7	B	12.7	B	12.7	B	12.7	B
	PM	13.1	B	13.9	B	14.0	B	14.0	B	14.0	B
D. Leavenworth Street/Geary Street	AM	12.4	B	12.5	B	12.5	B	12.5	B	12.5	B
	PM	14.1	B	15.1	B	15.1	B	15.1	B	15.1	B
E. Larkin Street/Grove Street	AM	13.4	B	15.1	B	15.2	B	15.2	B	15.2	B
	PM	13.5	B	16.5	B	16.6	B	16.6	B	16.6	B
F. 9th Street/Market Street	AM	14.0	B	15.6	B	15.7	B	15.7	B	15.7	B
	PM	21.3	C	39.2	D	39.5	D	39.5	D	39.5	D
G. 7th Street/Market Street	AM	16.7	B	20.1	C	20.5	C	20.5	C	20.5	C
	PM	22.2	C	**61.7**	**E**	**62.3**	**E**	**62.3**	**E**	**62.3**	**E**

Notes:

Bold font indicates deficient LOS of LOS E or LOS F

1. LOS = Level of Service
2. For signalized intersections and all-way stop-controlled intersections, LOS based on average intersection delay, based on the methodology in the *Highway Capacity Manual*, 2000 Edition. For stop-controlled intersections, the delay of the worst performing approach is presented.

Source: Fehr & Peers, 2010

Table 3 presents intersection LOS for AM and PM peak hour for Existing, Cumulative No Project, and Cumulative Plus Project. The Cumulative Plus Project conditions are also presented for the two Project Variants – the Post Street Variant and the MOB Access Variant.

In general, the addition of project-generated traffic would result in minor changes in the average delay per vehicle at the supplemental study intersections, and all study intersections would continue to operate at the same service levels as under the Modified Baseline No Project Conditions. In general, intersection operations would be consistent between the Proposed Project and the Project Variants, except at intersections located near the Campus where local changes in circulation would affect project-related vehicle turning movements.

It should be noted that at one of the supplemental study intersections, Polk Street/Ellis Street, the average delay per vehicle slightly decreases under Cumulative No Project Conditions when compared to Existing Conditions during the AM peak hour. This slight decrease is attributable to the slight increase of the peak hour factor (PHF) in some future situations.

Six of the seven supplemental intersections operate acceptably under both AM and PM peak hour conditions under Cumulative No Project conditions and would continue to operate acceptably under Cumulative Plus Project Conditions; therefore, the Proposed Project would have a ***less-than-significant*** impact at the intersections of:

A. Polk Street/Ellis Street

B. Larkin Street/Geary Street

C. Hyde Street/O'Farrell Street

D. Leavenworth Street/Geary Street

E. Larkin Street/Grove Street

F. 9th Street/Larkin Street/Market Street

Intersection G - *7th Street/Market Street (LOS E, PM Peak Hour)*

One of the supplemental study intersections, 7th Street/Market Street operates at LOS E during the PM peak hour under Cumulative No Project and Cumulative Plus Project Conditions. The critical northbound through movement operates at LOS E. The Proposed Project would add 1 vehicle trip to the critical northbound through movement at the intersection during the PM peak hour, which represents 0.1 percent of the movement's volume. Therefore, the project's contribution to this critical movement would not be considered significant. The critical westbound through movement operates at acceptable levels of service. Therefore, the project's impact at this intersection would be considered ***less than significant***.

Implementation of either the Post Street Variant or the MOB Access Variant would result in similar level of service and delay changes as the Proposed Project; therefore, both the Post Street Variant and the MOB Access Variant would have a ***less-than-significant*** impact.

Bicycle Impacts

Modified Baseline and Cumulative Conditions

As presented in the Cathedral Hill TIS, the Proposed Project would have a significant impact to bicycles if it would create potentially hazardous conditions for bicyclists or otherwise substantially interfere with bicycle accessibility to the site and adjoining areas.

The Proposed Project would add vehicle trips to the supplementary study intersections. As discussed earlier, some cyclists travel through the supplementary intersections, particularly along Polk Street. Aside from the additional trips through the intersections, the vehicle/bike conflict would be similar to what occurs today. Along the bicycle routes with the heaviest observed bicycle volumes – Market Street and Polk Street – the Proposed Project would increase traffic volumes less than three percent, which would not be considered significant. Specifically, the Proposed Project would add vehicle trips (combination of AM and PM peak hour) to the following streets with designated bicycle facilities;

- approximately 85 vehicle trips to Polk Street south of O'Farrell Street;
- approximately 100 vehicle trips to Polk Street north of Sutter Street;
- approximately 15 vehicle trips to Sutter Street west of Polk Street;
- approximately 55 vehicle trips to Post Street east of Polk Street;
- approximately 20 vehicle trips to 8th Street south of Market Street;

The project would add vehicle trips primarily to the major through movements at the supplementary intersections (e.g., northbound on 9th Street, southbound on 8th Street, and northbound or southbound on Polk Street) and would not necessarily increase the number of vehicles turning right or left into a bicycle lane or route.

Class II bicycle lanes and Class III bicycle routes are already provided on designated streets per the San Francisco Bike Plan, and no other specific bicycle improvements were identified in the Little Saigon Study. Therefore, the Proposed Project would have a ***less-than-significant*** impact to bicyclists in the supplemental study area.

Pedestrian Impacts

Modified Baseline and Cumulative Conditions

As presented in the Cathedral Hill TIS, the Proposed Project would have a significant impact to pedestrians if it would result in substantial overcrowding of sidewalks, create potentially hazardous conditions for pedestrians, or otherwise interfere with pedestrian accessibility to the site or adjoining areas. The Proposed Project was found to have a ***less-than-significant*** impact to pedestrians in the DEIR. The following discussion is presented as a supplemental analysis.

As discussed under existing conditions, the supplementary study intersections have low to moderate levels of pedestrian activity and vehicles generally yielded to pedestrians as required by the California Vehicle Code. The Proposed Project would add vehicle trips to the following movements (project contribution to modified baseline and (cumulative) percentages are presented) at the supplementary study intersections:

A. Polk Street/Ellis Street

- Southbound Right: 3 trips, or 11.5% (11.5%) of the total movement, during the AM peak hour; and 45 trips, or 43% (42%) of the total movement, during the PM peak hour.
- Southbound Through: 2 trips, or 0.4% (0.4%) of the total movement, during the AM peak hour; and 32 trips, or 5.5% (5.2%) of the total movement, during the PM peak hour.

  TLS Study Recommendations: The TLS study recommended the installation of curb extensions and pedestrian countdown signals at this intersection, although the specific location for curb extensions was not identified. Pedestrian countdown signals have already been installed as part of traffic signal upgrades along Ellis Street. Installation of curb extensions on the northwest and southwest corners would improve visibility between pedestrians in the west crosswalk and vehicles (including vehicles traveling away from the CPMC Cathedral Hill Campus) making a southbound right turn, and also shorten the pedestrian crossing distance, both of which would improve pedestrian safety. Currently there is a driveway directly adjacent to the northwest corner, which would prevent an effective curb extension, thus only the southwest corner is recommended going forward. Installation of curb extensions on the other corners of the intersection would similarly improve pedestrian safety; however, the Proposed Project is forecast to add traffic only to the southbound right and southbound through movements and extensions at the other corners would not substantially address project-generated vehicle-pedestrian conflicts.

  Potential Pedestrian Improvements: In addition to recommendations made in the TLS Study, pedestrian safety improvements from the Better Streets Plan toolkit[3] could include:

[3] The San Francisco Better Streets Plan describes design guidelines for pedestrian and streetscape features in the public right-of-way.

- Leading pedestrian intervals for the pedestrian movements, which increases likelihood that turning vehicles will yield to pedestrians;
- Increase the time of, or install an all-red signal phase, which enhances the transfer of right-of-way between vehicles and pedestrians;
- NO RIGHT TURN ON RED restrictions at the south- and westbound approaches, which improves pedestrian safety in crosswalks by minimizing conflicts between pedestrians and turning vehicles;

Any improvements would need to be reviewed by SFMTA.

B. Larkin Street/Geary Street

- Northbound Left: 8 trips, or 4.5% (3.7%) of the total movement, during the AM peak hour; and 2 trips, or 0.9% (0.7%) of the total movement, during the PM peak hour.
- Westbound Through: 23 trips, or 4.3% (4.1%) of the total movement, during the AM peak hour; and 6 trips, or 1.0% (0.9%) of the total movement, during the PM peak hour.

TLS Study Recommendations: The TLS Study recommended the installation of curb extensions at this intersection, although the specific location for curb extensions was not identified. Installation of curb extensions on the northwest and southwest corners would improve visibility between pedestrians in the west crosswalk and vehicles (including vehicles destined for the CPMC Cathedral Hill Campus) making a northbound left turn, and also shorten the pedestrian crossing distance, both of which would improve pedestrian safety. Installation of curb extensions on the other corners of the intersection would similarly improve pedestrian safety; however, the Proposed Project is forecast to add traffic to the northbound left and westbound through movements and extensions at the other corners would not substantially address project-generated vehicle-pedestrian conflicts.

Potential Pedestrian Improvements: In addition to recommendations made in the TLS Study, pedestrian safety improvements from the Better Streets Plan toolkit could include:

- Leading pedestrian intervals for the pedestrian movements, which increases likelihood that turning vehicles will yield to pedestrians;
- Increase the time of, or install an all-red signal phase, which enhances the transfer of right-of-way between vehicles and pedestrians;
- NO RIGHT TURN ON RED restriction at the westbound approach, which improves pedestrian safety in crosswalks by minimizing conflicts between pedestrians and turning vehicles;
- High-visibility crosswalks;

Additionally, the Geary BRT project is currently considering several options for transit stops along Geary Street and would include improvements to both transit service and the pedestrian conditions along the street.

Any improvements would need to be reviewed by SFMTA and coordinated with the Geary BRT project.

C. Hyde Street/O'Farrell Street

- Southbound Through: 4 trips, or 0.8% (0.7%) of the total movement, during the AM peak hour; and 15 trips, or 2.8% (2.5%) of the total movement, during the PM peak hour.

- Eastbound Through: 1 trip, or 0.1% (0.1%) of the total movement, during the AM peak hour; and 3 trips, or 1.0% (1.0%) of the total movement, during the PM peak hour.

  TLS Study Recommendations: The TLS study recommended the installation of curb extensions at this intersection, although the specific location for curb extensions was not identified. This would improve visibility between pedestrians and also shorten the pedestrian crossing distance, both of which would improve pedestrian safety. However, the Proposed Project adds traffic to through movements at the intersection, which would not increase potential conflicts with pedestrians and turning vehicles.

  Potential Pedestrian Improvements: In addition to recommendations made in the TLS Study, pedestrian safety improvements from the Better Streets Plan toolkit could include:

  - Leading pedestrian intervals for the pedestrian movements, which increases likelihood that turning vehicles will yield to pedestrians;
  - Increase the time of, or install an all-red signal phase, which enhances the transfer of right-of-way between vehicles and pedestrians;
  - NO RIGHT TURN ON RED restriction at the eastbound approach, which improves pedestrian safety in crosswalks by minimizing conflicts between pedestrians and turning vehicles;
  - High-visibility crosswalks;

  Additionally, the Geary BRT project is currently considering several options for transit stops along O'Farrell Street and would include improvements to both transit service and the pedestrian conditions along the street.

  Any improvements would need to be reviewed by SFMTA and coordinated with the Geary BRT project.

D. Leavenworth Street/Geary Street

- Northbound Left: 4 trips, or 3.5% (2.9%) of the total movement, during the AM peak hour; and 1 trip, or 0.5% (0.4%) of the total movement, during the PM peak hour.
- Westbound Through: 19 trips, or 3.8% (3.7%) of the total movement, during the AM peak hour; and 5 trips, or 0.9% (0.9%) of the total movement, during the PM peak hour.

  A bus bulb-out currently exists on the north side of Geary Street west of Leavenworth Street.

  TLS Study Recommendations: The TLS study recommended the installation of curb extensions at this intersection, although the specific location for curb extensions was not identified. Installation of curb extensions on the northwest and southwest corners would improve visibility between pedestrians in the west crosswalk and vehicles (including vehicles destined for the CPMC Cathedral Hill Campus) making a northbound left turn, and also shorten the pedestrian crossing distance, both of which would improve pedestrian safety. Installation of curb extensions on the other corners of the intersection would similarly improve pedestrian safety; however, the Proposed Project is forecast to add traffic to the northbound left and westbound through movements and extensions at the other corners would not substantially address project-generated vehicle-pedestrian conflicts.

  Potential Pedestrian Improvements: In addition to recommendations made in the TLS Study, pedestrian safety improvements from the Better Streets Plan toolkit could include:

- Leading pedestrian intervals for the pedestrian movements, which increases likelihood that turning vehicles will yield to pedestrians;
- Increase the time of, or install an all-red signal phase, which enhances the transfer of right-of-way between vehicles and pedestrians;
- NO RIGHT TURN ON RED restriction at the westbound approach, which improves pedestrian safety in crosswalks by minimizing conflicts between pedestrians and turning vehicles;
- High-visibility crosswalks;

Additionally, the Geary BRT project is currently considering several options for transit stops along Geary Street and would include improvements to both transit service and the pedestrian conditions along the street.

Any improvements would need to be reviewed by SFMTA and coordinated with the Geary BRT project.

E. Larkin Street/Grove Street

- Northbound Through: 8 trips, or 0.8% (0.7%) of the total movement, during the AM peak hour; and 2 trips, or 0.2% (0.2%) of the total movement, during the PM peak hour.

TLS Study Recommendations: The TLS Study did not identify improvements at this intersection.

Potential Pedestrian Improvements: The Proposed Project is expected to add vehicles primarily to the northbound through movement at this intersection. Pedestrian safety improvements from the Better Streets Plan toolkit could include:

- Leading pedestrian intervals for the pedestrian movements, which increases likelihood that turning vehicles will yield to pedestrians;
- Increase the time of, or install an all-red signal phase, which enhances the transfer of right-of-way between vehicles and pedestrians;

Any improvements would need to be reviewed by SFMTA.

F. 9th Street-Larkin Street-Hayes Street/Market Street

- Northbound Through: 8 trips, or 0.3% (0.3%) of the total movement, during the AM peak hour; and 2 trips, or < 0.1% (< 0.1%) of the total movement, during the PM peak hour.
- Westbound Through: 6 trips, or 3.7% (3.6%) of the total movement, during the AM peak hour; and 2 trips, or 0.5% (0.5%) of the total movement, during the PM peak hour.

TLS Study Recommendations: The TLS Study did not identify improvements at this intersection.

Potential Pedestrian Improvements: The Proposed Project is expected to add vehicles primarily to the northbound through movement at this intersection. Pedestrian safety improvements from the Better Streets Plan toolkit could include:

- Leading pedestrian intervals for the pedestrian movements, which increases likelihood that turning vehicles will yield to pedestrians;

Additionally, the Better Market Street project is currently considering several options for improving transit service and pedestrian and bicycle conditions along the street.

Any improvements would need to be reviewed by SFMTA and coordinated with the Better Market Street project.

G. 7th Street/Market Street

- Northbound Through: 4 trips, or 0.3% (0.3%) of the total movement, during the AM peak hour; and 1 trip, or < 0.1% (< 0.1%) of the total movement, during the PM peak hour.
- Northbound Left: 6 trips, or 7.6% (6.8%) of the total movement, during the AM peak hour; and 2 trips, or 2.0% (1.7%) of the total movement, during the PM peak hour.

TLS Study Recommendations: The TLS Study did not identify improvements at this intersection; however, the Study did identify long-term circulation changes that may affect traffic volumes at this intersection, including converting McAllister Street and Leavenworth Street from one-way operations to two-way operations.

Potential Pedestrian Improvements: The Proposed Project is expected to add vehicles primarily to the northbound through movement at this intersection. Pedestrian safety improvements from the Better Streets Plan toolkit could include:

- Leading pedestrian intervals for the pedestrian movements, which increases likelihood that turning vehicles will yield to pedestrians;

Additionally, the Better Market Street project is currently considering several options for improving transit service and pedestrian and bicycle conditions along the street.

Any improvements would need to be reviewed by SFMTA and coordinated with the Better Market Street.

II. TRAFFIC ASSIGNMENT SENSITIVITY ANALYSIS

Based on public comments received on the DEIR, the Planning Department requested that Fehr & Peers perform a sensitivity analysis to determine what effect would occur if a higher percentage of motorists traveling to the Cathedral Hill Campus from I-80/US 101 and Superdistricts 1 and 3 were to use alternate routes than those assumed in the Transportation Impact Study (TIS) and DEIR. Specifically, there are several alternatives routes from the south that drivers can use to reach the Cathedral Hill Campus, including 9th Street-Larkin Street and 7th Street-Leavenworth Street.

Methodology

Based on the trip distribution and trip assignment used in the DEIR and Cathedral Hill TIS, and consistent with the SF Planning Department's *Transportation Impact Analysis Guidelines for Environmental Review* (SF Guidelines) approximately 15 percent of all vehicle trips generated by the campus would come from the southeast, and could potentially use routes through the South of Market (SoMa) and Tenderloin neighborhoods to reach the Campus.

For the purpose of the sensitivity analysis, project traffic was manually reassigned to alternative routes based on the general geographic areas of each Superdistrict or Region in relation to the SoMa/Tenderloin alternative routes and, in such a way, to present a worse case condition. **Table 4** shows the total percentage of project trips travelling through the SoMa/Tenderloin by direction and peak hour for both the DEIR and Sensitivity Analyses.

TABLE 4:
TRIP DISTRIBUTION THROUGH THE SOMA/TENDERLOIN

	TIA/EIR[1]		Sensitivity Test	
	Northbound	**Southbound**	**Northbound**	**Southbound**
Total	**9%**	17%	**25%**	17%

Notes:
1. Percentage assigned to Tenderloin streets for the traffic impact analysis presented in the Draft Environmental Impact Report (AECOM, July 7, 2010)

Source: Fehr & Peers, 2011.

Travel behavior is affected by several factors, including travel time, travel distance, and general knowledge of various routes to and from a destination. For example, employees familiar with multiple routes to and from the Cathedral Hill Campus area may be more likely to choose secondary routes to the Campus to avoid congestion. Patients or visitors who may be less familiar with the area may be more likely to chose major roadways or rely on online directions which direct drivers to major roadways. Both populations are likely to choose the route that allows them to begin their trip with as few turns as possible upon exiting the campus, thus the percentage leaving the campus southbound through the Tenderloin remains the same as under the TIS/EIR assignment.

The percentages assigned to SoMa/Tenderloin streets for the purposes of the sensitivity analysis present a worst case scenario since some drivers from the East Bay, South Bay, and Out of Region would still use the Central Freeway, Van Ness Avenue, Franklin Street and Gough Street.

The resultant vehicle trip assignment used in the Sensitivity Analysis is presented in **Figure 10**.



CPMC Cathedral Hill Campus TIS - Supplemental Analysis

SENSITIVITY TEST PROJECT TRIP ASSIGNMENT

FIGURE 10

Traffic Impact Analysis

Modified Baseline Conditions

Based on the trip distribution sensitivity test discussed above, project trips were added to the Modified Baseline No Project peak hour intersection volumes to represent Modified Baseline Plus Project Conditions for the sensitivity test.

Consistent with the significance criteria presented in Section 4.1 of the Cathedral Hill TIS, the Proposed Project was determined to have a significant impact at an intersection if project-generated trips would cause an intersection operating at LOS D or better under the Modified Baseline No Project Condition to operate at LOS E or LOS F, or an intersection operating at LOS E under the Modified Baseline No Project Condition to deteriorate to LOS F conditions. At intersections that would operate at LOS E or LOS F under the Modified Baseline No Project Condition, and would continue to operate at LOS E or LOS F under Modified Baseline Plus Project Conditions, the increase in project vehicle trips were reviewed to determine whether the increase would contribute considerably to critical movements operating at LOS E or LOS F[4].

In addition to the supplemental study intersections, the following six study intersections, identified in the Cathedral Hill TIS/DEIR, were included in the sensitivity analysis since they are located along routes in which vehicles assigned to/from Superdistrict 1, Superdistrict 3, and the freeway would travel and would see an increase in the amount of project-generated vehicles under the sensitivity test assignment:

5. Franklin Street/Geary Street

15. Van Ness Avenue/Post Street

20. Polk Street/O'Farrell Street

21. Polk Street/Geary Street

23. Polk Street/Post Street

25. 8th Street/Hyde Street/Market Street

Table 5 presents intersection LOS for AM and PM peak hour for Existing, Modified Baseline No Project, and Modified Baseline Plus Project for both the assignment used in the CPMC Cathedral HillTIS/DEIR and the assignment identified for use in the sensitivity analysis.

3. At an intersection, the critical movements are the traffic movements that operate with the highest volume to capacity ratio. In other words, the critical movements are the most congested movements.

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TABLE 5:
EXISTING AND MODIFIED BASELINE INTERSECTION LOS – SENSITIVITY TEST INTERSECTION ANALYSIS

Intersection	Peak Hour	Existing		TIS/DEIR Assignment				Sensitivity Assignment			
				Modified Baseline No Project		Modified Baseline Plus Project		Modified Baseline No Project		Modified Baseline Plus Project	
		Avg. Delay	LOS[1,2]	Avg. Delay	LOS[1,2]	Avg. Delay	LOS[1,2]	Avg. Delay	LOS[1,2]	Avg. Delay	LOS[1,2]
5. Franklin Street/Geary Street	AM	8.7	A	9.1	A	9.2	A	9.1	A	9.2	A
	PM	22.1	C	28.8	C	26.7	C	28.8	C	26.1	C
15. Van Ness Avenue/Post Street	AM	15.3	B	15.0	B	15.2	B	15.0	B	15.1	B
	PM	14.4	B	14.8	B	15.6	B	14.8	B	15.6	B
20. Polk Street/O'Farrell Street	AM	18.6	B	19.0	B	23.6	C	19.0	B	22.3	C
	PM	18.3	B	20.0	B	28.7	C	20.0	B	28.7	C
21. Polk Street/Geary Street	AM	47.9	D	50.0	D	**57.4**	**E**	50.0	D	**77.4**	**E**
	PM	28.6	C	34.4	C	**59.8**	**E**	34.4	C	**60.6**	**E**
23. Polk Street/Post Street	AM	18.3	B	17.2	B	19.0	B	17.2	B	19.0	B
	PM	15.9	B	16.1	B	16.9	B	16.1	B	16.9	B
25. 8th Street/ Hyde Street/Market Street	AM	**>80 (0.87)**	**F**	**78.8**	**E**	**79.5**	**E**	**78.8**	**E**	**79.6**	**E**
	PM	**70.0**	**E**	**>80 (1.18)**	**F**	**>80 (1.19)**	**F**	**>80 (1.18)**	**F**	**>80 (1.19)**	**F**
A. Polk Street/Ellis Street	AM	14.2	B	13.7	B	13.8	B	13.7	B	13.8	B
	PM	16.3	B	17.8	B	19.2	B	17.8	B	19.2	C
B. Larkin Street/Geary Street	AM	13.8	B	14.1	B	14.1	B	14.1	B	14.6	B
	PM	15.3	B	16.8	B	16.9	B	16.8	B	17.0	B
C. Hyde Street/O'Farrell Street	AM	12.6	B	12.5	B	12.5	B	12.5	B	12.5	B
	PM	13.1	B	13.3	B	13.4	B	13.3	B	13.4	B
D. Leavenworth Street/Geary Street	AM	12.4	B	12.5	B	12.5	B	12.5	B	12.6	B
	PM	14.1	B	14.2	B	14.3	B	14.2	B	14.3	B
E. Larkin Street/Grove Street	AM	13.4	B	13.8	B	13.8	B	13.8	B	14.3	B
	PM	13.5	B	13.9	B	13.9	B	13.9	B	14.0	B
F. 9th Street/Market Street	AM	14.0	B	14.3	B	14.3	B	14.3	B	14.5	B
	PM	21.3	C	23.5	C	23.7	C	23.5	C	23.8	C
G. 7th Street/Market Street	AM	16.7	B	17.2	B	17.4	B	17.2	B	17.5	B
	PM	22.2	C	25.6	C	25.8	C	25.6	C	25.9	C

TABLE 5:
EXISTING AND MODIFIED BASELINE INTERSECTION LOS – SENSITIVITY TEST INTERSECTION ANALYSIS

Intersection	Peak Hour	Existing		TIS/DEIR Assignment				Sensitivity Assignment			
				Modified Baseline No Project		Modified Baseline Plus Project		Modified Baseline No Project		Modified Baseline Plus Project	
		Avg. Delay	LOS[1,2]	Avg. Delay	LOS[1,2]	Avg. Delay	LOS[1,2]	Avg. Delay	LOS[1,2]	Avg. Delay	LOS[1,2]

Notes:

Bold font indicates LOS E or LOS F

1. LOS = Level of Service
2. For signalized intersections and all-way stop-controlled intersections, LOS based on average intersection delay, based on the methodology in the *Highway Capacity Manual*, 2000 Edition. For stop-controlled intersections, the delay of the worst performing approach is presented.
3. At some of the study intersections, the average delay per vehicle would remain the same or slightly decrease with the addition of project-related traffic. Using the HCM methodology, the level of service is calculated based on an average of the total vehicular delay per approach, weighted by the number of vehicles at each approach. Increases in traffic volumes at an intersection usually result in increases in the overall intersection delay. However, if there are increases in the number of vehicles at movements with low delays, the average weighted delay per vehicle may remain the same or decrease

Source: Fehr & Peers, 2010

As shown in **Table 5,** in general the addition of project-generated traffic would result in minor changes in the average delay per vehicle at the study intersections, and most of the study intersections would continue to operate at the same service level as under Modified Baseline No Project Conditions.

Ten of the 13 study intersections operate at the same acceptable service level during both the AM and PM peak hour for the Modified Baseline No Project and Modified Baseline Plus Project Conditions with the TIS/DEIR traffic assignment and the sensitivity traffic assignment; therefore, the Proposed Project would have a ***less-than-significant*** impact at the intersections of:

5. Franklin Street/Geary Street

15. Van Ness Avenue/Post Street

20. Polk Street/O'Farrell Street

23. Polk Street/Post Street

B. Larkin Street/Geary Street

C. Hyde Street/O'Farrell Street

D. Leavenworth Street/Geary Street

E. Larkin Street/Grove Street

F. 9th Street/Larkin Street/Market Street

G. 7th Street/Market Street

One of the 13 study intersections operate at acceptable service levels during both the AM and PM peak hour for the Modified Baseline No Project and Modified Baseline Plus Project Conditions under both traffic assignments; however, the sensitivity trip assignment would cause the intersection to degrade by one service level during either peak hour when compared to the TIS/DEIR traffic assignment. The Proposed Project would continue to have a ***less-than-significant*** impact at the intersections of:

A. Polk Street/Ellis Street

Intersection #A – Polk Street/Ellis Street

The study intersection of Polk Street/Ellis Street operates at LOS B under Existing and Modified Baseline No Project Conditions. Under Modified Baseline Plus Project Conditions with the TIS/DEIR traffic assignment, the intersection would operate at LOS B during both peak hours. Under Modified Baseline Plus Project Conditions with the sensitivity analysis traffic assignment, this intersection would operate at LOS B during the AM peak hour and LOS C during the PM peak hour. There is a slight increase in average delay between the TIS/EIR "plus project scenario" analysis and sensitivity analysis "plus project scenario." The change in delay between the TIS/EIR analysis and the sensitivity analysis is primarily a result of an increase in project trips on the southbound through movement on Polk Street. The intersection operates acceptably under all scenarios; therefore, no impact was identified.

Two of the 13 study intersections operate at unacceptable service levels during the AM or PM peak hour under Modified Baseline Plus Project Conditions with the TIS/DEIR traffic assignment and the sensitivity traffic assignment;

21. Polk Street/Geary Street

25. 8th Street/Hyde Street/Market Street

Intersection #21 – Polk Street/Geary Street

The study intersection of Polk Street/Geary Street operates at LOS D during the AM peak hour and LOS C during the PM peak hour under Existing and Modified Baseline No Project Conditions. Under Modified Baseline Plus Project Conditions with the TIS/DEIR traffic assignment, the intersection would operate at LOS E during both peak hours. This would be considered a significant impact, and, as discussed in the DEIR, the Proposed Project would have a **significant and unavoidable** impact at this location.

Under Modified Baseline Plus Project Conditions with the sensitivity analysis traffic assignment, this intersection would also operate at LOS E during the AM peak hour and during the PM peak hour. The increase in delay during both peak hours is primarily due to additional southbound project trips through the Tenderloin. Although the intersection has higher delay under the sensitivity analysis, project impacts remain the same as under the TIS/DEIR analysis. Therefore, no new impact has been identified by the sensitivity test.

Intersection #25 – 8th Street/Hyde Street/Market Street

The study intersection of 8th Street/Hyde Street/Market Street operates at LOS F during the AM peak hour and LOS E during the PM peak hour under Existing Conditions and LOS E during the AM peak hour and LOS during the PM peak hour during Modified Baseline No Project Conditions. Under Modified Baseline Plus Project Conditions with the TIS/DEIR traffic assignment, the intersection would operate at LOS E during the AM peak hour and LOS F during the PM peak hour. The critical southbound through movement operates at LOS F during both peak hours. As described in the DEIR, the proposed project would add less than five percent of the movement's volume, and the Proposed Project would have a less-than-significant impact.

Under Modified Baseline Plus Project Conditions with the sensitivity analysis traffic assignment, this intersection would continue to operate at LOS E during the AM peak hour and LOS F during the PM peak hour. The increase in delay during both peak hours is primarily due to additional southbound project trips through the Tenderloin. The Proposed Project, under the sensitivity test, would add 4 vehicle trips to the critical southbound movement, which represents 0.2 percent of the movement's volume, during the AM peak hour, and 15 vehicle trips, which represents 0.8 percent of the movement's volume, during the PM peak hour. Therefore, the project's contribution to this critical movement would still not be considered significant.

Thus, the Proposed Project under the sensitivity analysis would not generate any additional traffic impacts under the Modified Baseline Plus Project conditions, even with additional traffic assigned through SoMa and the Tenderloin.

Cumulative Conditions

Project-generated traffic was added to the Cumulative No Project volumes to determine Cumulative Plus Project intersection turning movement volumes for the sensitivity analysis. Project-generated traffic in the Cumulative Plus Project scenario is the same as project generated traffic in the Modified Baseline Plus Project scenario.

Table 6 presents intersection LOS for AM and PM peak hour for Existing, Cumulative No Project, and Cumulative Plus Project for both the assignment used in the CPMC Cathedral HillTIS/DEIR and the assignment identified for use in the sensitivity analysis.

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TABLE 6:
EXISTING AND CUMULATIVE INTERSECTION LOS – SENSITIVITY TEST INTERSECTION ANALYSIS

Intersection	Peak Hour	Existing		TIS/DEIR Assignment				Sensitivity Assignment			
				Cumulative No Project		Cumulative Plus Project		Cumulative No Project		Cumulative Plus Project	
		Avg. Delay	LOS[1,2]	Avg. Delay	LOS[1,2]	Avg. Delay	LOS[1,2]	Avg. Delay	LOS[1,2]	Avg. Delay	LOS[1,2]
5. Franklin Street/Geary Street	AM	8.7	A	10.5	B	11.1	B	10.5	B	10.7	B
	PM	22.1	C	47.7	D	45.2	D	47.7	D	44.4	D
15. Van Ness Avenue/Post Street	AM	15.3	B	15.9	B	16.1	B	15.9	B	16.1	B
	PM	14.4	B	16.7	B	17.6	B	16.7	B	17.5	B
20. Polk Street/O'Farrell Street	AM	18.6	B	20.6	C	27.8	C	20.6	C	25.6	C
	PM	18.3	B	21.1	C	30.4	C	21.1	C	30.4	C
21. Polk Street/Geary Street	AM	47.9	D	**59.1**	**E**	**66.0**	**E**	**59.1**	**E**	**>80 (1.04) F**	
	PM	28.6	C	54.8	D	**76.0**	**E**	54.8	D	**77.9 E**	
23. Polk Street/Post Street	AM	18.3	B	17.2	B	18.8	B	17.2	B	18.8	B
	PM	15.9	B	17.9	B	19.1	B	17.9	B	19.1	B
25. 8th Street/ Hyde Street/Market Street	AM	**>80 (0.87) F**		**76.4**	**E**	**77.1**	**E**	**76.4**	**E**	**77.2**	**E**
	PM	**70.0**	**E**	**>80 (1.28) F**		**>80 (1.29) F**		**>80 (1.28) F**		**>80 (1.29) F**	
A. Polk Street/Ellis Street	AM	14.2	B	13.6	B	13.7	B	13.6	B	13.7	B
	PM	16.3	B	32.8	C	33.7	C	32.8	C	33.7	C
B. Larkin Street/Geary Street	AM	13.8	B	15.0	B	15.1	B	15.0	B	15.7	B
	PM	15.3	B	20.1	C	20.2	C	20.1	C	20.5	C
C. Hyde Street/O'Farrell Street	AM	12.6	B	12.7	B	12.7	B	12.7	B	12.7	B
	PM	13.1	B	13.9	B	14.0	B	13.9	B	14.0	B
D. Leavenworth Street/Geary Street	AM	12.4	B	12.5	B	12.5	B	12.5	B	12.6	B
	PM	14.1	B	15.1	B	15.1	B	15.1	B	15.2	B
E. Larkin Street/Grove Street	AM	13.4	B	15.1	B	15.2	B	15.1	B	15.8	B
	PM	13.5	B	16.5	B	16.6	B	16.5	B	16.7	B
F. 9th Street/Market Street	AM	14.0	B	15.6	B	15.7	B	15.6	B	15.9	B
	PM	21.3	C	39.2	D	39.5	D	39.2	D	40.1	D
G. 7th Street/Market Street	AM	16.7	B	20.1	C	20.5	C	20.1	C	20.7	C
	PM	22.2	C	**61.7**	**E**	**62.3**	**E**	**61.7**	**E**	**62.6**	**E**

TABLE 6:
EXISTING AND CUMULATIVE INTERSECTION LOS – SENSITIVITY TEST INTERSECTION ANALYSIS

Intersection	Peak Hour	Existing		TIS/DEIR Assignment				Sensitivity Assignment			
				Cumulative No Project		Cumulative Plus Project		Cumulative No Project		Cumulative Plus Project	
		Avg. Delay	LOS[1,2]	Avg. Delay	LOS[1,2]	Avg. Delay	LOS[1,2]	Avg. Delay	LOS[1,2]	Avg. Delay	LOS[1,2]

Notes:

Bold font indicates LOS E or LOS F

1. LOS = Level of Service
2. For signalized intersections and all-way stop-controlled intersections, LOS based on average intersection delay, based on the methodology in the *Highway Capacity Manual*, 2000 Edition. For stop-controlled intersections, the delay of the worst performing approach is presented.
3. At some of the study intersections, the average delay per vehicle would remain the same or slightly decrease with the addition of project-related traffic. Using the HCM methodology, the level of service is calculated based on an average of the total vehicular delay per approach, weighted by the number of vehicles at each approach. Increases in traffic volumes at an intersection usually result in increases in the overall intersection delay. However, if there are increases in the number of vehicles at movements with low delays, the average weighted delay per vehicle may remain the same or decrease

Source: Fehr & Peers, 2010

As shown in **Table 6,** in general, the addition of project-generated traffic would result in minor changes in the average delay per vehicle at the study intersections, and 11 of the study intersections would continue to operate at the same service levels as under the Cumulative No Project Conditions.

Ten of the 13 study intersections operate acceptably under both AM and PM peak hour conditions under Cumulative No Project conditions and would continue to operate acceptably under Cumulative Plus Project Conditions; therefore, the Proposed Project would have a ***less-than-significant*** impact at the intersections of:

5. Franklin Street/Geary Street

15. Van Ness Avenue/Post Street

20. Polk Street/O'Farrell Street

23. Polk Street/Post Street

A. Polk Street/Ellis Street

B. Larkin Street/Geary Street

C. Hyde Street/O'Farrell Street

D. Leavenworth Street/Geary Street

E. Larkin Street/Grove Street

F. 9th Street/Larkin Street/Market Street

These intersections operate at the same levels of service under Cumulative Conditions for both the assignment used in the TIS/EIR and the assignment identified in the sensitivity analysis. At each

intersection; however, there would be slight increases in delay as a result of the additional trips assigned to the intersection movements under the trip assignment used for the sensitivity analysis. The greatest increase in delay occurs at Larkin Street/Grove Street, where the sensitivity test trip assignment adds an additional ~1.0 seconds of delay during the AM peak hour. Although delay increases, the intersection continue to operate at acceptable levels of service and no impacts were identified.

Three of the 13 study intersections operate at unacceptable service levels during the AM or PM peak hour under Cumulative Plus Project Conditions with the TIS/DEIR traffic assignment and the sensitivity traffic assignment;

Intersection #21 – Polk Street/Geary Street

The Proposed Project causes the intersection of Polk Street/Geary Street to deteriorate from acceptable LOS D operations to unacceptable LOS E operations during the PM peak hour under Cumulative No Project Conditions with the TIS/EIR trip assignment. As described under Modified Baseline Conditions in the DEIR, this would be a **significant and unavoidable** project impact. Under Cumulative Plus Project Conditions with the sensitivity analysis trip assignment, the intersection would operate at LOS F during the AM peak hour and LOS E during the PM peak hour. Although a worsening of intersection operations, this would be a similar significant impact as in the DEIR, and the sensitivity analysis would therefore, not result in any additional impacts to the intersection.

Intersection #25 – 8th Street/Hyde Street/Market Street

The 8th Street/Hyde Street/Market Street intersection operates at LOS E during the AM peak hour and LOS F during the PM peak hour under Cumulative No Project and Cumulative Plus Project Conditions. The critical southbound through movement operates at LOS F during both peak hours. As described in the TIS/EIR, the Proposed Project with the TIS/EIR project trip assignment would add less than one percent of traffic to the southbound critical movement. Thus, the Proposed Project would have a **less-than-significant** impact.

Although delay and v/c would increase slightly due to more southbound project trips through the Tenderloin, there would be no change to overall LOS under the sensitivity test. The Proposed Project, under the sensitivity test, would add 4 vehicle trips to the critical southbound movement, which represents 0.2 percent of the movement's volume, during the AM peak hour, and 15 vehicle trips, which represents 0.6 percent of the movement's volume, during the PM peak hour. Therefore, the project's contribution to this critical movement would not be considered significant. The other critical movements at the intersection would operate at acceptable levels during both peak hours. Thus, the Proposed Project would not result in a significant impact at this intersection, even with additional traffic assigned through the Tenderloin.

Intersection G – 7th Street/Market Street

The intersection of 7th Street/Market Street operates at LOS E during the PM peak hour under Cumulative No Project and Cumulative Plus Project Conditions under both the TIS/EIR trip assignment analysis and the sensitivity analysis. The critical northbound through movement operates at LOS E. Although the delay and v/c would increase slightly due to more northbound project trips traveling through the Tenderloin, the overall LOS at the intersection would not change between the TIS/EIR analysis and the sensitivity analysis.

As described in the TIS/EIR analysis, the Proposed Project would add less than one percent of traffic to the critical northbound through movement, and the Project would have a **less-than-significant** impact at the intersection. The Proposed Project under the sensitivity analysis trip assignment would add 3 vehicle trips to the critical northbound through movement at the intersection during the PM peak hour, which represents 0.2 percent of the movement's volume. Therefore, the project's contribution to this critical

movement would still not be considered significant. Therefore, the project's impact at this intersection would remain less than significant.

Bicycle Impacts

Modified Baseline and Cumulative Conditions

The Proposed Project with the trip assignment presented in the sensitivity test would have a significant impact to bicycles if it would create potentially hazardous conditions for bicyclists or otherwise substantially interfere with bicycle accessibility to the site and adjoining areas.

The Proposed Project with the sensitivity test trip assignment would add vehicle trips to the supplementary study intersections. As discussed earlier, some cyclists travel through the supplementary intersections, particularly along Polk Street. Aside from the additional vehicle trips through the intersections, the vehicle/bike conflict would be similar to what occurs today. Along the bicycle routes with the heaviest observed bicycle volumes – Market Street and Polk Street – the Proposed Project would increase traffic volumes less than three percent, which would not be considered significant. Specifically, the Proposed Project would add vehicle trips (combination of AM and PM peak hour) to the following streets with designated bicycle facilities;

- approximately 85 vehicle trips to Polk Street (Bicycle Route #25) south of O'Farrell Street;
- approximately 100 vehicle trips to Polk Street north of Sutter Street;
- approximately 15 vehicle trips to Sutter Street (Bicycle Route #16) west of Polk Street;
- approximately 55 vehicle trips to Post Street (Bicycle Route #16) east of Polk Street;
- approximately 20 vehicle trips to 8th Street (Bicycle Route #23) south of Market Street;

The Proposed Project with the sensitivity test trip assignment would add vehicle trips primarily to the major through movements at the supplementary intersections (e.g., northbound on 9th Street, southbound on 8th Street, and northbound or southbound on Polk Street) and would not necessarily increase the number of direct conflicts due to vehicles turning right or left into a bicycle lane or route.

Class II bicycle lanes and Class III bicycle routes are already provided on designated streets per the San Francisco Bike Plan, and no other specific bicycle improvements were identified in the TLS Study. Therefore, similar to the DEIR analysis, the Proposed Project with the sensitivity analysis trip assignment would have a ***less-than-significant*** impact to bicyclists in the supplemental study area.

Pedestrian Impacts

Modified Baseline and Cumulative Conditions

The Proposed Project with the sensitivity test trip assignment would have a significant impact to pedestrians if it would result in substantial overcrowding of sidewalks, create potentially hazardous conditions for pedestrians, or otherwise interfere with pedestrian accessibility to the site or adjoining areas.

As discussed under existing conditions, the supplementary study intersections have low to moderate levels of pedestrian activity and vehicles generally yielded to pedestrians as required by the California Vehicle Code. The Proposed Project with the sensitivity analysis trip assignment would add vehicle trips to the following movements at the supplementary study intersections. Additionally, project contribution percentage to the modified baseline and (cumulative) traffic volumes are presented:

Polk Street/Ellis Street

- Southbound Right: 3 trips, or 11.5% (11.5%) of the total movement, during the AM peak hour; and 45 trips, or 43.2% (42.1%) of the total movement, during the PM peak hour.
- Southbound Through: 2 trips, or 0.4% (0.4%) of the total movement, during the AM peak hour; and 32 trips, or 5.5% (5.2%) of the total movement, during the PM peak hour.

Larkin Street/Geary Street

- Northbound Left: 57 trips, or 25.1% (21.6%) of the total movement, during the AM peak hour; and 12 trips, or 5.1% (3.9%) of the total movement, during the PM peak hour.
- Westbound Through: 25 trips, or 4.6% (4.4%) of the total movement, during the AM peak hour; and 1 trips, or 0.1% (0.1%) of the total movement, during the PM peak hour.

Hyde Street/O'Farrell Street

- Southbound Through: 4 trips, or 0.8% (0.7%) of the total movement, during the AM peak hour; and 15 trips, or 2.8% (2.5%) of the total movement, during the PM peak hour.

Leavenworth Street/Geary Street

- Northbound Left: 12 trips, or 9.8% (8.1%) of the total movement, during the AM peak hour; and 3 trips, or 1.5% (1.2%) of the total movement, during the PM peak hour.
- Westbound Through: 13 trips, or 2.6% (2.6%) of the total movement, during the AM peak hour; and 0 trips, or 0.0% (0.0%) of the total movement, during the PM peak hour.

Larkin Street/Grove Street

- Northbound Through: 57 trips, or 5.1% (4.5%) of the total movement, during the AM peak hour; and 12 trips, or 1.1% (0.9%) of the total movement, during the PM peak hour.

9th Street-Larkin Street-Hayes Street/Market Street

- Northbound Through: 57 trips, or 2.3% (1.9%) of the total movement, during the AM peak hour; and 12 trips, or 0.4% (0.3%) of the total movement, during the PM peak hour.
- Westbound Through: 6 trips, or 3.7% (3.6%) of the total movement, during the AM peak hour; and 2 trips, or 0.5% (0.5%) of the total movement, during the PM peak hour.

7th Street/Market Street

- Northbound Through: 12 trips, or 1.0% (0.9%) of the total movement, during the AM peak hour; and 3 trips, or 0.2% (0.2%) of the total movement, during the PM peak hour.
- Northbound Left: 6 trips, or 7.6% (6.8%) of the total movement, during the AM peak hour; and 2 trips, or 2.0% (1.7%) of the total movement, during the PM peak hour.

Although the project would only minimally increase traffic volumes on the streets through the neighborhood, the Better Streets Plan identifies several pedestrian safety improvements that could be used at intersections to which the Project adds vehicle traffic. Potential improvements include:

- Leading pedestrian intervals for pedestrian movements, which increases likelihood that turning vehicles will yield to pedestrians;
- Increase all-red signal phases, which enhances the transfer of right-of-way between vehicles and pedestrians;

- NO RIGHT TURN ON RED restrictions, which reduces conflicts between pedestrians in a crosswalk and turning vehicles;
- Red-light camera enforcement, which improves signal compliance;
- High-visibility crosswalks;

Any such improvements would need to be reviewed by SFMTA.

A comprehensive discussion of TLS Study-recommended improvements as well as pedestrian safety improvements from the Better Streets Plan toolkit on an intersection-by-intersection basis is included on pages 25 – 29 of this letter report. The previously presented recommendations/improvements are not subject to change in light of the sensitivity test trip assignment.

FEHR & PEERS
TRANSPORTATION CONSULTANTS

CONCLUSION

As shown under the supplemental intersection analysis, the Proposed Project would not result in any additional impacts to supplemental intersections located and analyzed within the Tenderloin and Civic Center neighborhoods. The project would still result in a significant impact to the intersection of Polk Street/Geary Street; however, this impact was identified as a Project Impact in the Cathedral Hill TIS/DEIR.

Under the sensitivity analysis, if additional project-generated traffic were to use alternate routes, such as 9th Street-Larkin Street or 7th Street-Leavenworth Street, to access the Campus, no additional traffic impacts would be identified. The project would still result in a significant impact to the intersection of Polk Street/Geary Street under the sensitivity test; however similar to the supplementary analysis, this impact was identified as a Project Impact in the Cathedral Hill TIS/ DEIR.

The Proposed Project would have a less-than-significant impact to bicycles and pedestrians in the supplemental study area and under the sensitivity analysis. In general, the Project would increase vehicle trips through the supplemental study area, which could increase the number of conflicts between vehicles and pedestrians and cyclists. As discussed, pedestrian improvements such as curb extensions, leading pedestrian intervals, installation or increased all-red phases, red-light camera enforcement, and high-visibility crosswalks would improve pedestrian safety in the area; however, any improvements would need to be coordinated to ensure that pedestrian improvements did not preclude future improvements included in on-going projects, including the Geary BRT Study and the Better Market Street Study. As indicated, the SFMTA is currently implementing several improvements identified in the TLS Study in the Tenderloin/Little Saigon neighborhood.

This letter report and the analyses described within is the product of a continuing dialogue between Fehr & Peers and the San Francisco Planning Department. As such, if you have any questions or comments please feel free to call Eric Womeldorff at (415) 348-0300.

Sincerely,

FEHR & PEERS

Robert Eckols
Senior Associate

Eric Womeldorff
Senior Transportation Engineer

SF09-0423

APPENDIX A. Little Saigon Study Near-, Mid-, and Long-Term Improvements

Figure 5-9 Near-Term Improvements

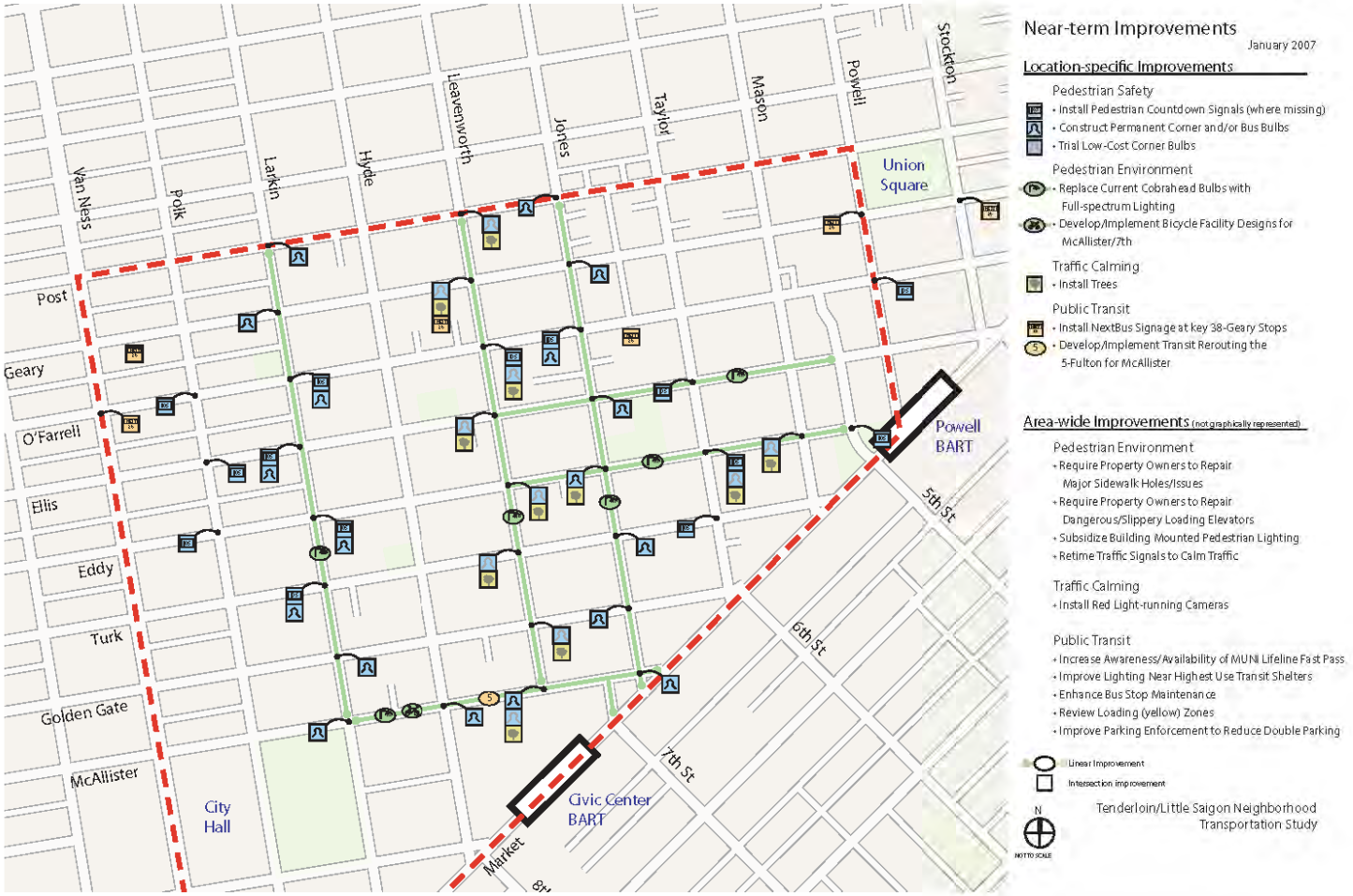


Figure 5-10 Mid-Term Improvements

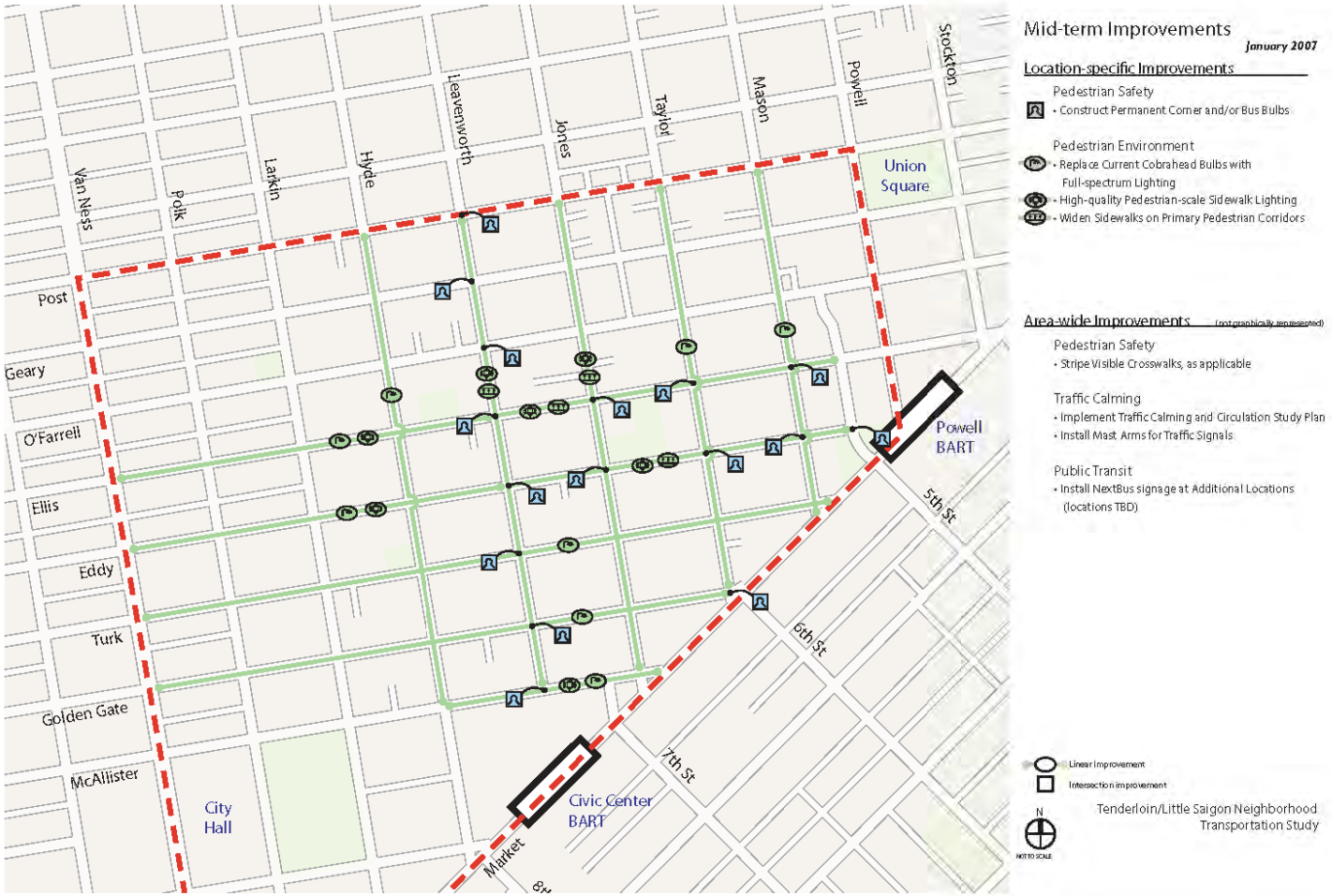
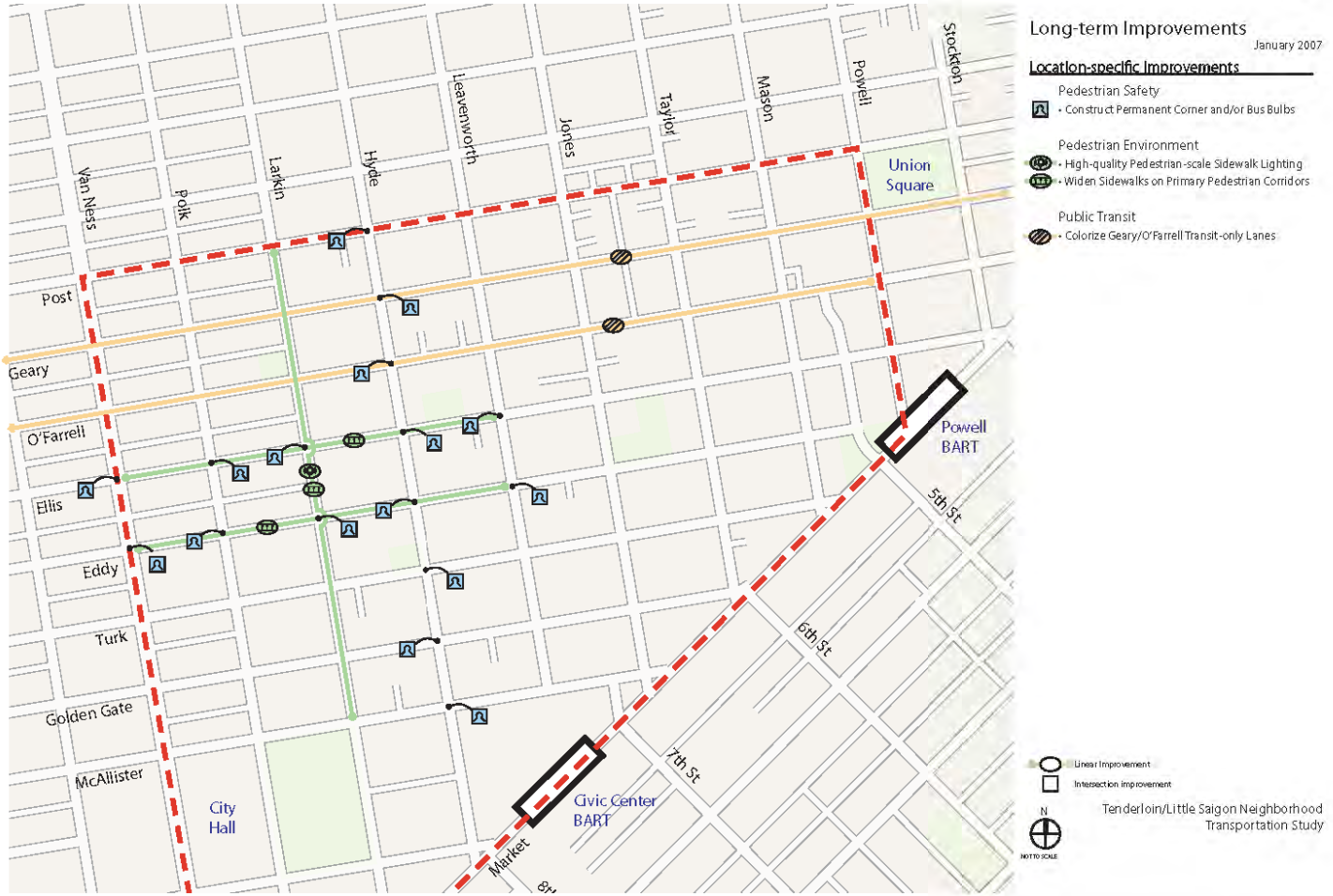


Figure 5-11 Long-Term Improvements



APPENDIX F

Transportation Demand Management

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CPMC TDM Plan - FINAL

Prepared by: Jessica ter Schure and Francesca Napolitan

Date: March 24, 2011

Introduction

California Pacific Medical Center (CPMC) is a not-for-profit medical provider based in San Francisco. Of the nine hospitals in San Francisco, CPMC currently operates four: California Campus in Presidio Heights, Pacific Campus in Pacific Heights, Davies Campus in the Duboce Triangle, and the St. Luke's Campus in the Mission District. These are four of the oldest medical facilities in San Francisco, all established between 1854 and 1875. CPMC medical facilities play a major role in San Francisco's health care system, accounting for roughly one-third of all hospitalizations, over half of annual San Francisco births, and receiving over 74,000 patients annually at four citywide emergency departments.[1]

In response to Senate Bill 1953, which requires all California hospitals to evaluate and rate their existing buildings for seismic performance and upgrade their facilities to meet certain seismic standards by specified deadlines and Section 304.5 of the San Francisco Planning Code, which requires CPMC to prepare an Institutional Master Plan (IMP) every 10 years, CPMC released its latest revision to its IMP in 2008, which was accepted by the Planning Commission in November of 2009. The 2008 IMP informed CPMC's Long Range Development Plan (LRDP), which is the document that will ultimately guide the implementation of the projects and development proposals detailed in the 2008 IMP. In brief, the CPMC IMP and LRDP include the following major development proposals:

- **Cathedral Hill:** Construction of a new campus at Van Ness Avenue and Geary Boulevard, including a 15-story, 555-bed hospital, a new medical office building (MOB), and a renovated MOB on Sutter Street.
- **Pacific Campus:** Interior renovation and conversion of an existing hospital into a new ambulatory care center (ACC), a new ACC building addition, additional underground parking, renovation of other existing buildings, and demolition of four existing buildings.
- **Davies Campus:** Construction of a new Neuroscience Institute building, a new MOB, and related parking improvements.
- **St. Luke's Campus:** Demolition of the existing St. Luke's Hospital tower, Redwood Administration Building, and MRI Trailer. Construction of a new 80-bed, acute-care St. Luke's Replacement Hospital. Construction of the proposed MOB/Expansion Building and associated underground parking.
- **California Campus:** Unchanged until 2015 and then all operations relocated to Pacific and Cathedral Hill campuses by 2020.

[1] CPMC 2009 Annual Report

CPMC's LRDP is subject to the requirements of California Environmental Quality Act (CEQA). It was determined that the CPMC LRDP would have potential significant effects and a full environmental impact report (EIR) was required. The Draft EIR (DEIR) was released to the public on July 21, 2010.

An enhanced Transportation Demand Management (TDM) Plan is part of the proposed LRDP. In addition, the Draft EIR for this project anticipates that a City of San Francisco condition of approval would require an enhanced TDM Plan. Nelson\Nygaard Consulting Associates has been retained by CPMC to update and improve its TDM Plan to reduce projected parking shortfalls and reduce identified environmental impacts related to traffic, air quality, and greenhouse gas emissions resulting from the proposed construction of a new Cathedral Hill facility as well as expansion and renovation of the Pacific, Davies, and St. Luke's campuses. The recommendations contained in this TDM Plan are based on interviews and correspondence with CPMC staff and AECOM as well as a review of CPMC Draft Transportation Impact Studies (TISs) by campus, CPMC Long Range Development Plan DEIR, CPMC LRDP Travel Demand Estimates for each of the San Francisco Campuses, and CPMC 2008 Institutional Master Plan.

Goals

The TDM Plan sets the following goals:

- Reduce Single Occupancy Vehicle (SOV) trips by 15% from the current baseline mode split by 2020
- Reduce construction-period vehicle trips and parking impacts
- Reduce the parking demand generated by the construction of the Cathedral Hill campus and redevelopment at the St. Luke's, Davies, and Pacific Campuses

The proposed TDM Plan is designed to reduce to extent feasible, single occupant vehicle/drive alone trip generation, and related parking demand, and associated air quality and greenhouse gas emissions, as well as promote the City of San Francisco's Transit First policies.

Existing Conditions

Baseline Mode Split

Mode of travel is an important metric because it establishes how individuals are accessing a certain destination, whether by car, transit, bicycle, walking, or other mode. Mode of travel is also a critical factor in estimating existing and future travel demand, and how a project will ultimately impact the transportation network. Finally, mode of travel is an essential component in any evaluation of a TDM program, as it enables an objective analysis of how TDM programs are helping an institution meet its goals for vehicle trip reductions and mode shifts.

For the CPMC campuses, two basic representations of mode of travel by campus are available. One is a breakdown of travel mode by population group (physician, staff, patient, and visitor) by campus. The second measure of mode of travel is an overall breakdown by campus facility (i.e. hospital, MOB, research facility, etc.). In each case, the mode splits are based on travel surveys conducted in 2001 and 2003 at the Pacific, California, and Davies campuses and a travel survey conducted in 2009 at the St. Luke's Campus.[2] Figure 1 presents a summary of the mode splits by campus and population group.

[2] According to historic data of participation rates in CPMC's transit subsidy programs as well as other commuter programs, there are no signs of an increase in drive-alone rate between 2001 and 2010. It was therefore determined as part of the EIR process that the surveys from 2001 and 2003 are still valid.

Figure 1 Existing Travel Mode by Campus, Population Group, and Facility[3]

	Drive Alone	Carpool	Transit	Walk	Other
California					
From LRDP Travel Demand Estimates					
Physicians*	100%	0%	0%	0%	0%
Staff	68%	7%	19%	1%	5%
Patients	44%	28%	17%	4%	7%
Visitors	29%	56%	11%	0%	3%
From 2008 IMP					
Overall	68%	6%	19%	3%	4%
Davies					
From LRDP Travel Demand Estimates					
Physicians*	100%	0%	0%	0%	0%
Staff	44%	6%	40%	1%	9%
Patients	44%	19%	18%	9%	9%
Visitors	28%	36%	25%	4%	8%
From Campus-specific TIS					
Hospital	40%	18%	31%	3%	9%
MOB	43%	14%	31%	4%	9%
St. Luke's					
From LRDP Travel Demand Estimates					
Physicians*	100%	0%	0%	0%	0%
Staff	59%	15%	17%	7%	2%
Patients	49%	11%	30%	7%	3%
Visitors	57%	2%	26%	9%	6%
From Campus-specific TIS					
Hospital	54%	10%	25%	6%	3%
MOB	62%	17%	14%	5%	2%
Pacific					
From LRDP Travel Demand Estimates					
Physicians*	100%	0%	0%	0%	0%
Staff	45%	12%	29%	6%	8%
Patients	41%	23%	19%	9%	9%
Visitors	25%	39%	20%	12%	4%
From Campus-specific TIS					
Hospital	n/a	n/a	n/a	n/a	n/a
MOB	40%	25%	19%	9%	7%
Research/Office	47%	12%	18%	5%	7%
ACC	42%	18%	25%	7%	8%
Cathedral Hill (existing uses)					
From LRDP Travel Demand Estimates					
Work trips	19%	18%	50%	9%	4%
Visitor trips	44%	15%	29%	10%	2%

* An assumption was made that all physicians at all campuses drive alone to work.

[3] Data for Figure 1 is from Table 23, CPMC LRDP EIR, Travel Demand Estimation for the SF Campuses. Adavant Consulting. January 29, 2010.

Existing CPMC TDM Program

CPMC currently offers the following TDM program at all of its four campuses, unless otherwise noted:

- Employee Parking Pricing – employees may request to purchase monthly parking passes for CPMC garages and lots for $110. CPMC also subsidizes a number of off-site parking lots at 50% of the cost up to $100 per month.
- Visitor/Patient Parking Pricing – the hourly rate is $4 for the first hour and $2 every half-hour thereafter. There is a daily maximum of $30 per day. However, patients and family members of patients are eligible to a voucher that limits the daily maximum to $10.
- Commuter Checks – Employees may elect to participate in the Commuter Checks program, which enables employees to purchase up $230 worth of transit fares pre-tax per month.
- Carpool Program – CPMC offers free parking for registered carpools and vanpools (3 or more participants). St. Luke's is the only campus which has reserved parking spaces for carpools. Currently there are five reserved parking spaces for carpools, but only two are assigned.
- Bicycle Parking – CPMC provides bicycle racks at each of the campuses that can accommodate between 7 and 18 bicycles depending on the campus. Bicycle parking is typically located near the entrances to the public parking facilities.
- Emergency Ride Home Program – CPMC participates in the City of San Francisco's Emergency Ride Home program which provides a free or low cost ride home in cases of emergency for San Francisco employees who use alternative transportation, such as carpooling, vanpooling, public transit, bicycling, and walking.
- Courtesy Ride Home – CPMC security staff provides CPMC employees with a ride home or to transit or parking during the evening/night-time hours within a four block radius of each campus.
- Carsharing – Carshare vehicles are located at or near all four campuses.
- Transit Subsidy - The Davies campus provides a $20 per month transit subsidy to participating employees. The subsidy is added to each employee's Clipper Card.
- Onsite Transit Sales - The Davies campus provides onsite transit sales.

Shuttle Service

CPMC's primary TDM program is its free shuttle service, which typically operates from 5 am to 9 pm, depending on the route. Shuttle services are available to physicians and staff, and are occasionally used by patients, and visitors as well. There are currently six "all day" shuttle routes and four peak-hour shuttle services that provide additional service to either a remote parking lot or a BART station. All campuses are served by at least one of the routes. Figure 2 provides a brief summary of each shuttle route in the CPMC system.

Figure 2 Existing CPMC Shuttle Services[4]

Route	Description	Hours of Operation	Frequency	Daily Ridership	Daily Capacity Utilization
C	California/Pacific	6.30 am - 6.15 pm	30	414	62%
D	Pacific/Davies	6.15 am - 6.15 pm	30	423	63%
CH	Cathedral Hill/Pacific	6.30 am - 6.20 pm	20	172	17%
JC Express	Pacific/Japantown Center Lot	5.05 am - 10.55 am 2.40 pm - 8.50 pm	10	381	38%
BV	Pacific/Cathedral Hill/Civic Center BART/Van Ness Muni Metro	5.45 am - 6.15 pm	15	503	56%
SL	St. Luke's/Davies	6.15 am - 6.15 pm	30	30	17%
F	Pacific/633 Folsom	7.15 am - 5.30 pm	30	n/a	n/a
D/JC	D line to Japantown Center Lot	6.25 am - 8.55 am	30	n/a	n/a
GMG	California/Geary Mall Garage	6.15 am - 9.30 am 3.15 pm - 6.15 pm	15	82	24%
St. Luke's	St. Luke's to 24th Street BART	6.25 am - 8.55 am 3.05 pm - 6.05 pm	30	n/a	n/a

Existing and Planned Parking Facilities

Figure 3 provides a summary of the existing parking conditions for each campus and its corresponding study area.[5] Information for both on- and off-street parking is provided. Off-street spaces may include both garages/lots owned by CPMC as well as other private parking operators. On-street spaces include all available parking spaces on the streets within the campus study area. Occupancy counts were taken at different times for each campus from 2006 to 2009.

The Pacific Campus has the most off-street spaces of all the campuses at 1,505, which includes the lease of 400-space remote lot at the Japantown Center. In addition, the Pacific Campus has the highest peak occupancy in its off-street lots at 94%. By contrast, St. Luke's has the fewest off-street spaces of all the campuses at 329, as well as the lowest peak occupancy at 73%. Aside from St. Luke's, the off-street peak occupancies give an initial indication that there is limited off-street capacity to meet any additional or future peak demand at these campuses.

The Davies Campus has the most on-street spaces within its study area at 2,297 while the California campus has the fewest on-street spaces at 1,907. All four existing campuses experience on-street peak occupancies of more than 86% for the overall study area. In the streets immediately adjacent to each campus, however, peak occupancies are even higher and often reach full capacity. This is an indication that during peak periods there is likely some illegal parking and loading behavior occurring on streets directly adjacent to the hospital. Finally, all campuses are located within parts of the city that has at least one residential parking permit (RPP) area, thereby restricting the amount of time (usually limited to 2-3 hours at a time) that non-residents can park in on-street spaces.

[4] Source: Table 4.5-8 of DEIR and CPMC website.

[5] Generally a 15- to 20-square block area around each campus

Figure 3 Existing Parking Conditions by Campus[6]

	California	Davies	St. Luke's	Pacific	Cathedral Hill
Off-street					
Spaces	698 (includes Geary St. Mall)	496	329	1,505 (includes Japantown)	1,800
Peak occupancy	90%	87%	73%	94%	85%
Additional remote spaces	70 (Geary St. Mall)	50 (55 Laguna St., temporary)	None	400 (includes Japantown)	None
Employees per off-street space	2.35	1.86	1.81	1.75	n/a
On-street					
Spaces	1,907	2,297	1,825	2,016	2,519
Peak Occupancy (Area)	86%	88%	89%	93%	77%
Peak Occupancy (Immediately Adjacent)	88%	99+%	100%	100%	n/a
RPP Areas	F	S	I & Z	G	C, G, & R

Future TDM Plan Components

The following section describes the components of CPMC's TDM Plan in the near, mid, and long term for all five campuses.

TDM Components in the Near Term (0 to 2 years)

- *TDM Outreach, Marketing, and Information*
  - **Reinstate Transportation Services Newsletter** - Reintroduce the Parking Services Newsletter and rebrand it as a transportation newsletter that markets the various TDM programs available.
  - **Provide TDM communication boards in each campus cafeteria** – Information on TDM programs, transit schedules and maps, bicycle routes, as well as upcoming events shall be posted on boards and periodically updated in each cafeteria.
  - **Enhance the TDM site on intranet** – CPMC shall update its employee intranet to emphasize TDM programs as well as provide enrollment forms for commuter checks, shuttle schedules and maps, links to BART, MUNI, and 511.org, and parking and carsharing information.
  - **Enhance the TDM information on public website** - CPMC shall review its existing public website and modify it to better publicize alternative transportation options to visitors and patients. The visitor and patient portion of the website shall be updated to provide information on biking to the campus as well as taking BART and MUNI.
  - **Reinstate and expand the annual Transportation Fair** - The Fair shall include representatives from local and regional transportation agencies, the Bicycle Coalition, 511.org, and carshare companies, and provide information about transit, ridesharing and bicycling.

[6] Data obtained from DEIR and TISs.

- **Promote the existing Courtesy Ride Home program.**
- **Increase marketing of the City of San Francisco's Emergency Ride Home program.**
- **Design an outreach program** – An outreach program shall be designed emphasizing the time savings, reduction in greenhouse gas emissions, health benefits, and other positive outcomes of adopting alternative transportation modes.
- **Develop a TDM operations and maintenance budget** – CPMC shall establish a fully funded budget for the TDM program and report the results on an annual basis.

- *Parking Pricing* - CPMC shall evaluate and then increase employee parking prices as needed to achieve the trip and parking reduction goals..
- *TDM Coordinator* – CPMC shall retain a full-time experienced TDM coordinator to coordinate, monitor and publicize TDM activities for the campus including the following:
  - Develop an information package of transportation services and benefits offered by CPMC, and participate in employee orientation training.
  - Promote attendance at the Transportation Fair by providing incentives for employees to attend the Fair, such as free transit fast passes.
  - Maintain and update the TDM communication boards.
  - Monitor and update, as appropriate, the TDM Plan.
  - Track participation rates in TDM programs (monthly & annually).
  - Conduct employee travel surveys on an annual basis.
  - Coordinate parking management and the shuttle program.
  - Create a central database of shuttle utilization data.
  - Oversee the rebranded transportation newsletter.
- *Carpool and Vanpool Parking* - The number and location of reserved carpool and vanpool parking shall be monitored annually and increased as necessary to ensure there are a sufficient number of parking spaces for carpools and vanpools.
- *Bicycle Parking* – The number and location of bicycle racks shall be monitored annually and increased as necessary to provide a sufficient number of parking spaces for cyclists. Both secure long-term parking as well as short-term parking shall be provided.
- *Onsite Transit Pass Sales* – CPMC shall provide onsite transit pass sales at all campuses.
- *Vanpool Program* – CPMC shall reinstate their vanpool program which included a $2,500 subsidy per year. CPMC shall aggressively market the vanpool program to employees via the monthly newsletter, website, and other appropriate channels.
- *Rideshare Program* – CPMC will encourage employees to rideshare by promoting the 511.org rideshare service.
- *Courtesy Ride Home Program* – CPMC shall increase the boundaries of the program to cover major transit stops within a reasonable distance of each campus and also promote and market the Courtesy Ride Home program.

- *Transportation Surveys* – CPMC shall conduct an employee transportation survey at all campuses, which will be used to establish a more current baseline commute mode split. CPMC shall achieve a minimum of 30% response rate at each campus. Furthermore, a patient/visitor transportation survey shall be collected from at least 200 patients and visitors at each campus to establish a baseline visitor mode split. The commuter survey shall be conducted annually, and the visitor survey shall be conducted every three years.
- *Wayfinding and Signage* – CPMC shall provide on-site signage for patients and visitors identifying the locations of bicycle parking, vehicular parking, and shuttle stops as well as full shuttle schedules with maps in the lobby of each hospital.

TDM Components in the Mid Term (2 to 5 years)

- *Shower Facilities* – Showers and changing facilities shall be included in all new buildings and facilities for employees who bike or walk to work.
- *Marketing and Outreach* – CPMC shall continue the TDM and Outreach program detailed above and shall investigate and implement methods for improving marketing materials and outreach methods.
- *Real Time Transit Information* – CPMC shall install real-time transit information signs in the lobbies of its existing facilities and shall provide links to real time transit information on the intranet as well as the public website.
- *Bicycle Parking* – The number and location of bicycle racks shall be monitored annually and increased as necessary to provide a sufficient number of parking spaces for cyclists. CPMC shall install bicycle lockers in both new and existing parking garages.
- *Carsharing* – CPMC shall allot additional parking spaces to carsharing services in both new and existing buildings based on demand.
- *Rideshare Program* – CPMC shall create an internal rideshare program (e.g. RideSpring or a 511.org interface). CPMC shall also explore the feasibility of coordinating a rideshare program with other large institutions in order to increase the pool of carpoolers and vanpoolers.
- *Carpool and Vanpool Parking* – CPMC shall continue to provide reserved carpool and vanpool parking at all new parking facilities based on demand.
- *Transit Subsidy* – CPMC shall expand the transit subsidy program to include all campuses and increase the value of the monthly subsidy to be equivalent to the cost of a MUNI Fast Pass.
- *Transportation Surveys* - CPMC shall continue to conduct an annual employee transportation survey which will be used to track mode split as compared to the baseline mode split and to receive feedback on TDM programs. CPMC shall achieve at a minimum a thirty percent response rate. Each three years, a patient/visitor survey shall also be conducted to track visitor mode split.

Shuttle Restructuring

With the construction of the Cathedral Hill Campus, the relocation of existing services from several campuses to Cathedral Hill, and the eventual closure of the California Campus, CPMC has proposed significant restructuring of its shuttle service. First, the Civic Center BART station will be served by two routes instead of one. These two lines will have frequencies at six and three minutes, respectively. The other routes will all have 30 minutes frequencies. Second, the 24th Street BART station will have all-day service as opposed to its current peak-hour service in the

morning and afternoon. Third, the new line to the Folsom Street offices will also provide service south to the 4th and King Caltrain station. Fourth, the Van Ness Muni Metro will no longer be served as is currently done by the BV Line.

Figure 4 provides a summary of the proposed shuttle system, as well as projected demand for each route. It is estimated that the proposed shuttle system will quadruple the daily shuttle ridership compared to current service.

Figure 4 Proposed Shuttle System and Project Demand[7]

Line	Description	Hours of Operation	Frequency (Minutes)	Existing Daily Demand	Projected Daily Demand
Pacific – BART	Serve the Pacific Campus, the Japantown Center Garage, the proposed Cathedral Hill Campus, and the Civic Center BART Station.	5.30 am - 7.00 pm	6	172	1,756-2,004
CH – BART	Serve the Cathedral Hill Campus and the Civic Center BART Station.	5.00 am - 11.00 am 2.30 pm - 9.00 pm	3	n/a	4,028
Folsom – Caltrain	Serve the Cathedral Hill Campus, the 4th Street Caltrain Station, and CPMC offices located at 633 Folsom Street.	6.00 am - 9.00 am 3.00 pm - 6.00 pm	30	n/a	150
CH – Davies	Serve the Cathedral Hill Campus and the Davies Campus.	6.00 am - 6.00 pm	30	n/a	212-317
CH - St. Luke's	Serve the Cathedral Hill Campus and the St. Luke's Campus.	6.00 am - 6.00 pm	30	n/a	270
Pacific – Davies	Serve the Pacific Campus and the Davies Campus.	6.00 am - 6.00 pm	30	423	106-212
St. Luke's - Davies - 24th St. BART	Serve the Davies and St. Luke's Campuses and the 24th Street BART station.	6.00 am - 6.00 pm	30	30	270
Non-CPMC Private Shuttles	Provided by a private garage operator as demand for off-campus parking increases. Operating details of this shuttle service, including service hours and vehicle capacities, would be based on observed demand.	n/a	n/a	n/a	750
Total				2,005	7,542-8,001

In addition to these service changes, CPMC shall also:

- Post shuttle information at shuttle stops.
- Develop a 10-year fleet replacement plan with ADA/Green Vehicles.

TDM Components in the Long-Term (5+ years)

- *Real Time Transit Information* – CPMC shall continue to install real-time transit information signs in the lobbies of all new facilities and shall provide links to real time transit information on the intranet as well as the public website.

[7] The proposed shuttle system is described on in DEIR, pg. 4.5-84-86

- *Carsharing* – CPMC shall create a corporate carshare account that will enable employees to use carsharing services at reduced rates.
- *Parking Pricing* – CPMC shall continue to monitor parking demand and adjust the monthly employee permit fee and patient/visitor hourly parking fees to balance supply and demand.
- *Marketing and Outreach* – CPMC shall continue the TDM and Outreach program detailed above and shall investigate and implement methods for improving marketing materials and outreach methods.
- *Transportation Surveys* - CPMC shall continue to conduct an annual employee transportation survey which will be used to track mode split as compared to the baseline mode split and to receive feedback on TDM programs. CPMC shall achieve at a minimum a thirty percent response rate. Each three years, a patient/visitor survey shall also be conducted to track visitor mode split.

TDM Implementation Timeline

The following table lists all the TDM measures described above and locates them on a timeline. The symbol "→" represents that the specific TDM measure shall be maintained into the future.

Program Components	In Existing Program	Near-Term (0-2 years)	Mid-Term (2-5 years)	Long-Term (5+ years)
Shuttles	Yes		Expand with completion of Cathedral Hill	→
Parking Pricing	Yes	Increase as needed	→	→
Commuter Checks	Yes	→	→	→
Carpool Program	Yes	→	→	→
Carsharing	Yes		Increase spaces as needed	→
Transit Subsidy (currently only for Davies Campus)	Yes	→	Increase monthly amount, expand to all campuses	→
Bicycle Parking (Racks)	Yes	Increase as needed	→	→
Emergency Ride Home Program	Yes	Increase coverage area	→	→
Courtesy Ride Home Program	Yes	Increase marketing	→	→
Expanded TDM Outreach & Marketing Program:		Yes	→	→
Transportation Newsletter		Yes	→	→
TDM Communication Boards		Yes	→	→
Improved Employee Intranet		Yes	→	→
Improved Public Transportation Website		Yes	→	→
Marketing Campaign		Yes	→	→
Expanded Transportation Fair		Yes	→	→
TDM Coordinator		Yes	→	→
Vanpool Program		Yes	→	→
Bicycle Parking (Lockers)			Yes	→
Shower Facilities in New Buildings			Yes	→
Corporate Carshare Account				Yes
Shuttle				
Post Shuttle Information in Hospital Lobbies		Yes	→	→
Post Shuttle Information at Shuttle Stops			Yes	→
Fleet Replacement Plan			Yes	→
Real Time Transit Information (Existing & New Buildings)			Yes	→

Program Components	In Existing Program	Near-Term (0-2 years)	Mid-Term (2-5 years)	Long-Term (5+ years)
Promote 511.org Rideshare Program		Yes	→	→
Create Internal Rideshare Program			Yes	→
Create a central database of shuttle utilization data		Yes	→	→
Monitor participation rates in TDM programs (monthly & annually)		Yes	→	→
Employee and Visitors Baseline Survey		Yes	→	→
Annual Employee and Visitor Travel Survey			Yes	→

Trip Reduction and Parking Demand Impacts

Trip Reduction & Parking Demand Analysis

The proposed additions to the CPMC TDM Plan are expected to result in both reduced vehicle trips and parking demand as compared to the projected trip and parking generation as stated in the LRDP Draft EIR, which served as the baseline. Given that vehicle trip and parking generation are so closely linked, it has been assumed in this analysis that the reduction impacts of both are equivalent. Figure 5 shows the estimated percentage reduction in peak hour vehicle trips and parking demand that are expected to be achieved in the long-term as a result of the proposed TDM Plan as compared to the baseline. As shown in Figure 5 the greatest percentage trip reductions are expected to be seen at the Davies and Cathedral Hill campuses. It should be noted, however, that in absolute terms the campus with the greatest reduction in the number of peak hour vehicle trips is expected to the Pacific campus.

Figure 5 Reduction in Peak Hour Vehicle Trips & Parking Demand

Trip Type	Campus				
	California	Pacific	Davies	St. Luke's	Cathedral Hill
Employee Trips	16% - 18%	16% - 18%	21% - 23%	16% - 18%	21% - 23%
Visitor Trips	14% -15%	14% -15%	20% -21%	14% - 15%	20% - 21%

Analytical Methodology Employed

Evaluative research of vehicle trip and parking reduction strategies often attempts to isolate the stand-alone effects of implementing TDM policies and programs in order to understand the actual relationship of the independent and dependent variables. However, it is difficult to isolate the individual effects because in reality, the implementation of TDM programs often occur concurrently and are supportive of one another. For example, CPMC may implement a subsidized transit pass at the same time that it implements priced parking, and it is difficult to say with absolute certainty to which degree each of these measures resulted in decreased vehicle trips and parking demand. Because trip and parking reduction strategies often support one another in creating high-quality alternatives to auto commuting, multiple strategies implemented jointly can leverage greater impacts when compared to stand-alone implementation.

Even so, TDM strategies realistically have a maximum limit on total vehicular trip reduction that can be achieved. For these reasons, it is not reasonable to expect that the stand-alone impacts of reduction strategies observed in the literature and case studies can simply be “added up” to estimate the total impacts of various strategies together. Because the transportation policies and programs under consideration would be implemented concurrently as a package, we have estimated the total impact using a non-additive methodology. For example, as it is likely that many of those motorists who stop driving due to parking pricing may be the same persons who would stop driving due to transit pass subsidies, this analysis assumes that the transit pass subsidy program has no net additional effect.

The most influential TDM measures in reducing trip and parking generation by campus are expected to be increased parking pricing and transit pass subsidies. That is not to say that the other strategies listed in the TDM Plan are not effective or useful; they should be viewed as key complementary strategies to ensure success of the full TDM Plan. As such, each individual strategy’s impact on vehicle trips and parking demand are significantly lower than those of parking pricing and transit subsidies. In order to determine the effects of parking pricing on trip

generation, data from the Victoria Transport Policy Institute was utilized.[8] This resource allows the user to gauge parking price impacts based on the type of location ranging from a suburban area to a central business district, thereby allowing this analysis to account for each campus' unique location characteristics. Those campuses located in more dense and transit-rich areas achieve greater trip and parking reduction impacts from parking pricing.[9] Thus, Davies and Cathedral Hill campuses see greater reductions from pricing compared to those at California, Pacific, and St. Luke's.

All campuses currently charge a $110 monthly parking fee (roughly $5.24 daily rate based on a 21-day work month). For illustrative purposes, this analysis assumes a future daily price increase of $1.51 per day ($31.71 per month). This is likely a conservative estimate given that fair-market prices of parking spaces typically range from $200 to $250 per month. If price increases are greater than $1.51 per day, the subsequent trip and parking demand reductions will be larger. For example, an additional $1.51 daily price (above the already anticipated $1.51 increase) would yield an additional potential 14% decrease in vehicle trips and parking demand. See Figure 6 for details.[10]

Figure 6 Vehicle Trips and Parking Demand Reduced by Daily Parking Fees

Worksite Setting	$1.51	$3.02	$4.53	$6.04
Low Density Suburb	6.5%	15.1%	25.3%	36.1%
Activity Center	12.3%	25.1%	37.0%	46.8%
Regional CBD/Corridor	17.5%	31.8%	42.6%	50.0%

For transit pass subsidies, data from the Victoria Transport Policy Institute was also used.[11] However, since the EIR demand analysis serves as the basis for these new calculations, and that same EIR analysis assumed that a certain level of transit mode share was already being achieved, this analysis assumes the lowest possible impact from increased transit pass subsidies. In addition, as noted above, this analysis assumes that motorists who stop driving due to parking pricing are the same persons who would stop driving due to transit pass subsidies, and therefore this analysis assumes that the transit pass subsidy program has no net additional effect. Again, this is a very conservative approach, particularly given the anticipated Bus Rapid Transit (BRT) lines that are expected to operate in the Geary and Van Ness corridors. See Figure 7 for the impacts of transit pass subsidies as a stand-alone measure.

[8] Land Use Impacts on Transport, http://www.vtpi.org/landtravel.pdf. 2008

[9] The availability of both existing and future transit service for each campus was examined. Future transit service at Cathedral Hill assumes the implementation of the 38 Geary BRT route.

[10] Due to the particular characteristics of the different campuses, this analysis assumes that the Cathedral Hill and Davies campuses are "Regional CBD/Corridor" worksites while the California, Pacific, and St. Luke's campuses are "Activity Center" worksites.

[11] Transportation Elasticities, http://www.vtpi.org/elasticities.pdf. 2008

Figure 7 Vehicle Trip and Parking Demand Reduction by Workplace Setting and Daily Transit Subsidy

	Daily Transit Subsidy			
Worksite Setting	**$0.75**	**$1.51**	**$3.02**	**$6.04**
Low density suburb, rideshare oriented	0.1%	0.2%	0.6%	1.9%
Low density suburb, mode neutral	1.5%	3.3%	7.9%	21.7%
Low density suburb, transit oriented	2.0%	4.2%	9.9%	23.2%
Activity center, rideshare oriented	1.1%	2.4%	5.8%	16.5%
Activity center, mode neutral	3.4%	7.3%	16.4%	38.7%
Activity center, transit oriented	5.2%	10.9%	23.5%	49.7%
Regional CBD/Corridor, rideshare oriented	2.2%	4.7%	10.9%	28.3%
Regional CBD/Corridor, mode neutral	6.2%	12.9%	26.9%	54.3%
Regional CBD/Corridor, transit oriented	9.1%	18.1%	35.5%	64.0%

This analysis has also taken into account all the other TDM measures that will be implemented or expanded from their current state, such as marketing and ridesharing. However, research shows that the effects of these measures on trip reduction are much smaller, with their likely impacts ranging from 0.5% to 1.0% and vary much less by campus, thus they are not discussed in detail in this plan.

Parking Supply Analysis

In addition to the demand reduction calculations presented above, this analysis also examines how that demand interacts with the proposed parking supply. Although the EIR offers a parking supply figure to compare to parking demand estimates, it is recommended that parking demand be evaluated against an “effective parking supply”. Effective supply is defined as the total number of parking spaces, less the percentage of spaces that the parking operator wishes to have vacant even at the typical peak hour. For example, choosing an effective parking supply factor of 95% means that the operator wishes to have 5% of the parking supply vacant at the peak hour. This provides a cushion of spaces that has the following benefits:

- Reduces the search time for the last few available parking stalls and allows for the dynamics of vehicles moving in and out of parking stalls during peak periods
- Allows for unanticipated variations in parking activity as well as the temporary loss of spaces due to improperly parked vehicles, construction, and other factors
- Compensates for the loss of utilization and efficiency due to the segregation of spaces for various user groups (e.g. special events).

An “effective parking supply factor” of 90% and 95% for different user groups was used for this analysis. Typically, groups such as visitors and patients who experience higher rates of parking turnover require more empty spaces to accommodate cars frequently entering and leaving spaces. Our analysis gives this group an effective parking supply of 90%. Conversely, employees such as physicians and staff tend to park once and leave their vehicles for several hours at a time, leading to lower rates of turnover and less need to maintain empty spaces. Thus, our analysis gives this group an effective parking supply of 95%.

Summary

Once the EIR parking supply was recalculated to account for its “effective supply”, it was compared to the parking demand estimates that were adjusted for the proposed TDM measures to determine if there will be a surplus or deficit of parking spaces at each campus at full buildout. Figure 8 illustrates the results. For example, although the Pacific and Cathedral Hill campuses

are expected to have sufficient parking, the Davies and St. Luke's campuses are anticipated to experience parking shortages.

One measure that CPMC has utilized in the past to address excess parking demand is through the use of off-site satellite parking lots, with lower parking fees than parking on-site. In order to address where on-site parking shortfalls exist, CPMC will offer lower-cost parking in satellite lots (Kisling, Japantown, or others if necessary) such as is currently in place for the Pacific Campus. By creating a financial incentive for employees and other staff to park farther from campus, CPMC has been able to shift some demand away from on-site parking lots to remote lots. The use and provision of incentives for use of satellite parking should be tracked along with overall TDM performance to ensure that overall SOV reduction goals are being met while still minimizing spillover parking in neighborhoods adjacent to CPMC.

It is important to reiterate, that the results of this analysis can change significantly if new assumptions are used as part of the TDM analysis, particularly in terms of future parking pricing levels. If CPMC sets parking prices to achieve target occupancies of 90% and 95%, the resulting effect on parking demand may increase so that all campuses achieve parking surpluses. In addition, the parking supply at each campus does not include spaces which are located in satellite parking lots that are accessed by shuttle. Therefore, increasing the number of off-site parking spaces made available to CPMC affiliates is an additional strategy that could be employed to address the projected parking shortages at Davies and St. Luke's.

Figure 8 Future Parking Surplus & Deficit by Campus[12]

Campus	Future Parking Demand w/TDM				Effective Off Street-Inventory				Surplus/Deficit			
	Physicians	Staff	Visitors/ Patients	Total	Physicians	Staff	Visitors/ Patients	Total	Physicians	Staff	Visitors/ Patients	Total
California					Campus Phased Out							
Davies												
Existing	82	308	179	569	100	292	196	588	19	-76	-3	-60
Buildout	81	368	199	648								
Net-New	-1	60	20	79								
St. Luke's												
Existing	70	225	224	519	93	157	168	418	13	-120	-106	-214
Buildout	81	277	274	632								
Net-New	11	52	50	113								
Pacific												
Existing	366	851	589	1806	247	685	545	1477	33	103	30	166
Buildout	214	582	516	1312								
Net-New	-152	-269	-73	-494								
Cathedral Hill												
CH Hospital	82	320	192	594	247	330	558	1135	47	-101	105	51
CH MOB	88	82	194	364								
1375 Sutter	30	28	67	125								
Total	200	430	453	1084								

[12] Future parking demand was calculated in the analysis done by Fehr and Peers for the Draft Transportation Impact Studies for each of the campuses. The projected future parking demand was then adjusted based on the percentage trip reduction calculated for each of the campuses.

Summary

Combined, the existing and expanded transportation demand management measures that will be implemented with the CPMC LRDP have been shown to be highly effective in the past at CPMC and at similar institutions in reducing drive alone trips and increasing the use of alternative modes of transportation. By 2020 the TDM Plan as described is estimated to enable CPMC to achieve an SOV trip reduction in the aggregate of 15% system-wide from the baseline mode split presented in the DEIR. In addition, the implementation of this TDM Plan will reduce congestion, air quality and greenhouse gas emissions, promote the City of San Francisco's Transit First policies, and will reduce parking demand at and around all CPMC campuses.

CPMC's future TDM Plan will be comprised of measures selected to address the unique needs and characteristics of this institution, as well as to be cost-effective in relation to success of the program. There are a wide number of potential TDM measures from which to select; however, the specific package of measures provided in this plan is designed to enable CPMC to reduce SOV trips by 15% in the aggregate system-wide from the baseline mode split while also ensuring flexibility into the future. Once implemented, CPMC will have one of the most robust health care institution TDM plans in the Bay Area. At a minimum, the proposed CPMC TDM Plan will be equal to or above par with what other Bay Area health care institutions offer (refer to Appendix A). As such, this robust, yet flexible living document is an example of best practices for other large health care institutions. At this time, implementation of additional or more costly TDM measures, such as additional shuttle routes or an increased transit subsidy amount, would result in substantially diminishing marginal returns and, thus, are not currently considered cost-effective.

APPENDIX A

PEER REVIEW CASE STUDIES

Introduction

Nelson\Nygaard interviewed staff at three Bay Area hospitals—Kaiser Permanente Oakland Medical Center, Alta Bates Summit Medical Center (ABSMC) in Oakland, and San Francisco General Hospital/UCSF—to gather information on the shuttle services that are provided by these institutions and to understand whom within the organizational structure is responsible for overseeing transportation demand management programs (TDM).

More specifically we were looking to answer the following questions:

Organization and coordination of TDM Programs:

- Does the hospital have a TDM coordinator?
- Where in the organization is this person? Who does he/she report to? Is there more than one person responsible for overseeing the TDM programs? What programs are they responsible for?
- Is the TDM coordinator position located within the correct department in the organization or are there suggestions on what would be a better location in the organization? E.g. if the TDM coordinator is in the parking and transportation department, would it make more sense to be in the planning department?
- How many FTEs does the hospital have assigned to TDM, parking and shuttles? In what departments? Who do they report to?

Shuttle program:

- Number of routes, frequency, and ridership (by type of rider if possible)?
- Types and number of vehicles?
- Are the shuttle vehicles ADA accessible?
- Is the shuttle program operated by an outside vendor or does the hospital own and operate the system?
- How is the shuttle program marketed to patients and visitors (On the external or internal website, posters, etc.)?

This memo provides a summary of the information that was given by staff at these three hospital facilities regarding the questions stated above in order to provide CPMC with some ideas of how their shuttle system could potentially be restructured and where the future TDM Coordinator position could be located within CPMC's organizational structure.

Shuttle Systems

Kaiser Permanente Oakland Medical Center

The Kaiser Permanente Oakland Medical Center shuttle program is currently being revamped with plans to reduce the number of shuttle routes from six to four while improving service by reassigning vehicles to different routes and increasing the off-peak, on-demand service. The most highly utilized route, which connects the medical center to the MacArthur BART Station, will be restructured to reduce the length of the route. This route provides 37,200 trips per month while the other five routes carry a combined total of almost 5,000 trips per month. For the 37,200 monthly trips on the route connecting the medical center to the MacArthur BART Station, 26,500 are trips made by employees while 10,700 are trips made by the general public, including patients and visitors.

The shuttle program utilizes 16 ADA-accessible passenger vehicles during the peak hours of service, each of which can seat between 25 and 33 passengers. Several additional vans are used intermittently. The on-demand service utilizes full-size vehicles and minivans. Shuttle operations and program management are contracted out to Parking Company of America.

Information regarding shuttle routes and schedules is made available to the general public via Kaiser's website as well as a transportation information kiosk which is located in the outpatient building and posters in the parking garage that advertise alternative transit mode options and lists transit schedules. Kaiser members also receive a quarterly member newsletter that provides transportation information. The internal website www.eco-thrive.com is accessible to employees and provides shuttle information as well as all the other alternative transportation programs provided by Kaiser.

San Francisco General

UCSF's shuttle program consists of 14 different routes of which three serve San Francisco General. Shuttle routes operate with headways of 15 to 20 minutes. The shuttle service carries more than 183,000 passengers per month, all of whom are associated with UCSF, as the shuttle service is not open to the general public. The majority of riders are staff who depend on the shuttle system for internal transportation between the 15 properties of the decentralized campus for meetings etc. throughout the day. This is imperative because of the difficulty associated with parking.

The shuttle fleet is comprised primarily of 22-passenger cut-aways, 30 passenger Chevrolet buses and 33-passenger International buses for a total of 49 vehicles, all of which are ADA accessible with wheelchair ramps. The shuttle program is operated by UCSF and they own their shuttle vehicles. Marketing is done through the use of a website and occasionally via email, and information is posted at the shuttle stops and on the buses.

Alta Bates Summit Medical Center (ABSMC)

ABSMC operates five free shuttle routes from the Summit Campus in Oakland to either the Alta Bates and Herrick Campuses in Berkeley or the MacArthur BART station. The shuttles operate on 15 to 30 minute headways and transport between 30,000 and 40,000 passengers per month. The shuttle is available to non-Sutter Health affiliated persons.

The shuttle fleet is comprised of 13 shuttle vans, which have a capacity of between nine and 31 passengers. All of the vans except for two are ADA accessible. ABSMC owns their shuttle vehicles; however, operations and management of the program is contracted out to Parking Company of America, which also oversees shuttle operations for the Kaiser Oakland Medical Center.

Information regarding shuttle routes and schedules is available on ABSMC's public website and all employees receive an electronic newsletter monthly that provides information on a variety of topics, including transportation services and options.

TDM Coordinators

Kaiser Permanente Oakland Medical Center

Kaiser has contracted out the Transportation Demand Coordinator position to ALTRANS for their Oakland Medical Center location. The TDM Coordinator reports to Kaiser's Director of Parking, Transportation and Security and is responsible for implementing, managing and monitoring

employee alternative transportation programs, including providing personalized trip planning, carpool and vanpool organizing, transit subsidies, reserved parking for carpools, carsharing, Guaranteed Ride Home program, and conducts the City of Oakland's mandatory Employee Transportation Survey.

In addition, the TDM Coordinator distributes information to Kaiser employees via email and e-newsletter as well as holds transportation fairs and contests, participates in events sponsored by the Health Education Department to promote commuter services information, and coordinates with the East Bay Bicycle Coalition on Bike to Work Day. ALTRANS manages and provides content and forms for the internal alternative transportation website, www.eco-thrive.com, which contains program information and an internal ride-matching system. The TDM Coordinator is responsible for keeping this website up to date. The TDM Coordinator is not responsible for overseeing the shuttle program; however, they work with the Shuttle Manager, which is a contracted position through Parking Company of America, to ensure the effectiveness of the shuttle and designs of the shuttle schedules.

When asked about the placement of their position within the Parking, Transportation and Security Department, the TDM Coordinator stated that this was appropriate and beneficial for their position as their responsibilities are closely linked with parking services. Presently, the TDM Coordinator is the only employee responsible for managing the existing TDM programs and it was not possible to get data on how many employees there are in total in the Parking, Transportation and Security Department.

San Francisco General

San Francisco General/UCSF does not have a distinct TDM Coordinator position, rather duties that would typically fall under the purview of a TDM coordinator are overseen by the Transportation Operations Manager and Fleet Manager who are located within the Transportation Services division which is overseen by the Transportation Services Director. The Transportation Services division has 165 full time employees who work on parking, shuttles and other alternative transportation programs. The division of labor for these 165 employees is evenly split between parking staff and other transportation services.

The Transportation Operations Manager is responsible for overseeing the shuttle program and the Fleet Manager along with one other staff person oversees the alternative transportation programs including vanpooling, carpooling, and carsharing. Vanpooling is the primary responsibility of the Fleet Manager as the remaining modes are minorities.

When asked if the placement of the Transportation Operations Manager position within the Transportation Services Division was the most effective location for this position, the Transportation Operations Manager stated that it was an appropriate placement for this position.

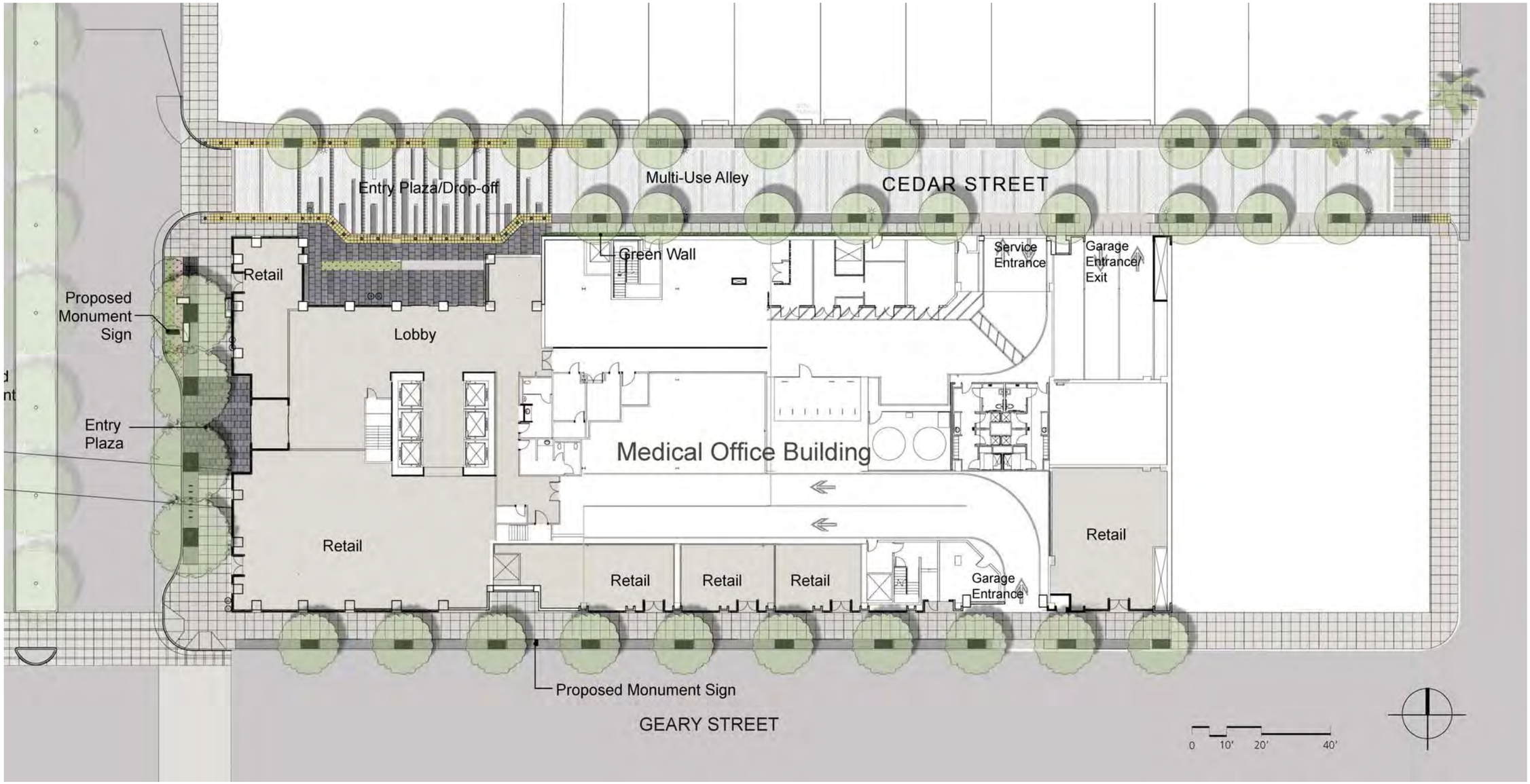
Alta Bates Summit Medical Center (ABSMC)

Currently at ABSMC the Director of Operations, who reports to the Chief Financial Operator, is responsible for overseeing the ABSMC shuttle program and parking as well as the TDM programs for all campuses. In 2011, ABSMC will begin expanding their TDM program and increasing the marketing of the TDM program. In order to increase their TDM efforts additional staff is needed, therefore ABSMC will be hiring a full-time Employee Transportation Coordinator to manage TDM programs. The Transportation Coordinator will report directly to the Director of Operations and will work with Human Resources and the Marketing Department to increase awareness of what TDM programs and services are offered by ABSMC. This position will be a contract position through Parking Company of America.

APPENDIX G

Cathedral Hill Medical Office Building Design Modifications

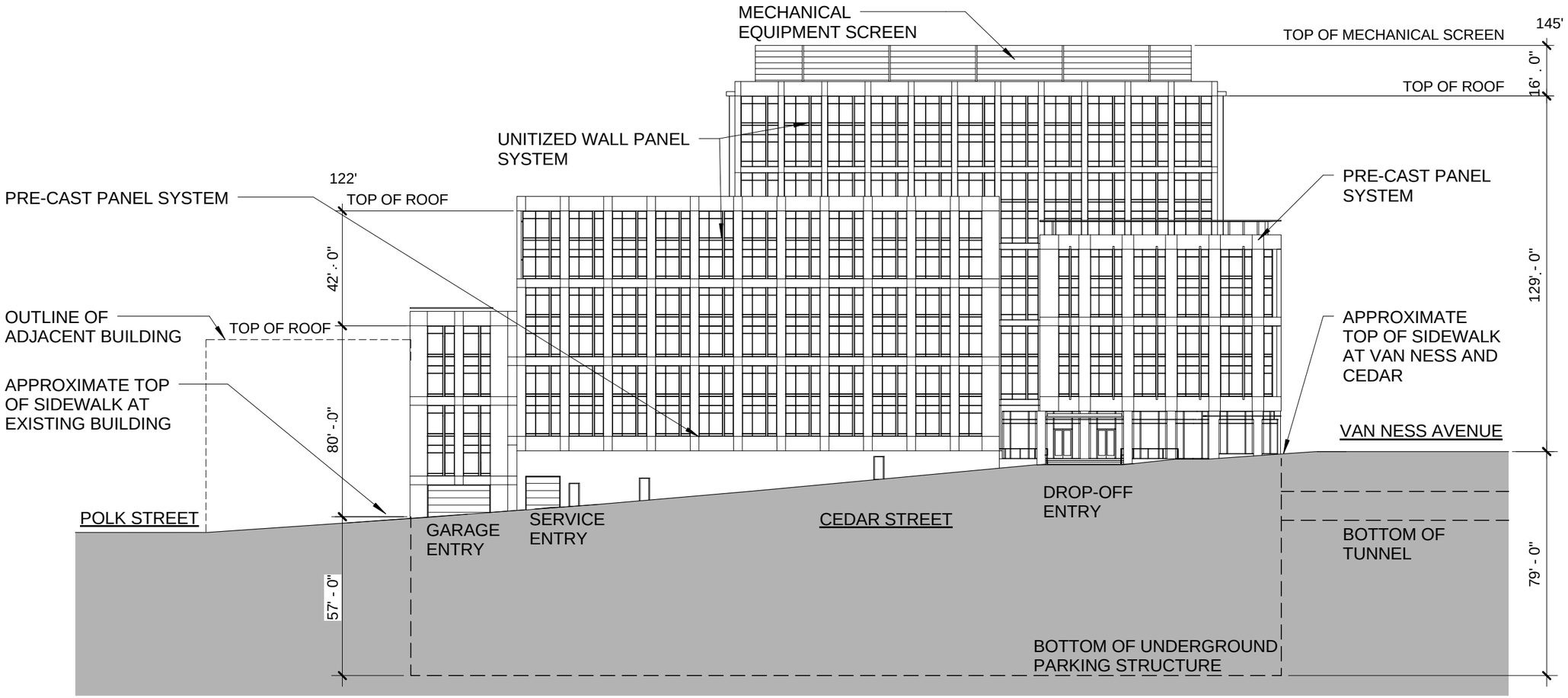
VAN NESS MEDICAL OFFICE BUILDING STREETSCAPE



02/29/2012

SOURCE: BOULDER ASSOCIATES ARCHITECTS

VAN NESS MEDICAL OFFICE BUILDING - ELEVATION



NOTES:
1. BUILDING HEIGHTS SHOWN ARE APPROXIMATE
2. BUILDING HEIGHTS MEASURED FROM TOP OF SIDEWALK AT INTERSECTIONS INDICATED

APPROXIMATE SCALE 10' 20' 40' 60' 100'

08/01/11

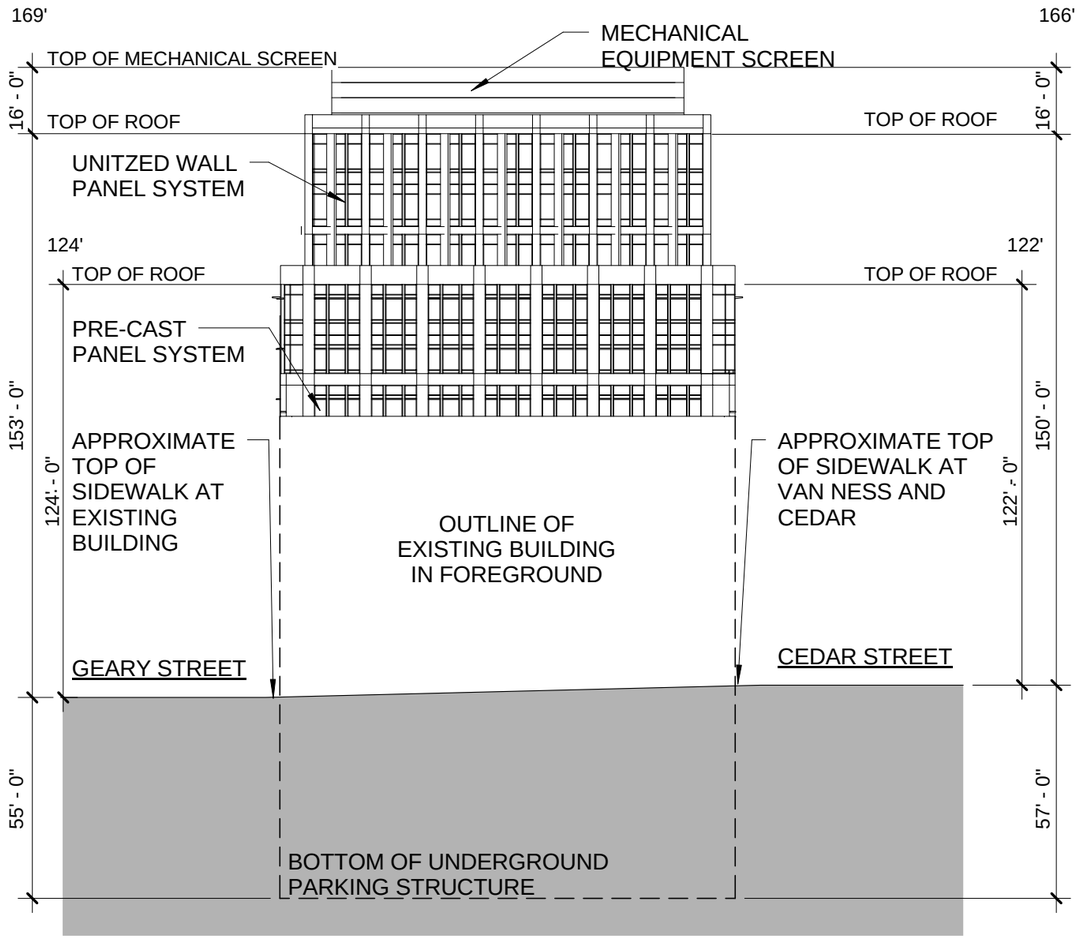
SOURCE: BOULDER ASSOCIATES ARCHITECTS

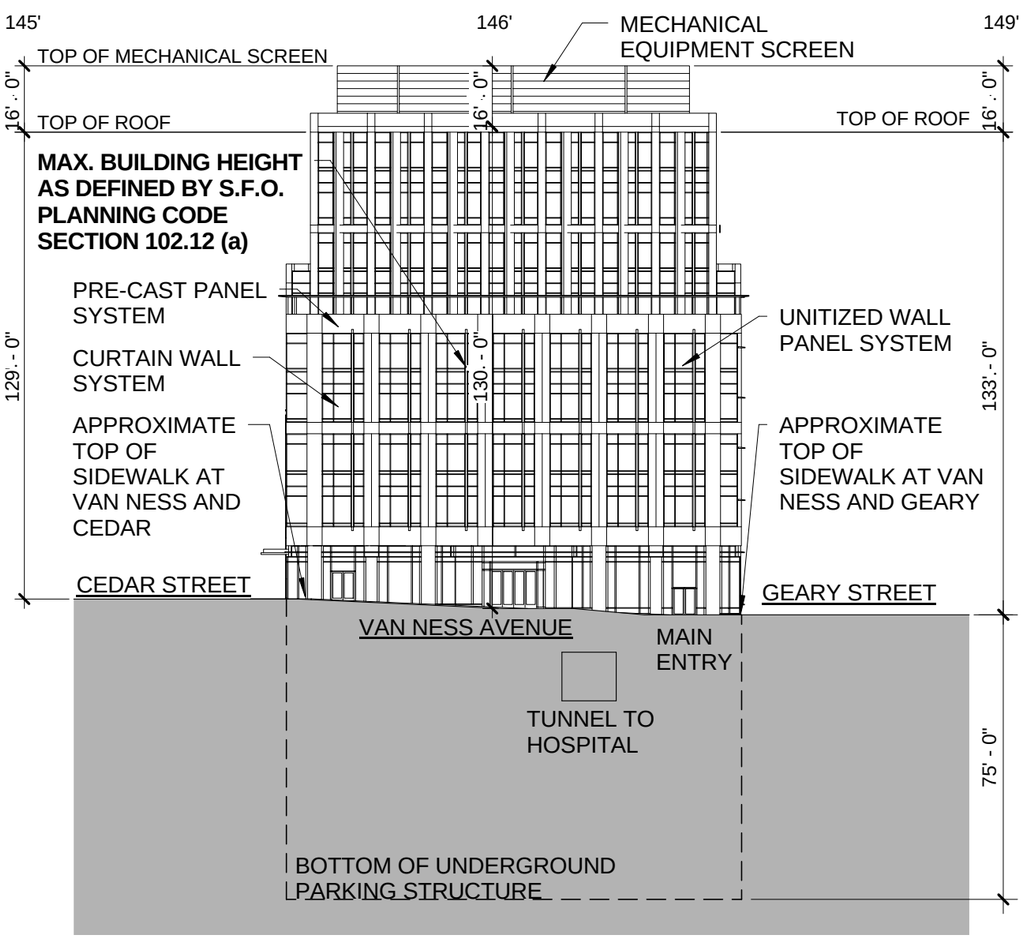
California Pacific Medical Center
A Sutter Health Affiliate

NORTH ELEVATION

Figure 2.1

VAN NESS MEDICAL OFFICE BUILDING - ELEVATIONS





NOTES:
1. BUILDING HEIGHTS SHOWN ARE APPROXIMATE
2. BUILDING HEIGHTS MEASURED FROM TOP OF SIDEWALK AT INTERSECTIONS INDICATED

APPROXIMATE SCALE 10' 20' 40' 60' 100'

08/01/11

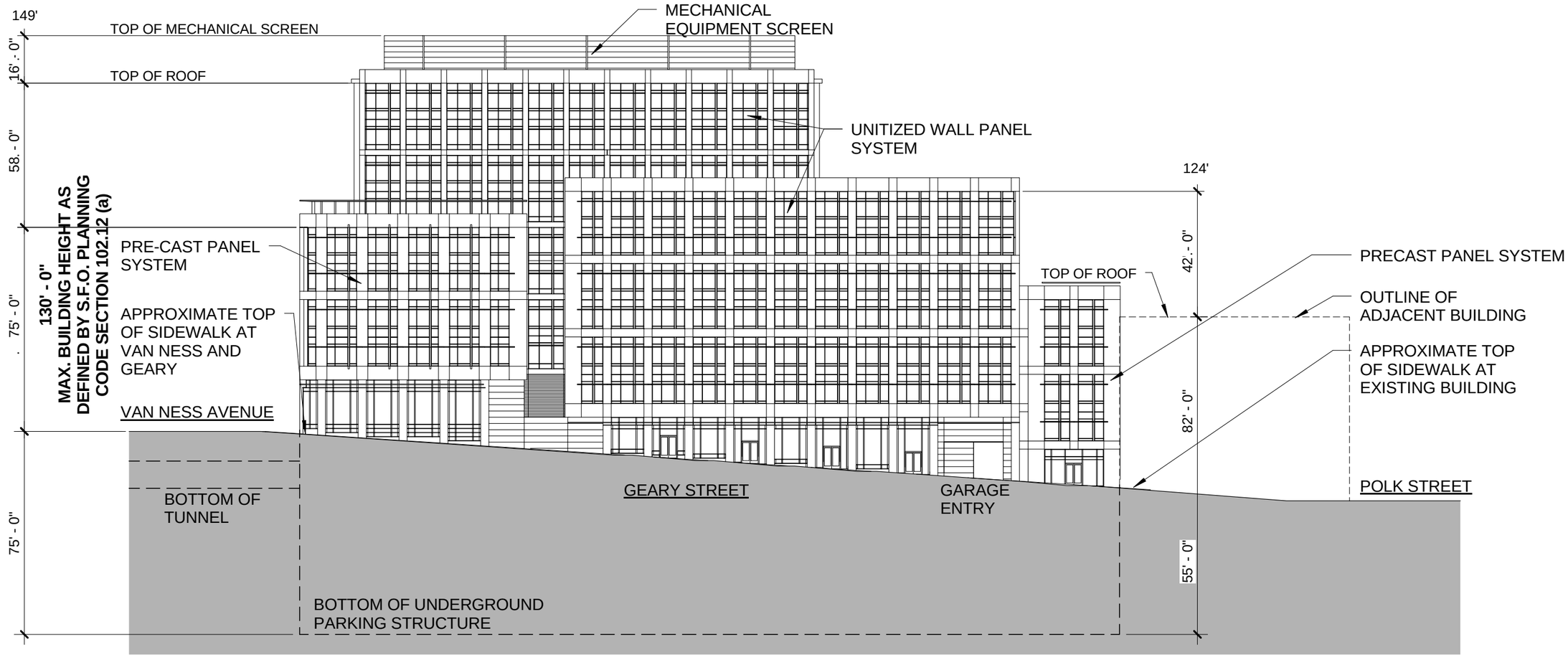
SOURCE: BOULDER ASSOCIATES ARCHITECTS

California Pacific Medical Center
A Sutter Health Affiliate

EAST AND WEST ELEVATIONS

Figure 2.2

VAN NESS MEDICAL OFFICE BUILDING - ELEVATION



NOTES:
1. BUILDING HEIGHTS SHOWN ARE APPROXIMATE
2. BUILDING HEIGHTS MEASURED FROM TOP OF SIDEWALK AT INTERSECTIONS INDICATED

APPROXIMATE SCALE 10' 20' 40' 60' 100'

08/01/11

SOURCE: BOULDER ASSOCIATES ARCHITECTS

California Pacific Medical Center
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SOUTH ELEVATION

Figure 2.3

VAN NESS MEDICAL OFFICE BUILDING RENDERING



08/01/11

SOURCE: BOULDER ASSOCIATES ARCHITECTS

VAN NESS MEDICAL OFFICE BUILDING RENDERING



08/01/11

SOURCE: BOULDER ASSOCIATES ARCHITECTS

California Pacific Medical Center
A Sutter Health Affiliate

AERIAL VIEW LOOKING NORTHEAST FROM VAN NESS AND GEARY

APPENDIX H

Modern Context Statement Memo

Knapp & VerPlanck
PRESERVATION ARCHITECTS

Memorandum

Date	19 August 2011
Project	California Pacific Medical Center
To	Shelley Caltagirone, SF Planning Department
From	Alexandra Bevk, Knapp & VerPlanck Preservation Architects
Topic	1101 Van Ness Avenue, Cathedral Hill Hotel (Jack Tar Hotel)
Copied	David Reel, AECOM Cameron Mueller, AECOM
Via	email

Previous Findings for Cathedral Hill Hotel (Jack Tar Hotel)

In February 2010, Knapp Architects and AECOM submitted a Historic Resource Evaluation (HRE) for the Cathedral Hill Campus of the California Pacific Medical Center. Included in this report was an evaluation of 1101 Van Ness Avenue, known as the Cathedral Hill Hotel (previous name Jack Tar Hotel). The report contained a brief history of the building, a detailed description of exterior and interior features, and an evaluation under California Register of Historic Resources criteria.

The report found that the building does not satisfy any of the criteria for listing on the California Register of Historical Resources because it does not have any associations with significant persons or events. Nor does the building meet the criterion for the work of a master, and it does not embody architectural themes that are historically significant.

San Francisco Modern Context Statement

In February, 2011, the City adopted the *San Francisco Modern Architecture and Landscape Design 1935-1970 Historic Context Statement.* The San Francisco Planning Department developed the Modern Context Statement in order to provide the framework for consistent, informed evaluations of San Francisco's Modernist buildings and landscapes. Although it is not a survey, the Modern context statement identifies key buildings, landscapes, and

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master architects and designers.

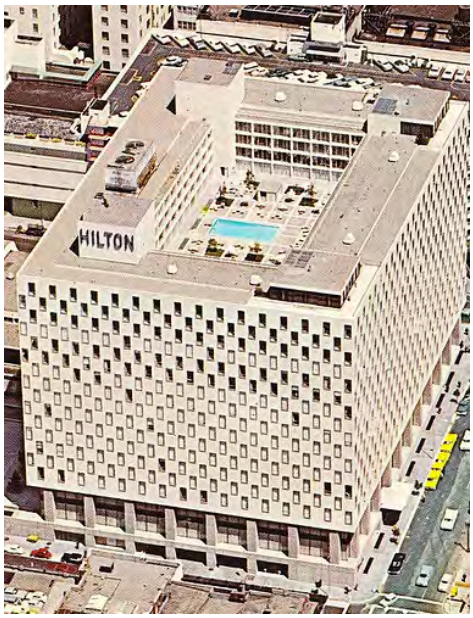
The Cathedral Hill Hotel was identified in the Modern Context Statement in two locations under the name Jack Tar Hotel. It is mentioned on page 52 in an overview of commercial development patterns: “Development of the tourism industry spurred construction of motels along Lombard Street and large scale hotels such as the Jack Tar on Van Ness Avenue.” It is also listed on page 235 under the project list for the firm Hertzka & Knowles. The firm is known for its International Style office buildings, such as the Crown Zellerbach Building (in collaboration with SOM), the Standard Oil Building at 555 Market Street, and the Pacific Gas and Electric Company Building at 77 Beale Street. They are also responsible for St. Mary’s Hospital and the Golden Gate Bridge Administration Building.

Comparable Modernist Hotel

Many hotels and motels were constructed throughout the city around the time of the Jack Tar Hotel’s construction in 1959. A few extant examples are listed below.



The Hyatt Regency Hotel, designed by John Portman in 1973, is part of the large Embarcadero Center, an element of the Golden Gateway Redevelopment Project. Constructed in the Brutalist style, the building features expansive interiors and a soaring full-height atrium. The asymmetrical facades converge at sharp angles, and deeply recessed balconies create shadows and voids. The building still operates as a hotel.



The original Hilton Union Square, at 333 O’Farrell Street, was designed by William B. Tabler, Sr. in 1964. The exterior façade featured a checkerboard window pattern, but has been extensively remodeled. Considered to be groundbreaking at the time, the building responded to the public’s growing dependence on automobiles by creating an interior ramp which spanned seven floors so that guests could drive directly to their rooms. The hotel also offered a heated outdoor swimming pool on the 16th floor terrace, which was considered to be the first in San Francisco. In 1971, a tower addition was added to the west portion of the site by John Carl Warnecke & Associates. A pedestrian bridge connects the top floor of the original building to the tower. The building still operates as a hotel.



Built in 1970 in the Brutalist Style, the Hilton Financial District at 750 Kearny Street (formerly the Holiday Inn Chinatown) was designed by Clement Chen and John Carl Warnecke & Associates. The Chinese Cultural Center was originally located on the hotel's third floor, and is still located there today. A pedestrian skyway connects the third floor of the hotel directly to Portsmouth Plaza across the street. The building still operates as a hotel.



The Oasis Motel was built in 1959 at 900 Franklin Street. Heralded as modern for its fireproof and soundproof construction, the building has a brick structural system with stucco exterior walls. It was advertised as being a few blocks from the Civic Center and "a few minutes ride to San Francisco's points of interest." The decorative concrete screen block was recently removed. The building still operates as a motel under the name Oasis Inn.

Most tourist motels developed during the 1950s and early 1960s were geared toward automobile accessibility, and was goal was frequently realized through the construction of in the courtyard motels. Many are still extant with varying degrees of alteration, predominantly along Lombard Street and in Fisherman's Wharf. Arguably the best example of these – the Holiday Lodge, at Van Ness Avenue and Washington – was demolished ca. 1998.



(clockwise from top left) Travelodge at the Wharf, 1963 (now Radisson Fisherman's Wharf); Laurel Motor Inn, 1963; Motel Capri, 1957; The Wharf Motel, 1959; The Surf Motel, 1959; and the Rancho Lombard Motel, 1954 (now Francisco Bay Inn).

Conclusion

Though Wayne Solomon Hertzka and William Howard Knowles are both listed as master architects in the Modern Context Statement, the firm's work is best exemplified in its International Style office buildings. The Cathedral Hill Hotel does not meet the same level of architectural significance as other work by the firm. The inclusion of Hertzka & Knowles (and Jack Tar Hotel on their project list) in the Modern Context Statement does not change the finding that the Cathedral Hill Hotel does not meet CRHR criteria 3.

The evaluation of other mid-century large scale hotels also confirms that the Cathedral Hill Hotel does not embody architectural themes that are historically significant. While it is a representative of mid-century development patterns of the tourism industry, the building has lost a significant amount of its integrity, as it no longer features the original blue and pink exterior panels or rotating roof sign, and most of the interior has been altered beyond recognition. Additionally, it is not a rare example, as many comparable hotels and motels still exist – many of which retain higher levels of integrity.

The new information provided in the Modern Context Statement does not change the finding that 1101 Van Ness Avenue does not satisfy any of the criteria for listing in the California Register of Historical Resources.

APPENDIX I

Cross Reference Matrix of Draft EIR Comments

Appendix I: Cross Reference Matrix of Draft EIR Comments				
Letter No.	**Comment No.**	**Response Category / No.**	**C&R Page No.**	**Commenter/ Organization**
1	1	OTH-1	C&R 3.23-243	Marvis Phillips, Alliance for a Better District 6
2	1	AE-7	C&R 3.4-16	Charles McClure
2	2	PD-14	C&R 3.2-16	
3	1	PH-15	C&R 3.5-56	Alex Bernstein
3	2	LU-30	C&R 3.3-146	
3	3	OTH-100	C&R 3.23-311	
4	1	OTH-1	C&R 3.23-243	Marvis Phillips, Member, Alliance for a Better District 6
4	2	HC-1	C&R 3.23-44	
4	3	TR-100	C&R 3.7-170	
4	4	TR-63	C&R 3.7-110	
4	5	HC-2	C&R 3.23-52	
4	6	HC-2	C&R 3.23-52	
4	7	HC-2	C&R 3.23-52	
4	8	HC-3	C&R 3.23-63	
4	9	HC-4	C&R 3.23-64	
4	10	HC-5	C&R 3.23-65	
4	11	OTH-2	C&R 3.23-243	
4	12	HC-6	C&R 3.23-66	
5	1	HZ-2	C&R 3.18-2	Sandy Hesnard, Caltrans – Department of Aeronautics
6	1	TR-20	C&R 3.7-42	Lisa Carboni, Caltrans (Regional)
6	2	TR-38	C&R 3.7-63	
6	3	TR-39	C&R 3.7-64	
6	4	TR-105	C&R 3.7-180	
6	5	TR-107	C&R 3.7-187	
6	6	TR-104	C&R 3.7-177	
6	7	TR-115	C&R 3.7-196	
7	1	TR-20	C&R 3.7-42	Lisa Carboni, Caltrans (Regional)*
7	2	TR-38	C&R 3.7-63	
7	3	TR-39	C&R 3.7-64	

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Letter No.	**Comment No.**	**Response Category / No.**	**C&R Page No.**	**Commenter/ Organization**
7	4	TR-105	C&R 3.7-180	Lisa Carboni, Caltrans (Regional)*
7	5	TR-107	C&R 3.7-187	
7	6	TR-104	C&R 3.7-177	
7	7	TR-115	C&R 3.7-196	
8	1	OTH-3	C&R 3.23-244	Scott Morgan, Office of Planning and Research – California State Clearinghouse
9	1	OTH-4	C&R 3.23-244	Scott Morgan, Office of Planning and Research – California State Clearinghouse
10	1	HC-7	C&R 3.23-74	Evy Pearce
10	2	ALT-1	C&R 3.22-11	
10	3	HC-9	C&R 3.23-83	
11	1	TR-2	C&R 3.7-2	Ron Downing, Golden Gate Bridge Highway & Transportation District
11	2	TR-60	C&R 3.7-101	
11	3	TR-60	C&R 3.7-101	
12	1	HC-7	C&R 3.23-74	Marie Clyde*
12	2	ALT-1	C&R 3.22-11	
12	3	HC-9	C&R 3.23-83	
13	1	HC-10	C&R 3.23-86	Bernard Choden
13	2	PH-17	C&R 3.5-64	
13	3	TR-106	C&R 3.7-185	
14	1	HC-10	C&R 3.23-86	Jennifer Clary, San Francisco Tomorrow*
14	2	PH-17	C&R 3.5-64	
14	3	TR-106	C&R 3.7-185	
15	1	OTH-78	C&R 3.23-294	Marlayne Morgan, Cathedral Hill Neighbors Association
15	2	ALT-1	C&R 3.22-11	
15	3	HC-7	C&R 3.23-74	
15	4	ALT-1	C&R 3.22-11	

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Letter No.	**Comment No.**	**Response Category / No.**	**C&R Page No.**	**Commenter/ Organization**
16	1	HC-7	C&R 3.23-74	Don Mariacher*
16	2	ALT-1	C&R 3.22-11	
16	3	HC-9	C&R 3.23-83	
17	1	UT-4	C&R 3.14-2	Ken Kortkamp, SFPUC Urban Watershed Management Program
17	2	UT-5	C&R 3.14-3	
18	1	LU-1	C&R 3.3-1	Rose Hillson, Jordan Park Improvement Association
18	2	HC-11	C&R 3.23-88	
18	3	PD-19	C&R 3.2-19	
18	4	PD-19	C&R 3.2-19	
18	5	AQ-1	C&R 3.9-1	
18	6	TR-103	C&R 3.7-175	
18	7	TR-111	C&R 3.7-194	
18	8	PD-19	C&R 3.2-19	
18	9	NO-18	C&R 3.8-25	
18	10	PD-4	C&R 3.2-5	
18	11	TR-92	C&R 3.7-161	
18	12	TR-129	C&R 3.7-227	
18	13	TR-10	C&R 3.7-26	
18	14	TR-129	C&R 3.7-227	
18	15	TR-4	C&R 3.7-3	
18	16	TR-32	C&R 3.7-56	
18	17	TR-70	C&R 3.7-135	
18	18	TR-71	C&R 3.7-138	
18	19	TR-71	C&R 3.7-138	
18	20	TR-21	C&R 3.7-43	
18	21	TR-73	C&R 3.7-141	
18	22	TR-74	C&R 3.7-143	
18	23	TR-71	C&R 3.7-138	
18	24	TR-22	C&R 3.7-44	
18	25	TR-70	C&R 3.7-135	
18	26	TR-70	C&R 3.7-135	

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Letter No.	**Comment No.**	**Response Category / No.**	**C&R Page No.**	**Commenter/ Organization**
18	27	TR-70	C&R 3.7-135	Rose Hillson, Jordan Park Improvement Association
18	28	TR-71	C&R 3.7-138	
18	29	TR-72	C&R 3.7-140	
18	30	TR-73	C&R 3.7-141	
18	31	TR-69	C&R 3.7-129	
18	32	TR-40	C&R 3.7-64	
18	33	INTRO-1	C&R 3.1-1	
18	34	TR-19	C&R 3.7-41	
18	35	AQ-10	C&R 3.9-26	
18	36	TR-34	C&R 3.7-58	
18	37	TR-56	C&R 3.7-93	
18	38	TR-56	C&R 3.7-93	
18	39	TR-56	C&R 3.7-93	
18	40	TR-56	C&R 3.7-93	
18	41	TR-65	C&R 3.7-122	
18	42	TR-92	C&R 3.7-161	
18	43	TR-63	C&R 3.7-110	
18	44	TR-102	C&R 3.7-174	
18	45a	TR-92	C&R 3.7-161	
18	45b	TR-98	C&R 3.7-165	
18	46	TR-41	C&R 3.7-65	
18	47	TR-41	C&R 3.7-65	
18	48	TR-47	C&R 3.7-71	
18	49	TR-42	C&R 3.7-66	
18	50	TR-42	C&R 3.7-66	
18	51	TR-52	C&R 3.7-76	
18	52	PH-23	C&R 3.5-79	
18	53	TR-55	C&R 3.7-89	
18	54	TR-55	C&R 3.7-89	
18	55	TR-55	C&R 3.7-89	
18	56	TR-55	C&R 3.7-89	
18	57	TR-105	C&R 3.7-180	

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Letter No.	**Comment No.**	**Response Category / No.**	**C&R Page No.**	**Commenter/ Organization**
18	58	PD-20	C&R 3.2-20	Rose Hillson, Jordan Park Improvement Association
18	59	TR-106	C&R 3.7-185	
18	60	PD-21	C&R 3.2-20	
18	61	TR-108	C&R 3.7-189	
18	62	AQ-27	C&R 3.9-71	
18	63	TR-105	C&R 3.7-180	
18	64	PD-22	C&R 3.2-21	
18	65	TR-112	C&R 3.7-194	
18	66	TR-44	C&R 3.7-67	
18	67	TR-48	C&R 3.7-72	
18	68	TR-65	C&R 3.7-122	
18	69	NO-21	C&R 3.8-29	
18	70	NO-36	C&R 3.8-45	
18	71	NO-44	C&R 3.8-53	
18	72	PD-19	C&R 3.2-19	
18	73	NO-45	C&R 3.8-54	
18	74	NO-58	C&R 3.8-62	
18	75	NO-37	C&R 3.8-46	
18	76	NO-38	C&R 3.8-47	
18	77	NO-51	C&R 3.8-57	
18	78	NO-27	C&R 3.8-37	
18	79	NO-27	C&R 3.8-37	
18	80	NO-28	C&R 3.8-39	
18	81	NO-27	C&R 3.8-37	
18	82	NO-29	C&R 3.8-40	
18	83	NO-4	C&R 3.8-3	
18	84	AQ-8	C&R 3.9-17	
18	85	AQ-9	C&R 3.9-20	
18	86	INTRO-3	C&R 3.1-3	
18	87	AQ-11	C&R 3.9-27	
18	88	AQ-9	C&R 3.9-20	
18	89	GH-1	C&R 3.10-3	

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Letter No.	**Comment No.**	**Response Category / No.**	**C&R Page No.**	**Commenter/ Organization**
18	90	BI-3	C&R 3.15-3	Rose Hillson, Jordan Park Improvement Association
18	91	BI-4	C&R 3.15-4	
18	92	BI-2	C&R 3.15-2	
18	93	BI-1	C&R 3.15-1	
18	94	BI-2	C&R 3.15-2	
18	95	BI-6	C&R 3.15-5	
18	96	TR-129	C&R 3.7-227	
18	97	TR-130	C&R 3.7-230	
18	98	TR-130	C&R 3.7-230	
18	99	TR-7	C&R 3.7-9	
18	100	ALT-28	C&R 3.22-54	
18	101	ALT-29	C&R 3.22-57	
18	102	TR-7	C&R 3.7-9	
18	103	TR-7	C&R 3.7-9	
18	104	TR-7	C&R 3.7-9	
18	105	TR-68	C&R 3.7-124	
18	106	ALT-30	C&R 3.22-59	
18	107	HZ-18	C&R 3.18-29	
18	108	CP-17	C&R 3.6-16	
18	109	HZ-18	C&R 3.18-29	
18	110	TR-56	C&R 3.7-93	
18	111	TR-69	C&R 3.7-129	
18	112	TR-98	C&R 3.7-165	
18	113	TR-97	C&R 3.7-164	
18	114	NO-39	C&R 3.8-47	
18	115	TR-88	C&R 3.7-156	
18	116	TR-89	C&R 3.7-157	
18	117	TR-56	C&R 3.7-93	
18	118	TR-56	C&R 3.7-93	
18	119	TR-75	C&R 3.7-145	
18	120	TR-106	C&R 3.7-185	
18	121	TR-131	C&R 3.7-232	

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Letter No.	**Comment No.**	**Response Category / No.**	**C&R Page No.**	**Commenter/ Organization**
18	122	TR-131	C&R 3.7-232	Rose Hillson, Jordan Park Improvement Association
18	123c	TR-129	C&R 3.7-227	
18	123a	TR-130	C&R 3.7-230	
18	123b	TR-130	C&R 3.7-230	
18	124	PH-20	C&R 3.5-71	
18	125	TR-129	C&R 3.7-227	
18	126	TR-54	C&R 3.7-86	
18	127	OTH-79	C&R 3.23-294	
18	128	TR-90	C&R 3.7-158	
18	129	TR-66	C&R 3.7-123	
18	130	TR-103	C&R 3.7-175	
18	131	TR-106	C&R 3.7-185	
18	132	TR-106	C&R 3.7-185	
18	133	PH-20	C&R 3.5-71	
18	134	AQ-2	C&R 3.9-1	
18	135	TR-130	C&R 3.7-230	
18	136	ALT-26	C&R 3.22-52	
18	137	NO-64	C&R 3.8-72	
18	138	NO-7	C&R 3.8-5	
18	139	TR-82	C&R 3.7-151	
18	140	AQ-30	C&R 3.9-74	
18	141	GH-3	C&R 3.10-14	
18	142	AQ-9	C&R 3.9-20	
18	143	GH-1	C&R 3.10-3	
18	144	GH-2	C&R 3.10-13	
18	145	GH-4	C&R 3.10-15	
18	146	PD-15	C&R 3.2-17	
18	147	LU-2	C&R 3.3-5	
18	148	LU-10	C&R 3.3-75	
18	149	AE-12	C&R 3.4-24	
18	150	BI-7	C&R 3.15-6	
18	151	BI-8	C&R 3.15-7	

Appendix I: Cross Reference Matrix of Draft EIR Comments				
Letter No.	**Comment No.**	**Response Category / No.**	**C&R Page No.**	**Commenter/ Organization**
18	152	AE-13	C&R 3.4-24	Rose Hillson, Jordan Park Improvement Association
18	153	PH-4	C&R 3.5-13	
18	154	TR-69	C&R 3.7-129	
18	155	TR-69	C&R 3.7-129	
18	156	PH-7	C&R 3.5-22	
18	157	BI-9	C&R 3.15-7	
18	158	BI-10	C&R 3.15-8	
18	159	ALT-31	C&R 3.22-60	
18	160	BI-11	C&R 3.15-9	
18	161	BI-13	C&R 3.15-11	
18	162	BI-12	C&R 3.15-10	
18	163	PD-16	C&R 3.2-17	
18	164	HZ-19	C&R 3.18-30	
18	165	HZ-9	C&R 3.18-16	
18	166	CP-1	C&R 3.6-1	
19	1	OTH-5	C&R 3.23-245	Jack Scott
19	2	HC-2	C&R 3.23-52	
19	3	TR-87	C&R 3.7-155	
19	4	ALT-4	C&R 3.22-19	
20	1	INTRO-5	C&R 3.1-5	Bobbi Lopez, La Voz Latina
20	2	HC-12	C&R 3.23-91	
20	3	TR-64	C&R 3.7-119	
20	4	HC-12	C&R 3.23-91	
21	1	HC-13	C&R 3.23-96	Benjamin Aune, Operation Access
21	2	HC-13	C&R 3.23-96	
21	3	HC-13	C&R 3.23-96	
22	1	HC-14	C&R 3.23-97	Chris Retajczyk
23	1	PH-28	C&R 3.5-97	Joe Kim
24	1	HC-15	C&R 3.23-99	Fung Lam
25	1	HC-16	C&R 3.23-101	Jimmy Nguyen, Chinese Progressive Association

Appendix I: Cross Reference Matrix of Draft EIR Comments				
Letter No.	**Comment No.**	**Response Category / No.**	**C&R Page No.**	**Commenter/ Organization**
26	1	OTH-80	C&R 3.23-295	Alan Wofsy, Emeric-Goodman Associates
26	2	TR-105	C&R 3.7-180	
26	3	HZ-13	C&R 3.18-21	
26	4	NO-22	C&R 3.8-30	
26	5	WS-2	C&R 3.11-5	
26	6	ALT-6	C&R 3.22-22	
26	7	PH-18	C&R 3.5-67	
27	1	HC-17	C&R 3.23-111	Jonica Brooks
28	1	HC-17	C&R 3.23-111	Michael Lyon, SF Gray Panthers
28	2	HC-7	C&R 3.23-74	
29	1	HC-18	C&R 3.23-124	Philip L. Pillsbury, Jr., St. Luke's Hospital
30	1	LU-1	C&R 3.3-1	Rose Hillson, Jordan Park Improvement Association*
30	2	HC-11	C&R 3.23-88	
30	3	PD-19	C&R 3.2-19	
30	4	PD-19	C&R 3.2-19	
30	5	AQ-1	C&R 3.9-1	
30	6	TR-103	C&R 3.7-175	
30	7	TR-111	C&R 3.7-194	
30	8	PD-19	C&R 3.2-19	
30	9	NO-18	C&R 3.8-25	
30	10	PD-4	C&R 3.2-5	
30	11	TR-92	C&R 3.7-161	
30	12	TR-129	C&R 3.7-227	
30	13	TR-10	C&R 3.7-26	
30	14	TR-129	C&R 3.7-227	
30	15	TR-4	C&R 3.7-3	
30	16	TR-32	C&R 3.7-56	
30	17	TR-70	C&R 3.7-135	
30	18	TR-71	C&R 3.7-138	
30	19	TR-71	C&R 3.7-138	

Appendix I: Cross Reference Matrix of Draft EIR Comments				
Letter No.	**Comment No.**	**Response Category / No.**	**C&R Page No.**	**Commenter/ Organization**
30	20	TR-21	C&R 3.7-43	Rose Hillson, Jordan Park Improvement Association*
30	21	TR-73	C&R 3.7-141	
30	22	TR-74	C&R 3.7-143	
30	23	TR-71	C&R 3.7-138	
30	24	TR-22	C&R 3.7-44	
30	25	TR-70	C&R 3.7-135	
30	26	TR-70	C&R 3.7-135	
30	27	TR-70	C&R 3.7-135	
30	28	TR-71	C&R 3.7-138	
30	29	TR-72	C&R 3.7-140	
30	30	TR-73	C&R 3.7-141	
30	31	TR-69	C&R 3.7-129	
30	32	TR-40	C&R 3.7-64	
30	33	INTRO-1	C&R 3.1-1	
30	34	TR-19	C&R 3.7-41	
30	35	AQ-11	C&R 3.9-27	
30	36	TR-34	C&R 3.7-58	
30	37	TR-56	C&R 3.7-93	
30	38	TR-56	C&R 3.7-93	
30	39	TR-56	C&R 3.7-93	
30	40	TR-56	C&R 3.7-93	
30	41	TR-65	C&R 3.7-122	
30	42	TR-92	C&R 3.7-161	
30	43	TR-63	C&R 3.7-110	
30	44	TR-102	C&R 3.7-174	
30	45a	TR-92	C&R 3.7-161	
30	45b	TR-98	C&R 3.7-165	
30	46	TR-41	C&R 3.7-65	
30	47	TR-41	C&R 3.7-65	
30	48	TR-47	C&R 3.7-71	
30	49	TR-42	C&R 3.7-66	
30	50	TR-42	C&R 3.7-66	

Appendix I: Cross Reference Matrix of Draft EIR Comments				
Letter No.	**Comment No.**	**Response Category / No.**	**C&R Page No.**	**Commenter/ Organization**
30	51	TR-52	C&R 3.7-76	Rose Hillson, Jordan Park Improvement Association*
30	52	PH-23	C&R 3.5-79	
30	53	TR-55	C&R 3.7-89	
30	54	TR-55	C&R 3.7-89	
30	55	TR-55	C&R 3.7-89	
30	56	TR-55	C&R 3.7-89	
30	57	TR-105	C&R 3.7-180	
30	58	PD-20	C&R 3.2-20	
30	59	TR-106	C&R 3.7-185	
30	60	PD-21	C&R 3.2-20	
30	61	TR-108	C&R 3.7-189	
30	62	AQ-27	C&R 3.9-71	
30	63	TR-105	C&R 3.7-180	
30	64	PD-22	C&R 3.2-21	
30	65	TR-112	C&R 3.7-194	
30	66	TR-44	C&R 3.7-67	
30	67	TR-48	C&R 3.7-72	
30	68	TR-65	C&R 3.7-122	
30	69	NO-21	C&R 3.8-29	
30	70	NO-36	C&R 3.8-45	
30	71	NO-44	C&R 3.8-53	
30	72	PD-19	C&R 3.2-19	
30	73	NO-45	C&R 3.8-54	
30	74	NO-58	C&R 3.8-62	
30	75	NO-37	C&R 3.8-46	
30	76	NO-38	C&R 3.8-47	
30	77	NO-51	C&R 3.8-57	
30	78	NO-27	C&R 3.8-37	
30	79	NO-27	C&R 3.8-37	
30	80	NO-28	C&R 3.8-39	
30	81	NO-27	C&R 3.8-37	
30	82	NO-29	C&R 3.8-40	

Appendix I: Cross Reference Matrix of Draft EIR Comments				
Letter No.	**Comment No.**	**Response Category / No.**	**C&R Page No.**	**Commenter/ Organization**
30	83	NO-4	C&R 3.8-3	Rose Hillson, Jordan Park Improvement Association*
30	84	AQ-8	C&R 3.9-17	
30	85	AQ-9	C&R 3.9-20	
30	86	INTRO-3	C&R 3.1-3	
30	87	AQ-11	C&R 3.9-27	
30	88	AQ-9	C&R 3.9-20	
30	89	GH-1	C&R 3.10-3	
30	90	BI-3	C&R 3.15-3	
30	91	BI-4	C&R 3.15-4	
30	92	BI-2	C&R 3.15-2	
30	93	BI-1	C&R 3.15-1	
30	94	BI-2	C&R 3.15-2	
30	95	BI-6	C&R 3.15-5	
30	96	TR-129	C&R 3.7-227	
30	97	TR-130	C&R 3.7-230	
30	98	TR-130	C&R 3.7-230	
30	99	TR-7	C&R 3.7-9	
30	100	ALT-28	C&R 3.22-54	
30	101	ALT-29	C&R 3.22-57	
30	102	TR-7	C&R 3.7-9	
30	103	TR-7	C&R 3.7-9	
30	104	TR-7	C&R 3.7-9	
30	105	TR-68	C&R 3.7-124	
30	106	ALT-30	C&R 3.22-59	
30	107	HZ-18	C&R 3.18-29	
30	108	CP-17	C&R 3.6-16	
30	109	HZ-18	C&R 3.18-29	
30	110	TR-56	C&R 3.7-93	
30	111	TR-69	C&R 3.7-129	
30	112	TR-98	C&R 3.7-165	
30	113	TR-97	C&R 3.7-164	
30	114	NO-39	C&R 3.8-47	

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Letter No.	**Comment No.**	**Response Category / No.**	**C&R Page No.**	**Commenter/ Organization**
30	115	TR-88	C&R 3.7-156	Rose Hillson, Jordan Park Improvement Association*
30	116	TR-89	C&R 3.7-157	
30	117	TR-56	C&R 3.7-93	
30	118	TR-56	C&R 3.7-93	
30	119	TR-75	C&R 3.7-145	
30	120	TR-106	C&R 3.7-185	
30	121	TR-131	C&R 3.7-232	
30	122	TR-131	C&R 3.7-232	
30	123b	TR-129	C&R 3.7-227	
30	123c	TR-129	C&R 3.7-227	
30	123a	TR-130	C&R 3.7-230	
30	124	PH-20	C&R 3.5-71	
30	125	TR-129	C&R 3.7-227	
30	126	TR-54	C&R 3.7-86	
30	127	OTH-79	C&R 3.23-294	
30	128	TR-90	C&R 3.7-158	
30	129	TR-66	C&R 3.7-123	
30	130	TR-103	C&R 3.7-175	
30	131	TR-106	C&R 3.7-185	
30	132	TR-106	C&R 3.7-185	
30	133	PH-20	C&R 3.5-71	
30	134	AQ-2	C&R 3.9-1	
30	135	TR-130	C&R 3.7-230	
30	136	ALT-26	C&R 3.22-52	
30	137	NO-64	C&R 3.8-72	
30	138	NO-7	C&R 3.8-5	
30	139	TR-82	C&R 3.7-151	
30	140	AQ-30	C&R 3.9-74	
30	141	GH-3	C&R 3.10-14	
30	142	AQ-19	C&R 3.9-44	
30	143	GH-1	C&R 3.10-3	
30	144	GH-2	C&R 3.10-13	

Appendix I: Cross Reference Matrix of Draft EIR Comments				
Letter No.	**Comment No.**	**Response Category / No.**	**C&R Page No.**	**Commenter/ Organization**
30	145	GH-4	C&R 3.10-15	Rose Hillson, Jordan Park Improvement Association*
30	146	PD-15	C&R 3.2-17	
30	147	LU-2	C&R 3.3-5	
30	148	LU-10	C&R 3.3-75	
30	149	AE-12	C&R 3.4-24	
30	150	BI-7	C&R 3.15-6	
30	151	BI-8	C&R 3.15-7	
30	152	AE-13	C&R 3.4-24	
30	153	PH-4	C&R 3.5-13	
30	154	TR-69	C&R 3.7-129	
30	155	TR-69	C&R 3.7-129	
30	156	PH-7	C&R 3.5-22	
30	157	BI-9	C&R 3.15-7	
30	158	BI-10	C&R 3.15-8	
30	159	ALT-31	C&R 3.22-60	
30	160	BI-11	C&R 3.15-9	
30	161	BI-13	C&R 3.15-11	
30	162	BI-12	C&R 3.15-10	
30	163	PD-16	C&R 3.2-17	
30	164	HZ-19	C&R 3.18-30	
30	165	HZ-9	C&R 3.18-16	
30	166	CP-1	C&R 3.6-1	
31	1	TR-124	C&R 3.7-207	Sandra Manning
31	2	HC-19	C&R 3.23-124	
31	3	PH-26	C&R 3.5-90	
31	4	TR-126	C&R 3.7-220	
31	5	HC-7	C&R 3.23-74	
31	6	PH-26	C&R 3.5-90	
32	1	NO-40	C&R 3.8-49	George Mayer
32	2	ALT-5	C&R 3.22-21	
32	3	NO-40	C&R 3.8-49	

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Letter No.	**Comment No.**	**Response Category / No.**	**C&R Page No.**	**Commenter/ Organization**
33	1	HC-20	C&R 3.23-125	SEIU UWH Bargaining Committee
33	2	PH-26	C&R 3.5-90	
33	3	HC-20	C&R 3.23-125	
33	4	PH-28	C&R 3.5-97	
34	1	HC-21	C&R 3.23-127	Anonymous
35	1	HC-21	C&R 3.23-127	Tanya Castanian
35	2	HC-21	C&R 3.23-127	
35	3	HC-21	C&R 3.23-127	
36	1	UT-1	C&R 3.14-1	Barbara Ann Berwick
36	2	HC-22	C&R 3.23-128	
36	3	HC-23	C&R 3.23-128	
36	4	OTH-81	C&R 3.23-295	
36	5	HC-24	C&R 3.23-129	
36	6	HC-25	C&R 3.23-131	
36	7	OTH-6	C&R 3.23-246	
37	1	LU-1	C&R 3.3-1	Rose Hillson
37	2	HC-11	C&R 3.23-88	
37	3	TR-70	C&R 3.7-135	
37	4	TR-84	C&R 3.7-152	
37	5	TR-69	C&R 3.7-129	
37	6	TR-56	C&R 3.7-93	
37	7	TR-104	C&R 3.7-177	
37	8	AQ-3	C&R 3.9-2	
37	9	NO-27	C&R 3.8-37	
37	10	BI-14	C&R 3.15-11	
37	11	CP-2	C&R 3.6-2	
38	1	HC-10	C&R 3.23-86	Jennifer Clary, San Francisco Tomorrow*
38	2	PH-17	C&R 3.5-64	
38	3	TR-106	C&R 3.7-185	
39	1	OTH-78	C&R 3.23-294	Marlayne Morgan, Cathedral Hill Neighbors Association*
39	2	ALT-1	C&R 3.22-11	

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Letter No.	**Comment No.**	**Response Category / No.**	**C&R Page No.**	**Commenter/ Organization**
39	3	HC-7	C&R 3.23-74	Marlayne Morgan, Cathedral Hill Neighbors Association*
39	4	ALT-1	C&R 3.22-11	
40	1	OTH-5	C&R 3.23-245	Jack Scott*
40	2	HC-2	C&R 3.23-52	
40	3	TR-87	C&R 3.7-155	
40	4	ALT-4	C&R 3.22-19	
41	1	PH-27	C&R 3.5-96	Tina Shauf, Filipino Community Center
41	2	PH-27	C&R 3.5-96	
41	3	PH-27	C&R 3.5-96	
41	4	HC-7	C&R 3.23-74	
42	1	HC-2	C&R 3.23-52	Flavio Casoy, San Francisco General Hospital Physician Organizing Committee
42	2	HC-2	C&R 3.23-52	
42	3	HC-26	C&R 3.23-139	
43	1	TR-120	C&R 3.7-199	Nick Mironov, Gayner Engineers
43	2	TR-122	C&R 3.7-201	
43	3	TR-121	C&R 3.7-200	
43	4	TR-122	C&R 3.7-201	
43	5	TR-122	C&R 3.7-201	
44	1	OTH-7	C&R 3.23-246	George Mayer, Unitarian Universalist CPMC Task Force
44	2	NO-5	C&R 3.8-4	
44	3	ME-3	C&R 3.19-10	
44	4	TR-14	C&R 3.7-33	
44	5	TR-3	C&R 3.7-2	
44	6	TR-23	C&R 3.7-45	
44	7	AQ-18	C&R 3.9-43	
44	8	HZ-14	C&R 3.18-23	
44	9	TR-63	C&R 3.7-110	

Appendix I: Cross Reference Matrix of Draft EIR Comments				
Letter No.	**Comment No.**	**Response Category / No.**	**C&R Page No.**	**Commenter/ Organization**
44	10	NO-40	C&R 3.8-49	George Mayer, Unitarian Universalist CPMC Task Force
44	11	NO-40	C&R 3.8-49	
44	12	ALT-7	C&R 3.22-23	
44	13	ALT-1	C&R 3.22-11	
45	1	LU-11	C&R 3.3-75	Madlyn Stein, Seniors of Cathedral Hill
45	2	LU-12	C&R 3.3-76	
45	3	ALT-1	C&R 3.22-11	
45	4	ALT-1	C&R 3.22-11	
45	5	TR-46	C&R 3.7-70	
45	6	TR-67	C&R 3.7-124	
45	7	OTH-8	C&R 3.23-246	
46	1	HC-7	C&R 3.23-74	Marianne Liepman*
46	2	ALT-1	C&R 3.22-11	
46	3	HC-9	C&R 3.23-83	
47	1	CP-7	C&R 3.6-7	Bob Hamaguchi, Japantown BNP Organizing Committee
47	2	PH-20	C&R 3.5-71	
47	3	CP-7	C&R 3.6-7	
47	4	TR-106	C&R 3.7-185	
47	5	TR-130	C&R 3.7-230	
47	6	TR-104	C&R 3.7-177	
47	7	TR-129	C&R 3.7-227	
47	8	TR-56	C&R 3.7-93	
47	9	PH-23	C&R 3.5-79	
47	10	CP-7	C&R 3.6-7	
47	11	LU-13	C&R 3.3-78	
48	1	ALT-1	C&R 3.22-11	Jane Seleznow
48	2	HC-7	C&R 3.23-74	
48	3	LU-9	C&R 3.3-64	
48	4	TR-63	C&R 3.7-110	

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Letter No.	**Comment No.**	**Response Category / No.**	**C&R Page No.**	**Commenter/ Organization**
49	1	OTH-82	C&R 3.23-296	Diane and Richard Wiersba
49	2	TR-70	C&R 3.7-135	
49	3	TR-52	C&R 3.7-76	
49	4	TR-100	C&R 3.7-170	
49	5	AQ-10	C&R 3.9-26	
49	6	NO-59	C&R 3.8-64	
49	7	LU-13	C&R 3.3-78	
49	8	HC-25	C&R 3.23-131	
49	9	ALT-5	C&R 3.22-21	
50	1	CP-7	C&R 3.6-7	Richard Matsuno*
50	2	PH-20	C&R 3.5-71	
50	3	CP-7	C&R 3.6-7	
50	4	TR-106	C&R 3.7-185	
50	5	TR-130	C&R 3.7-230	
50	6	TR-104	C&R 3.7-177	
50	7	TR-129	C&R 3.7-227	
50	8	TR-56	C&R 3.7-93	
50	9	PH-23	C&R 3.5-79	
50	10	CP-7	C&R 3.6-7	
50	11	LU-13	C&R 3.3-78	
51	1	ALT-19	C&R 3.22-35	Howard Strassner, Sierra Club
51	2	TR-24	C&R 3.7-46	
51	3	TR-24	C&R 3.7-46	
52	1	LU-17	C&R 3.3-85	Ted Weber
52	2	HC-7	C&R 3.23-74	
52	3	ALT-1	C&R 3.22-11	
52	4	HC-9	C&R 3.23-83	
53	1	LU-21	C&R 3.3-95	Calvin Welch, Council of Community Housing Organizations
53	2	PH-10	C&R 3.5-39	
53	3	LU-22	C&R 3.3-129	
53	4	LU-3	C&R 3.3-7	

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Letter No.	**Comment No.**	**Response Category / No.**	**C&R Page No.**	**Commenter/ Organization**
53	5	PH-10	C&R 3.5-39	Calvin Welch, Council of Community Housing Organizations
54	1	LU-9	C&R 3.3-64	Nancy Evans
54	2	ALT-1	C&R 3.22-11	
54	3	LU-9	C&R 3.3-64	
55	1	NO-40	C&R 3.8-49	Galen Workman
55	2	TR-82	C&R 3.7-151	
55	3	TR-36	C&R 3.7-60	
55	4	ALT-5	C&R 3.22-21	
56	1	OTH-83	C&R 3.23-299	Alan Wofsy, Emeric-Goodman Associates
57	1	OTH-84	C&R 3.23-300	Ryan Bresnick
57	2	OTH-9	C&R 3.23-247	
57	3	TR-62	C&R 3.7-103	
58	1	CP-3	C&R 3.6-3	Rose Hillson, Jordan Park Improvement Association
58	2	CP-4	C&R 3.6-4	
58	3	CP-8	C&R 3.6-8	
58	4	CP-8	C&R 3.6-8	
58	5	CP-14	C&R 3.6-14	
58	6	CP-15	C&R 3.6-15	
58	7	CP-3	C&R 3.6-3	
58	8	CP-19	C&R 3.6-18	
58	9	CP-20	C&R 3.6-18	
58	10	CP-21	C&R 3.6-19	
58	11	CP-5	C&R 3.6-5	
58	12	CP-6	C&R 3.6-6	
58	13	CP-18	C&R 3.6-17	
59	1	TR-63	C&R 3.7-110	Rev. Fred Rabidoux, First Unitarian Universalist Church
60	1	OTH-85	C&R 3.23-300	Trudy Lionel
60	2	ALT-1	C&R 3.22-11	

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Letter No.	**Comment No.**	**Response Category / No.**	**C&R Page No.**	**Commenter/ Organization**
61	1	PH-21	C&R 3.5-73	David Mardis
61	2	ALT-5	C&R 3.22-21	
62	1	NO-52	C&R 3.8-58	Carol and Michael Stack
62	2	AQ-10	C&R 3.9-26	
62	3	TR-53	C&R 3.7-80	
62	4	PH-21	C&R 3.5-73	
62	5	TR-70	C&R 3.7-135	
62	6	HC-27	C&R 3.23-141	
62	7	HC-7	C&R 3.23-74	
63	1	OTH-85	C&R 3.23-300	Rev. Alyson Jacks, First Unitarian Universalist Church
64	1b	TR-121	C&R 3.7-200	Patricia Rosenberg, Concordia Argonaut
64	1a	TR-123	C&R 3.7-203	
65	1	LU-9	C&R 3.3-64	Ben Bear
65	2	ALT-7	C&R 3.22-23	
65	3	LU-5	C&R 3.3-30	
65	4	HC-28	C&R 3.23-143	
65	5	ALT-8	C&R 3.22-24	
65	6	HC-25	C&R 3.23-131	
65	7	LU-6	C&R 3.3-60	
65	8	ALT-8	C&R 3.22-24	
66	1	TR-63	C&R 3.7-110	Merle Easton
66	2	ALT-1	C&R 3.22-11	
67	1	TR-31	C&R 3.7-53	Paul Wermer, CPMC Neighbors Coalition and Pacific Heights Residents
67	2	ALT-1	C&R 3.22-11	
67	3	OTH-97	C&R 3.23-309	
67	4	HC-7	C&R 3.23-74	
67	5	HC-17	C&R 3.23-111	
67	6	HC-17	C&R 3.23-111	
67	7	ALT-15	C&R 3.22-32	

Appendix I: Cross Reference Matrix of Draft EIR Comments				
Letter No.	**Comment No.**	**Response Category / No.**	**C&R Page No.**	**Commenter/ Organization**
67	8	ALT-1	C&R 3.22-11	Paul Wermer, CPMC Neighbors Coalition and Pacific Heights Residents
67	9	LU-27	C&R 3.3-140	
67	10	TR-33	C&R 3.7-57	
67	11	PH-21	C&R 3.5-73	
67	12	INTRO-4	C&R 3.1-4	
67	13	AE-15	C&R 3.4-25	
67	14	INTRO-4	C&R 3.1-4	
67	15	PH-29	C&R 3.5-97	
67	16	CP-16	C&R 3.6-15	
67	17	INTRO-4	C&R 3.1-4	
67	18a	TR-10	C&R 3.7-26	
67	18b	TR-91	C&R 3.7-159	
67	19	TR-13	C&R 3.7-31	
67	20b	TR-10	C&R 3.7-26	
67	20a	TR-20	C&R 3.7-42	
67	20c	TR-6	C&R 3.7-6	
67	21	TR-63	C&R 3.7-110	
67	22	TR-29	C&R 3.7-51	
67	23	TR-13	C&R 3.7-31	
67	24	TR-16	C&R 3.7-37	
67	25	TR-53	C&R 3.7-80	
67	26	TR-71	C&R 3.7-138	
67	27	TR-56	C&R 3.7-93	
67	28	TR-49	C&R 3.7-73	
67	29	NO-65	C&R 3.8-72	
67	30	INTRO-4	C&R 3.1-4	
67	31	AQ-10	C&R 3.9-26	
67	32	WS-1	C&R 3.11-1	
67	33	INTRO-4	C&R 3.1-4	
67	34	RE-7	C&R 3.12-8	
67	35	INTRO-4	C&R 3.1-4	
67	36	UT-2	C&R 3.14-1	

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Letter No.	**Comment No.**	**Response Category / No.**	**C&R Page No.**	**Commenter/ Organization**
67	37	PS-1	C&R 3.13-1	Paul Wermer, CPMC Neighbors Coalition and Pacific Heights Residents
67	38	BI-15	C&R 3.15-12	
67	39	GE-1	C&R 3.16-1	
67	40	HY-2	C&R 3.17-1	
67	41	HZ-26	C&R 3.18-40	
67	42	ME-1	C&R 3.19-1	
67	43	AG-1	C&R 3.20-1	
67	44	HC-17	C&R 3.23-111	
67	45	PD-27	C&R 3.2-23	
67	46	INTRO-4	C&R 3.1-4	
68	1	PH-16	C&R 3.5-60	Malcolm Yeung, Chinatown Community Development Center
68	2	PH-16	C&R 3.5-60	
68	3	PH-16	C&R 3.5-60	
68	4	PH-16	C&R 3.5-60	
68	5	PH-16	C&R 3.5-60	
68	6	PH-16	C&R 3.5-60	
68	7	PH-16	C&R 3.5-60	
68	8	PH-16	C&R 3.5-60	
68	9	PH-16	C&R 3.5-60	
68	10	PH-16	C&R 3.5-60	
68	11	PH-5	C&R 3.5-15	
68	12	PH-7	C&R 3.5-22	
68	13	PH-7	C&R 3.5-22	
68	14	PH-7	C&R 3.5-22	
68	15	PH-18	C&R 3.5-67	
69	1	AE-16	C&R 3.4-27	Ian Berke
70	1	TR-130	C&R 3.7-230	Caryl Ito, Japantown Task Force

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Letter No.	**Comment No.**	**Response Category / No.**	**C&R Page No.**	**Commenter/ Organization**
71	1	NO-8	C&R 3.8-6	Helene Dellanini, DBC Master Owner's Association
71	2	TR-43	C&R 3.7-67	
71	3	TR-56	C&R 3.7-93	
71	4	TR-51	C&R 3.7-74	
71	5	TR-43	C&R 3.7-67	
71	6	TR-47	C&R 3.7-71	
71	7	TR-92	C&R 3.7-161	
71	8	TR-113	C&R 3.7-195	
71	9	TR-109	C&R 3.7-192	
71	10	TR-107	C&R 3.7-187	
71	11	NO-10	C&R 3.8-15	
71	12	NO-10	C&R 3.8-15	
71	13	NO-11	C&R 3.8-17	
71	14	NO-13	C&R 3.8-20	
71	15	NO-23	C&R 3.8-32	
71	16	NO-24	C&R 3.8-33	
71	17	NO-25	C&R 3.8-34	
71	18	NO-11	C&R 3.8-17	
71	19	NO-31	C&R 3.8-42	
71	20	AQ-4	C&R 3.9-3	
71	21	AQ-4	C&R 3.9-3	
71	22	OTH-86	C&R 3.23-301	
71	23	HZ-1	C&R 3.18-1	
71	24	TR-43	C&R 3.7-67	
71	25	TR-56	C&R 3.7-93	
71	26	TR-51	C&R 3.7-74	
71	27	TR-47	C&R 3.7-71	
71	28	TR-94	C&R 3.7-162	
71	29	TR-109	C&R 3.7-192	
71	30	TR-107	C&R 3.7-187	
71	31	NO-10	C&R 3.8-15	
71	32	NO-11	C&R 3.8-17	

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Letter No.	**Comment No.**	**Response Category / No.**	**C&R Page No.**	**Commenter/ Organization**
71	33	NO-12	C&R 3.8-18	Helene Dellanini, DBC Master Owner's Association
71	34	NO-10	C&R 3.8-15	
71	35	NO-11	C&R 3.8-17	
71	36	NO-11	C&R 3.8-17	
71	37	NO-19	C&R 3.8-27	
71	38	NO-19	C&R 3.8-27	
71	39	NO-20	C&R 3.8-28	
71	40	NO-13	C&R 3.8-20	
71	41	NO-13	C&R 3.8-20	
71	42	NO-25	C&R 3.8-34	
71	43	NO-46	C&R 3.8-54	
71	44	NO-47	C&R 3.8-55	
71	45	NO-32	C&R 3.8-43	
71	46	NO-33	C&R 3.8-43	
71	47	NO-34	C&R 3.8-44	
71	48	NO-31	C&R 3.8-42	
71	49	NO-35	C&R 3.8-45	
72	1	NO-8	C&R 3.8-6	Helene Dellanini, DBC Master Owner's Association*
72	2	TR-43	C&R 3.7-67	
72	3	TR-56	C&R 3.7-93	
72	4	TR-51	C&R 3.7-74	
72	5	TR-43	C&R 3.7-67	
72	6	TR-47	C&R 3.7-71	
72	7	TR-92	C&R 3.7-161	
72	8	TR-113	C&R 3.7-195	
72	9	TR-109	C&R 3.7-192	
72	10	TR-107	C&R 3.7-187	
72	11	NO-9	C&R 3.8-13	
72	12	NO-10	C&R 3.8-15	
72	13	NO-11	C&R 3.8-17	
72	14	NO-13	C&R 3.8-20	

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Letter No.	**Comment No.**	**Response Category / No.**	**C&R Page No.**	**Commenter/ Organization**
72	15	NO-23	C&R 3.8-32	Helene Dellanini, DBC Master Owner's Association*
72	16	NO-24	C&R 3.8-33	
72	17	NO-25	C&R 3.8-34	
72	18	NO-11	C&R 3.8-17	
72	19	NO-31	C&R 3.8-42	
72	20	AQ-4	C&R 3.9-3	
72	21	AQ-4	C&R 3.9-3	
72	22	OTH-86	C&R 3.23-301	
72	23	HZ-1	C&R 3.18-1	
72	24	TR-43	C&R 3.7-67	
72	25	TR-56	C&R 3.7-93	
72	26	TR-51	C&R 3.7-74	
72	27	TR-47	C&R 3.7-71	
72	28	TR-94	C&R 3.7-162	
72	29	TR-109	C&R 3.7-192	
72	30	TR-107	C&R 3.7-187	
72	31	NO-10	C&R 3.8-15	
72	32	NO-11	C&R 3.8-17	
72	33	NO-12	C&R 3.8-18	
72	34	NO-10	C&R 3.8-15	
72	35	NO-11	C&R 3.8-17	
72	36	NO-11	C&R 3.8-17	
72	37	NO-19	C&R 3.8-27	
72	38	NO-19	C&R 3.8-27	
72	39	NO-20	C&R 3.8-28	
72	40	NO-13	C&R 3.8-20	
72	41	NO-13	C&R 3.8-20	
72	42	NO-25	C&R 3.8-34	
72	43	NO-46	C&R 3.8-54	
72	44	NO-47	C&R 3.8-55	
72	45	NO-32	C&R 3.8-43	
72	46	NO-33	C&R 3.8-43	

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Letter No.	**Comment No.**	**Response Category / No.**	**C&R Page No.**	**Commenter/ Organization**
72	47	NO-34	C&R 3.8-44	Helene Dellanini, DBC Master Owner's Association*
72	48	NO-31	C&R 3.8-42	
72	49	NO-35	C&R 3.8-45	
73	1c	TR-100	C&R 3.7-170	Merle Easton*
73	1a	TR-31	C&R 3.7-53	
73	1b	TR-63	C&R 3.7-110	
73	2	ALT-1	C&R 3.22-11	
74	1	OTH-10	C&R 3.23-247	Donald Scherl
74	2	ALT-32	C&R 3.22-60	
74	3	ALT-1	C&R 3.22-11	
74	4	TR-35	C&R 3.7-59	
74	5	NO-62	C&R 3.8-70	
74	6	PH-1	C&R 3.5-1	
74	7	HC-27	C&R 3.23-141	
74	8	HC-16	C&R 3.23-101	
74	9	HC-16	C&R 3.23-101	
74	10	HC-29	C&R 3.23-149	
74	11	LU-14	C&R 3.3-82	
74	12	AE-1	C&R 3.4-1	
74	13	AE-14	C&R 3.4-24	
74	14	TR-37	C&R 3.7-62	
74	15	TR-55	C&R 3.7-89	
74	16	TR-63	C&R 3.7-110	
74	17	TR-95	C&R 3.7-163	
74	18	TR-103	C&R 3.7-175	
74	19	TR-114	C&R 3.7-195	
74	20	TR-103	C&R 3.7-175	
74	21	NO-11	C&R 3.8-17	
74	22	NO-14	C&R 3.8-22	
74	23	NO-22	C&R 3.8-30	
74	24	NO-23	C&R 3.8-32	
74	25	NO-53	C&R 3.8-59	

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Letter No.	**Comment No.**	**Response Category / No.**	**C&R Page No.**	**Commenter/ Organization**
74	26	NO-23	C&R 3.8-32	Donald Scherl
74	27	ALT-1	C&R 3.22-11	
74	28	AQ-5	C&R 3.9-6	
74	29	AQ-20	C&R 3.9-48	
74	30	GH-1	C&R 3.10-3	
74	31	BI-16	C&R 3.15-12	
74	32	OTH-87	C&R 3.23-301	
74	33	PH-1	C&R 3.5-1	
74	34	LU-13	C&R 3.3-78	
74	35	AQ-28	C&R 3.9-71	
74	36	HC-27	C&R 3.23-141	
74	37	ALT-1	C&R 3.22-11	
74	38	HC-29	C&R 3.23-149	
74	39	HC-16	C&R 3.23-101	
74	40	OTH-5	C&R 3.23-245	
75	1	TR-86	C&R 3.7-154	Nihonmachi Terrace
75	2	AQ-8	C&R 3.9-17	
76	1	LU-5	C&R 3.3-30	Linda Chapman
76	2	LU-21	C&R 3.3-95	
76	3	LU-21	C&R 3.3-95	
76	4	LU-5	C&R 3.3-30	
76	5	LU-21	C&R 3.3-95	
76	6	LU-5	C&R 3.3-30	
76	7	PH-12	C&R 3.5-47	
76	8	PH-12	C&R 3.5-47	
76	9	PH-12	C&R 3.5-47	
76	10	PH-12	C&R 3.5-47	
76	11	PH-18	C&R 3.5-67	
76	12	PH-21	C&R 3.5-73	
76	13	PH-19	C&R 3.5-69	
76	14	TR-52	C&R 3.7-76	
76	15	TR-54	C&R 3.7-86	
76	16	TR-59	C&R 3.7-100	

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Letter No.	**Comment No.**	**Response Category / No.**	**C&R Page No.**	**Commenter/ Organization**
76	17	TR-31	C&R 3.7-53	Linda Chapman
76	18	TR-70	C&R 3.7-135	
76	19	TR-54	C&R 3.7-86	
76	20	TR-123	C&R 3.7-203	
76	21	TR-70	C&R 3.7-135	
76	22	TR-81	C&R 3.7-150	
76	23	TR-69	C&R 3.7-129	
76	24	TR-70	C&R 3.7-135	
76	25	WS-3	C&R 3.11-10	
76	26	NO-54	C&R 3.8-60	
76	27	PH-22	C&R 3.5-76	
76	28	TR-50	C&R 3.7-73	
76	29	TR-100	C&R 3.7-170	
76	30	HC-25	C&R 3.23-131	
76	31	TR-127	C&R 3.7-225	
76	32	TR-127	C&R 3.7-225	
76	33	TR-127	C&R 3.7-225	
77	1	TR-57	C&R 3.7-99	Quiver Zabeles
78	1	TR-77	C&R 3.7-147	Arthur and Jacqueline Cimento
78	2	OTH-11	C&R 3.23-248	
78	3	LU-28	C&R 3.3-142	
78	4	TR-77	C&R 3.7-147	
78	5	LU-29	C&R 3.7-144	
78	6	NO-66	C&R 3.8-73	
78	7	TR-77	C&R 3.7-147	
78	8	TR-71	C&R 3.7-138	
78	9	RE-8	C&R 3.12-10	
78	10	OTH-98	C&R 3.23-310	
78	11	PD-26	C&R 3.2-23	
79	1	TR-52	C&R 3.7-76	Charles Freas
79	2	TR-69	C&R 3.7-129	
79	3	TR-108	C&R 3.7-189	
79	4	OTH-88	C&R 3.23-301	

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Letter No.	**Comment No.**	**Response Category / No.**	**C&R Page No.**	**Commenter/ Organization**
79	5	ALT-1	C&R 3.22-11	Charles Freas
80	1	TR-70	C&R 3.7-135	Beth Pewthur
81	1	TR-80	C&R 3.7-149	Quiver Zabeles
81	2	TR-57	C&R 3.7-99	
82	1	HC-2	C&R 3.23-52	Hossein Sepas
82	2	ALT-1	C&R 3.22-11	
82	3	HC-27	C&R 3.23-141	
82	4	WS-2	C&R 3.11-5	
82	5	BI-5	C&R 3.15-5	
82	6	TR-100	C&R 3.7-170	
82	7	NO-59	C&R 3.8-64	
82	8	LU-15	C&R 3.3-83	
83	1	ALT-1	C&R 3.22-11	Patrick Carney
83	2	HC-2	C&R 3.23-52	
83	3	HC-27	C&R 3.23-141	
83	4	WS-2	C&R 3.11-5	
83	5	BI-5	C&R 3.15-5	
83	6	TR-100	C&R 3.7-170	
83	7	NO-59	C&R 3.8-64	
83	8	LU-15	C&R 3.3-83	
84	1	HC-2	C&R 3.23-52	Alex Tom, Chinese Progressive Association
84	2	LU-4	C&R 3.3-19	
84	3	ALT-1	C&R 3.22-11	
85	1	PH-16	C&R 3.5-60	Malcolm Yeung, Chinatown Community Development Center*
85	2	PH-16	C&R 3.5-60	
85	3	PH-16	C&R 3.5-60	
85	4	PH-16	C&R 3.5-60	
85	5	PH-16	C&R 3.5-60	
85	6	PH-16	C&R 3.5-60	
85	7	PH-16	C&R 3.5-60	
85	8	PH-16	C&R 3.5-60	

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Letter No.	**Comment No.**	**Response Category / No.**	**C&R Page No.**	**Commenter/ Organization**
85	9	PH-16	C&R 3.5-60	Malcolm Yeung, Chinatown Community Development Center*
85	10	PH-16	C&R 3.5-60	
85	11	PH-5	C&R 3.5-15	
85	12	PH-7	C&R 3.5-22	
85	13	PH-7	C&R 3.5-22	
85	14	PH-7	C&R 3.5-22	
85	15	PH-18	C&R 3.5-67	
86	1	LU-15	C&R 3.3-83	Wallace Cleland
86	2	LU-9	C&R 3.3-64	
86	3	TR-52	C&R 3.7-76	
86	4	LU-13	C&R 3.3-78	
86	5	LU-13	C&R 3.3-78	
87	1	OTH-12	C&R 3.23-248	Barbara Kautz, CHNA and Bernal Heights Neighborhood Center
87	2	INTRO-6	C&R 3.1-1	
87	3	PD-7	C&R 3.2-10	
87	4	ALT-1	C&R 3.22-11	
87	5	HC-7	C&R 3.23-74	
87	6	LU-5	C&R 3.3-30	
87	7	TR-18	C&R 3.7-39	
87	8	INTRO-10	C&R 3.1-21	
87	9	INTRO-2	C&R 3.1-2	
87	10	INTRO-6	C&R 3.1-11	
87	11	PD-7	C&R 3.2-10	
87	12	ALT-1	C&R 3.22-11	
87	13	HC-30	C&R 3.23-154	
87	14	ALT-1	C&R 3.22-11	
87	15	ALT-1	C&R 3.22-11	
87	16	HC-2	C&R 3.23-52	
87	17	HC-25	C&R 3.23-131	

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Letter No.	**Comment No.**	**Response Category / No.**	**C&R Page No.**	**Commenter/ Organization**
87	18	HC-17	C&R 3.23-111	Barbara Kautz, CHNA and Bernal Heights Neighborhood Center
87	19	HC-17	C&R 3.23-111	
87	20	LU-5	C&R 3.3-30	
87	21	TR-10	C&R 3.7-26	
87	22	TR-25	C&R 3.7-47	
87	23	TR-9	C&R 3.7-11	
87	24	TR-9	C&R 3.7-11	
87	25	TR-14	C&R 3.7-33	
87	26	TR-37	C&R 3.7-62	
87	27	TR-45	C&R 3.7-69	
87	28	TR-55	C&R 3.7-89	
87	29	INTRO-10	C&R 3.1-21	
87	30	TR-63	C&R 3.7-110	
87	31	TR-63	C&R 3.7-110	
87	32	TR-98	C&R 3.7-165	
87	33	TR-95	C&R 3.7-163	
87	34	PH-8	C&R 3.5-27	
87	35	PH-7	C&R 3.5-22	
87	36	PH-7	C&R 3.5-22	
87	37	PH-7	C&R 3.5-22	
87	38	PH-21	C&R 3.5-73	
87	39	TR-63	C&R 3.7-110	
87	40	HC-31	C&R 3.23-160	
87	41	PH-21	C&R 3.5-73	
87	42	LU-13	C&R 3.3-78	
87	43	AE-2	C&R 3.4-3	
87	44	LU-23	C&R 3.3-135	
87	45	LU-21	C&R 3.3-95	
87	46	LU-13	C&R 3.3-78	
87	47	LU-9	C&R 3.3-64	
87	48	LU-23	C&R 3.3-135	
87	49	LU-18	C&R 3.3-87	

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Letter No.	**Comment No.**	**Response Category / No.**	**C&R Page No.**	**Commenter/ Organization**
87	50	NO-41	C&R 3.8-51	Barbara Kautz, CHNA and Bernal Heights Neighborhood Center
87	51	NO-52	C&R 3.8-58	
87	52	CP-9	C&R 3.6-9	
87	53	PH-20	C&R 3.5-71	
87	54	INTRO-11	C&R 3.1-22	
87	55	NO-26	C&R 3.8-35	
87	56	NO-48	C&R 3.8-55	
87	57	NO-42	C&R 3.8-51	
87	58	INTRO-2	C&R 3.1-2	
87	59	NO-15	C&R 3.8-23	
87	60	NO-59	C&R 3.8-64	
87	61	PD-4	C&R 3.2-5	
87	62	NO-49	C&R 3.8-56	
87	63	NO-49	C&R 3.8-56	
87	64	AE-7	C&R 3.4-16	
87	65	INTRO-6	C&R 3.1-11	
88	1	NO-68	C&R 3.8-74	Sheila Mahoney and James Frame
88	2	NO-28	C&R 3.8-39	
88	3	TR-116	C&R 3.7-196	
88	4	NO-13	C&R 3.8-20	
88	5	AQ-8	C&R 3.9-17	
88	6	LU-10	C&R 3.3-75	
88	7	PH-15	C&R 3.5-56	
88	8	ALT-25	C&R 3.22-51	
88	9	ALT-9	C&R 3.22-25	
88	10	INTRO-12	C&R 3.1-23	
88	11	TR-103	C&R 3.7-175	
88	12	HC-7	C&R 3.23-74	
89	1	TR-37	C&R 3.7-62	Sue Hestor
89	2	TR-55	C&R 3.7-89	
89	3	TR-18	C&R 3.7-39	

Appendix I: Cross Reference Matrix of Draft EIR Comments				
Letter No.	**Comment No.**	**Response Category / No.**	**C&R Page No.**	**Commenter/ Organization**
89	4	TR-55	C&R 3.7-89	Sue Hestor
89	5	PD-23	C&R 3.2-21	
89	6	TR-104	C&R 3.7-177	
89	7	TR-55	C&R 3.7-89	
89	8	TR-58	C&R 3.7-99	
89	9	TR-105	C&R 3.7-180	
89	10	TR-18	C&R 3.7-39	
89	11	PD-8	C&R 3.2-12	
89	12	HC-32	C&R 3.23-166	
89	13	HC-25	C&R 3.23-131	
89	14	HC-25	C&R 3.23-131	
89	15	PH-1	C&R 3.5-1	
90	1	AQ-21	C&R 3.9-58	Gloria Smith, California Nurses Association
90	2	INTRO-13	C&R 3.1-24	
90	3	INTRO-14	C&R 3.1-25	
90	4	OTH-13	C&R 3.23-249	
90	5	PD-1	C&R 3.2-4	
90	6	PD-1	C&R 3.2-4	
90	7	PD-1	C&R 3.2-4	
90	8	PD-1	C&R 3.2-4	
90	9	PD-1	C&R 3.2-4	
90	10	PD-1	C&R 3.2-4	
90	11	PD-1	C&R 3.2-4	
90	12	INTRO-8	C&R 3.1-19	
90	13	TR-128	C&R 3.7-226	
90	14	OTH-14	C&R 3.23-250	
90	15	OTH-15	C&R 3.23-251	
90	16	OTH-16	C&R 3.23-254	
90	17	INTRO-6	C&R 3.1-11	
90	18	OTH-17	C&R 3.23-258	
90	19	OTH-18	C&R 3.23-259	
90	20	PD-9	C&R 3.2-13	
90	21	OTH-16	C&R 3.23-254	

Appendix I: Cross Reference Matrix of Draft EIR Comments				
Letter No.	**Comment No.**	**Response Category / No.**	**C&R Page No.**	**Commenter/ Organization**
90	22	HC-33	C&R 3.23-172	Gloria Smith, California Nurses Association
90	23	HC-7	C&R 3.23-74	
90	24a	HC-7	C&R 3.23-74	
90	24b	TR-100	C&R 3.7-170	
90	25	HC-7	C&R 3.23-74	
90	26	PH-2	C&R 3.5-3	
90	27	HC-33	C&R 3.23-172	
90	28	PH-10	C&R 3.5-39	
90	29	ALT-15	C&R 3.22-32	
90	30	PD-7	C&R 3.2-10	
90	31	ALT-27	C&R 3.22-53	
90	32	HC-7	C&R 3.23-74	
90	33	ALT-1	C&R 3.22-11	
90	34	ALT-1	C&R 3.22-11	
90	35	ALT-1	C&R 3.22-11	
90	36	OTH-19	C&R 3.23-259	
90	37	HZ-5	C&R 3.18-7	
90	38	HZ-3	C&R 3.18-2	
90	39	HZ-10	C&R 3.18-18	
90	40	TR-12	C&R 3.7-29	
90	41	TR-26	C&R 3.7-49	
90	42	TR-14	C&R 3.7-33	
90	43	LU-7	C&R 3.3-61	
90	44	PH-10	C&R 3.5-39	
90	45	LU-5	C&R 3.3-30	
90	46	GRO-1	C&R 3.21-1	
90	47	PH-13	C&R 3.5-50	
90	48	HC-7	C&R 3.23-74	
90	49	LU-9	C&R 3.3-64	
90	50	LU-9	C&R 3.3-64	
90	51	TR-69	C&R 3.7-129	
90	52	LU-5	C&R 3.3-30	
90	53	PH-10	C&R 3.5-39	

Appendix I: Cross Reference Matrix of Draft EIR Comments				
Letter No.	**Comment No.**	**Response Category / No.**	**C&R Page No.**	**Commenter/ Organization**
90	54	PH-8	C&R 3.5-27	Gloria Smith, California Nurses Association
90	55	PH-25	C&R 3.5-82	
90	56	PH-4	C&R 3.5-13	
90	57	PH-7	C&R 3.5-22	
90	58	LU-21	C&R 3.3-95	
90	59	PH-10	C&R 3.5-39	
90	60	AQ-12	C&R 3.9-36	
90	61	HC-7	C&R 3.23-74	
90	62	HC-8	C&R 3.23-82	
90	63	HC-2	C&R 3.23-52	
90	64	HC-7	C&R 3.23-74	
90	65	HC-2	C&R 3.23-52	
90	66	AQ-13	C&R 3.9-36	
90	67	HC-2	C&R 3.23-52	
90	68	HC-17	C&R 3.23-111	
90	69	HC-34	C&R 3.23-177	
90	70	HC-35	C&R 3.23-178	
90	71	INTRO-11	C&R 3.1-22	
90	72	HZ-10	C&R 3.18-18	
90	73	PH-8	C&R 3.5-27	
90	74	LU-21	C&R 3.3-95	
90	75	PH-17	C&R 3.5-64	
90	76	TR-37	C&R 3.7-62	
90	77	TR-45	C&R 3.7-69	
90	78	AQ-8	C&R 3.9-17	
90	79	AQ-8	C&R 3.9-17	
90	80	AQ-8	C&R 3.9-17	
90	81	OTH-20	C&R 3.23-260	
90	82	AQ-20	C&R 3.9-48	
90	83	TR-100	C&R 3.7-170	
90	84	OTH-21	C&R 3.23-262	
90	85	HC-33	C&R 3.23-172	
90	86	HC-36	C&R 3.23-179	

Appendix I: Cross Reference Matrix of Draft EIR Comments				
Letter No.	**Comment No.**	**Response Category / No.**	**C&R Page No.**	**Commenter/ Organization**
90	87	HC-33	C&R 3.23-172	Gloria Smith, California Nurses Association
90	88	HC-33	C&R 3.23-172	
90	89	HC-33	C&R 3.23-172	
90	90	INTRO-6	C&R 3.1-11	
91	1	OTH-22	C&R 3.23-263	Gloria Smith, California Nurses Association
91	2	PD-1	C&R 3.2-4	
91	3	AQ-8	C&R 3.9-17	
91	4	OTH-23	C&R 3.23-264	
91	5	AQ-21	C&R 3.9-58	
91	6	AQ-21	C&R 3.9-58	
91	7	AQ-21	C&R 3.9-58	
91	8	OTH-15	C&R 3.23-251	
91	9	OTH-15	C&R 3.23-251	
91	10	OTH-16	C&R 3.23-254	
91	11	INTRO-9	C&R 3.1-20	
91	12	OTH-16	C&R 3.23-254	
91	13	OTH-16	C&R 3.23-254	
91	14	AQ-22	C&R 3.9-61	
91	15	AQ-22	C&R 3.9-61	
91	16	OTH-24	C&R 3.23-265	
91	17	OTH-24	C&R 3.23-265	
91	18	OTH-25	C&R 3.23-267	
91	19	OTH-25	C&R 3.23-267	
91	20	AQ-23	C&R 3.9-64	
91	21	AQ-23	C&R 3.9-64	
91	22	AQ-23	C&R 3.9-64	
91	23	AQ-24	C&R 3.9-66	
91	24	AQ-23	C&R 3.9-64	
91	25	AQ-23	C&R 3.9-64	
91	26	AQ-25	C&R 3.9-69	
91	27	AQ-20	C&R 3.9-48	
91	28	AQ-23	C&R 3.9-64	

Appendix I: Cross Reference Matrix of Draft EIR Comments				
Letter No.	**Comment No.**	**Response Category / No.**	**C&R Page No.**	**Commenter/ Organization**
91	29	AQ-24	C&R 3.9-66	Gloria Smith, California Nurses Association
91	30	AQ-23	C&R 3.9-64	
91	31	AQ-14	C&R 3.9-37	
91	32	AQ-14	C&R 3.9-37	
91	33	AQ-14	C&R 3.9-37	
91	34	AQ-15	C&R 3.9-40	
91	35	AQ-16	C&R 3.9-42	
91	36	AQ-12	C&R 3.9-36	
91	37	AQ-12	C&R 3.9-36	
91	38	AQ-20	C&R 3.9-48	
91	39	GH-1	C&R 3.10-3	
91	40	GH-1	C&R 3.10-3	
91	41	GH-5	C&R 3.10-16	
91	42	GH-9	C&R 3.10-25	
91	43	GH-6	C&R 3.10-18	
91	44	ME-2	C&R 3.19-5	
91	45	ME-2	C&R 3.19-5	
91	46	ME-2	C&R 3.19-5	
91	47	ME-2	C&R 3.19-5	
91	48	ME-2	C&R 3.19-5	
91	49	ME-2	C&R 3.19-5	
91	50	GH-7	C&R 3.10-19	
91	51	GH-7	C&R 3.10-19	
91	52	GH-7	C&R 3.10-19	
91	53	AQ-8	C&R 3.9-17	
91	54	AQ-8	C&R 3.9-17	
91	55	AQ-8	C&R 3.9-17	
91	56	AQ-8	C&R 3.9-17	
91	57	AQ-26	C&R 3.9-70	
91	58	OTH-16	C&R 3.23-254	
92	1	OTH-26	C&R 3.23-269	Gloria Smith, California Nurses Association
92	2	PD-2	C&R 3.2-4	

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Letter No.	**Comment No.**	**Response Category / No.**	**C&R Page No.**	**Commenter/ Organization**
92	3	TR-128	C&R 3.7-226	Gloria Smith, California Nurses Association
92	4	TR-37	C&R 3.7-62	
92	5	ALT-1	C&R 3.22-11	
92	6	ALT-20	C&R 3.22-36	
92	7	TR-12	C&R 3.7-29	
92	8	TR-100	C&R 3.7-170	
92	9	TR-26	C&R 3.7-49	
92	10	TR-14	C&R 3.7-33	
92	11	TR-15	C&R 3.7-36	
92	12	TR-17	C&R 3.7-38	
92	13	TR-14	C&R 3.7-33	
92	14	TR-53	C&R 3.7-80	
92	15	TR-53	C&R 3.7-80	
92	16	TR-53	C&R 3.7-80	
92	17	TR-53	C&R 3.7-80	
92	18	TR-53	C&R 3.7-80	
92	19	TR-53	C&R 3.7-80	
92	20	TR-53	C&R 3.7-80	
92	21	TR-5	C&R 3.7-5	
92	22	TR-8	C&R 3.7-10	
92	23	TR-8	C&R 3.7-10	
92	24	TR-8	C&R 3.7-10	
92	25	TR-45	C&R 3.7-69	
92	26	TR-100	C&R 3.7-170	
92	27	TR-117	C&R 3.7-197	
92	28	PD-5	C&R 3.2-6	
92	29	TR-107	C&R 3.7-187	
92	30	TR-69	C&R 3.7-129	
92	31	TR-78	C&R 3.7-147	
92	32	TR-79	C&R 3.7-149	
92	33	TR-31	C&R 3.7-53	

Appendix I: Cross Reference Matrix of Draft EIR Comments				
Letter No.	**Comment No.**	**Response Category / No.**	**C&R Page No.**	**Commenter/ Organization**
93	1	OTH-27	C&R 3.23-270	Gloria Smith, California Nurses Association
93	2	PD-7	C&R 3.2-10	
93	3	OTH-16	C&R 3.23-254	
93	4	INTRO-6	C&R 3.1-11	
93	5	HC-7	C&R 3.23-74	
93	6	HC-7	C&R 3.23-74	
93	7	HC-2	C&R 3.23-52	
93	8	HC-7	C&R 3.23-74	
93	9	HC-37	C&R 3.23-180	
93	10	HC-37	C&R 3.23-180	
93	11	HC-7	C&R 3.23-74	
93	12	HC-38	C&R 3.23-180	
93	13	HC-2	C&R 3.23-52	
93	14	HC-39	C&R 3.23-181	
93	15	HC-7	C&R 3.23-74	
93	16	PD-7	C&R 3.2-10	
93	17	HC-40	C&R 3.23-184	
93	18	PH-10	C&R 3.5-39	
93	19	PH-10	C&R 3.5-39	
93	20	LU-5	C&R 3.3-30	
93	21	GRO-1	C&R 3.21-1	
93	22	PH-13	C&R 3.5-50	
93	23	HC-7	C&R 3.23-74	
93	24	INTRO-6	C&R 3.1-11	
93	25	HC-40	C&R 3.23-184	
93	26	PH-16	C&R 3.5-60	
93	27	HC-40	C&R 3.23-184	
93	28	HC-7	C&R 3.23-74	
93	29	PH-10	C&R 3.5-39	
93	30	PH-10	C&R 3.5-39	
93	31	PD-3	C&R 3.2-5	
93	32	TR-27	C&R 3.7-50	
93	33	HC-40	C&R 3.23-184	

Appendix I: Cross Reference Matrix of Draft EIR Comments				
Letter No.	**Comment No.**	**Response Category / No.**	**C&R Page No.**	**Commenter/ Organization**
93	34	LU-5	C&R 3.3-30	Gloria Smith, California Nurses Association
93	35	PD-10	C&R 3.2-13	
93	36	LU-5	C&R 3.3-30	
93	37	PD-11	C&R 3.2-14	
93	38	PH-10	C&R 3.5-39	
93	39	LU-5	C&R 3.3-30	
93	40	HC-7	C&R 3.23-74	
93	41	HC-7	C&R 3.23-74	
93	42	HC-7	C&R 3.23-74	
93	43	PH-2	C&R 3.5-3	
93	44	PH-2	C&R 3.5-3	
93	45	HC-7	C&R 3.23-74	
93	46	PH-2	C&R 3.5-3	
93	47	PH-10	C&R 3.5-39	
93	48	PH-8	C&R 3.5-27	
93	49	PH-10	C&R 3.5-39	
93	50	PH-8	C&R 3.5-27	
93	51	PH-18	C&R 3.5-67	
93	52	PH-7	C&R 3.5-22	
93	53	PH-10	C&R 3.5-39	
93	54	PH-10	C&R 3.5-39	
93	55	PH-10	C&R 3.5-39	
93	56	PH-8	C&R 3.5-27	
93	57	PH-6	C&R 3.5-17	
93	58	PH-6	C&R 3.5-17	
93	59	PH-6	C&R 3.5-17	
93	60	PH-6	C&R 3.5-17	
93	61	PH-8	C&R 3.5-27	
93	62	PH-25	C&R 3.5-82	
93	63	PH-10	C&R 3.5-39	
93	64	PH-7	C&R 3.5-22	
93	65	PH-7	C&R 3.5-22	
93	66	PH-10	C&R 3.5-39	

Appendix I: Cross Reference Matrix of Draft EIR Comments				
Letter No.	**Comment No.**	**Response Category / No.**	**C&R Page No.**	**Commenter/ Organization**
93	67	PH-10	C&R 3.5-39	Gloria Smith, California Nurses Association
93	68	PH-10	C&R 3.5-39	
93	69	PH-17	C&R 3.5-64	
93	70	PH-17	C&R 3.5-64	
93	71	PH-17	C&R 3.5-64	
93	72	PH-17	C&R 3.5-64	
93	73	PH-17	C&R 3.5-64	
93	74	PH-17	C&R 3.5-64	
93	75	PH-19	C&R 3.5-69	
93	76b	PH-6	C&R 3.5-17	
93	76a	PH-7	C&R 3.5-22	
93	77	PH-3	C&R 3.5-7	
93	78	PH-3	C&R 3.5-7	
93	79	PH-3	C&R 3.5-7	
93	80	PH-25	C&R 3.5-82	
93	81	PH-25	C&R 3.5-82	
93	82	PH-10	C&R 3.5-39	
93	83	PH-13	C&R 3.5-50	
93	84	PH-24	C&R 3.5-81	
93	85	LU-5	C&R 3.3-30	
93	86	LU-8	C&R 3.3-62	
93	87	LU-5	C&R 3.3-30	
93	88	LU-5	C&R 3.3-30	
93	89	LU-9	C&R 3.3-64	
93	90	LU-5	C&R 3.3-30	
93	91	LU-5	C&R 3.3-30	
93	92	LU-9	C&R 3.3-64	
93	93	GRO-2	C&R 3.21-2	
93	94	GRO-3	C&R 3.21-4	
93	95	PH-14	C&R 3.5-53	
93	96	ALT-21	C&R 3.22-37	
93	97	ALT-10	C&R 3.22-25	
93	98	ALT-21	C&R 3.22-37	

Appendix I: Cross Reference Matrix of Draft EIR Comments				
Letter No.	**Comment No.**	**Response Category / No.**	**C&R Page No.**	**Commenter/ Organization**
93	99	OTH-16	C&R 3.23-254	Gloria Smith, California Nurses Association
94	No comments were provided in this letter. The letter contains attachments to Letter 93.			Gloria Smith, California Nurses Association
95	No comments were provided in this letter. The letter contains resumes for Letters 91 and 92.			Gloria Smith, California Nurses Association
96	1	HC-41	C&R 3.23-191	Gloria Smith, California Nurses Association
96	2	PD-1	C&R 3.2-4	
96	3	HC-33	C&R 3.23-172	
96	4	HC-33	C&R 3.23-172	
96	5a	HC-33	C&R 3.23-172	
96	5b	HC-17	C&R 3.23-111	
96	6	HC-17	C&R 3.23-111	
96	7	HC-7	C&R 3.23-74	
96	8	HC-8	C&R 3.23-82	
96	9	HC-2	C&R 3.23-52	
96	10	AQ-13	C&R 3.9-36	
96	11	HC-2	C&R 3.23-52	
96	12	HC-17	C&R 3.23-111	
96	13	HC-34	C&R 3.23-177	
96	14	HC-35	C&R 3.23-178	
96	15	HC-31	C&R 3.23-160	
96	16	HC-31	C&R 3.23-160	
96	17	HC-2	C&R 3.23-52	
96	18	HC-29	C&R 3.23-149	
96	19	TR-12	C&R 3.7-29	
96	20a	TR-100	C&R 3.7-170	
96	20b	TR-101	C&R 3.7-173	
96	21	PS-2	C&R 3.13-1	
96	22	HC-42	C&R 3.23-192	
96	23	HC-17	C&R 3.23-111	
96	24	HC-43	C&R 3.23-193	
96	25	HC-2	C&R 3.23-52	
96	26	HC-44	C&R 3.23-194	

Appendix I: Cross Reference Matrix of Draft EIR Comments				
Letter No.	**Comment No.**	**Response Category / No.**	**C&R Page No.**	**Commenter/ Organization**
96	27	HC-45	C&R 3.23-195	Gloria Smith, California Nurses Association
96	28	LU-5	C&R 3.3-30	
96	29	HC-46	C&R 3.23-196	
96	30	HC-47	C&R 3.23-197	
96	31	HC-47	C&R 3.23-197	
96	32	HC-48	C&R 3.23-199	
96	33	HC-48	C&R 3.23-199	
96	34	HC-17	C&R 3.23-111	
96	35	HC-48	C&R 3.23-199	
96	36	HC-49	C&R 3.23-200	
96	37	HC-50	C&R 3.23-200	
96	38	ALT-1	C&R 3.22-11	
97	1	HC-28	C&R 3.23-143	Margaret Kettunen Zegart
97	2	PD-28	C&R 3.2-24	
97	3	ALT-1	C&R 3.22-11	
97	4	HC-51	C&R 3.23-201	
97	5	ALT-2	C&R 3.22-18	
97	6	TR-63	C&R 3.7-110	
97	7	LU-19	C&R 3.3-88	
97	8	AE-8	C&R 3.4-18	
97	9	AE-3	C&R 3.4-4	
97	10	AE-3	C&R 3.4-4	
97	11	AE-9	C&R 3.4-19	
97	12	OTH-101	C&R 3.23-312	
97	13	GE-2	C&R 3.16-1	
97	14	ALT-1	C&R 3.22-11	
97	15	TR-10	C&R 3.7-26	
97	16	TR-1	C&R 3.7-1	
97	17	HC-52	C&R 3.23-202	
97	18	TR-100	C&R 3.7-170	
97	19	NO-60	C&R 3.8-69	
97	20	OTH-28	C&R 3.23-270	

Appendix I: Cross Reference Matrix of Draft EIR Comments				
Letter No.	**Comment No.**	**Response Category / No.**	**C&R Page No.**	**Commenter/ Organization**
97	21	NO-63	C&R 3.8-71	Margaret Kettunen Zegart
97	22	NO-27	C&R 3.8-37	
98	1	CP-3	C&R 3.6-3	Rose Hillson, Jordan Park Improvement Association*
98	2	CP-4	C&R 3.6-4	
98	3	CP-8	C&R 3.6-8	
98	4	CP-8	C&R 3.6-8	
98	5	CP-14	C&R 3.6-14	
98	6	CP-15	C&R 3.6-15	
98	7	CP-3	C&R 3.6-3	
98	8	CP-19	C&R 3.6-18	
98	9	CP-20	C&R 3.6-18	
98	10	CP-21	C&R 3.6-19	
98	11	CP-5	C&R 3.6-5	
98	12	CP-6	C&R 3.6-6	
98	13	CP-18	C&R 3.6-17	
99	1	TR-77	C&R 3.7-147	Arthur and Jacqueline Cimento*
99	2	OTH-11	C&R 3.23-248	
99	3	LU-28	C&R 3.3-142	
99	4	TR-77	C&R 3.7-147	
99	5	LU-29	C&R 3.7-144	
99	6	NO-66	C&R 3.8-73	
99	7	TR-77	C&R 3.7-147	
99	8	TR-71	C&R 3.7-138	
99	9	RE-8	C&R 3.12-10	
99	10	OTH-98	C&R 3.23-310	
99	11	PD-26	C&R 3.2-23	
100	1	TR-52	C&R 3.7-76	Charles Freas*
100	2	TR-69	C&R 3.7-129	
100	3	TR-108	C&R 3.7-189	
100	4	OTH-88	C&R 3.23-301	
100	5	ALT-1	C&R 3.22-11	

Appendix I: Cross Reference Matrix of Draft EIR Comments				
Letter No.	**Comment No.**	**Response Category / No.**	**C&R Page No.**	**Commenter/ Organization**
101	1	OTH-102	C&R 3.23-312	Rachel Sater, Lost Block and Save Our Streets
101	2	LU-31	C&R 3.3-147	
101	3	PD-30	C&R 3.2-25	
101	4	PD-31	C&R 3.2-26	
101	5	NO-75	C&R 3.8-80	
101	6	PD-31	C&R 3.2-26	
101	7	AE-19	C&R 3.4-30	
101	8	PD-32	C&R 3.2-27	
101	9	LU-32	C&R 3.3-152	
101	10	LU-32	C&R 3.3-152	
101	11	LU-32	C&R 3.3-152	
101	12	LU-33	C&R 3.3-156	
101	13	LU-32	C&R 3.3-152	
101	14	LU-32	C&R 3.3-152	
101	15	NO-75	C&R 3.8-80	
101	16	AE-18	C&R 3.4-29	
101	17	AE-17	C&R 3.4-28	
101	18	AE-18	C&R 3.4-29	
101	19	AE-18	C&R 3.4-29	
101	20	AE-20	C&R 3.4-31	
101	21	TR-11	C&R 3.7-28	
101	22	TR-99	C&R 3.7-167	
101	23	PD-31	C&R 3.2-26	
101	24	TR-106	C&R 3.7-185	
101	25	TR-110	C&R 3.7-193	
101	26	TR-103	C&R 3.7-175	
101	27	TR-74	C&R 3.7-143	
101	28	TR-74	C&R 3.7-143	
101	29	NO-78	C&R 3.8-82	
101	30	NO-74	C&R 3.8-79	
101	31	NO-69	C&R 3.8-74	
101	32	NO-70	C&R 3.8-75	
101	33	NO-71	C&R 3.8-76	

Appendix I: Cross Reference Matrix of Draft EIR Comments				
Letter No.	**Comment No.**	**Response Category / No.**	**C&R Page No.**	**Commenter/ Organization**
101	34	NO-72	C&R 3.8-77	Rachel Sater, Lost Block and Save Our Streets
101	35	NO-73	C&R 3.8-78	
101	36	NO-76	C&R 3.8-81	
101	37	NO-77	C&R 3.8-81	
101	38	NO-75	C&R 3.8-80	
101	39	NO-59	C&R 3.8-64	
101	40	GH-1	C&R 3.10-3	
101	41	WS-1	C&R 3.11-1	
101	42	WS-1	C&R 3.11-1	
101	43	WS-1	C&R 3.11-1	
101	44	ALT-33	C&R 3.22-61	
101	45	ALT-1	C&R 3.22-11	
101	46	ALT-22	C&R 3.22-39	
101	47	ALT-34	C&R 3.22-63	
101	48	ALT-11	C&R 3.22-27	
101	49	ALT-11	C&R 3.22-27	
101	50	ALT-35	C&R 3.22-66	
101	51	ALT-36	C&R 3.22-67	
102	1	OTH-89	C&R 3.23-304	Carolynn Abst and Ron Case, Case + Abst Architects LLP
102	2	AQ-6	C&R 3.9-8	
102	3	WS-4	C&R 3.11-11	
102	4	AQ-6	C&R 3.9-8	
102	5	AQ-20	C&R 3.9-48	
102	6	AQ-6	C&R 3.9-8	
102	7	NO-16	C&R 3.8-23	
102	8	NO-17	C&R 3.8-25	
102	9	TR-119	C&R 3.7-198	
102	10	AQ-6	C&R 3.9-8	
102	11	NO-30	C&R 3.8-41	
102	12	AQ-6	C&R 3.9-8	
102	13	AQ-7	C&R 3.9-10	
102	14	TR-118	C&R 3.7-197	

Appendix I: Cross Reference Matrix of Draft EIR Comments				
Letter No.	**Comment No.**	**Response Category / No.**	**C&R Page No.**	**Commenter/ Organization**
102	15	HY-1	C&R 3.17-1	Carolynn Abst and Ron Case, Case + Abst Architects LLP
102	16	AQ-6	C&R 3.9-8	
102	17	TR-119	C&R 3.7-198	
102	18	OTH-86	C&R 3.23-301	
102	19	TR-120	C&R 3.7-199	
102	20	NO-55	C&R 3.8-60	
102	21	NO-56	C&R 3.8-61	
102	22	NO-57	C&R 3.8-61	
102	23	NO-57	C&R 3.8-61	
102	24	NO-50	C&R 3.8-57	
102	25	NO-41	C&R 3.8-51	
102	26	TR-96	C&R 3.7-164	
102	27	TR-123	C&R 3.7-203	
102	28	TR-123	C&R 3.7-203	
102	29	TR-85	C&R 3.7-153	
102	30	WS-4	C&R 3.11-11	
102	31	WS-4	C&R 3.11-11	
102	32	WS-4	C&R 3.11-11	
102	33	WS-4	C&R 3.11-11	
102	34	PH-22	C&R 3.5-76	
102	35	HZ-12	C&R 3.18-20	
102	36	HC-54	C&R 3.23-204	
102	37	RE-6	C&R 3.12-7	
102	38	RE-6	C&R 3.12-7	
102	39	OTH-90	C&R 3.23-306	
103	1	OTH-89	C&R 3.23-304	Lower Polk Neighbors
103	2	AQ-6	C&R 3.9-8	
103	3	AQ-6	C&R 3.9-8	
103	4	NO-1	C&R 3.8-1	
103	5	TR-119	C&R 3.7-198	
103	6	AQ-6	C&R 3.9-8	
103	7	AQ-6	C&R 3.9-8	

Appendix I: Cross Reference Matrix of Draft EIR Comments				
Letter No.	**Comment No.**	**Response Category / No.**	**C&R Page No.**	**Commenter/ Organization**
103	8	AQ-6	C&R 3.9-8	Lower Polk Neighbors
103	9	TR-119	C&R 3.7-198	
103	10	OTH-86	C&R 3.23-301	
103	11	TR-120	C&R 3.7-199	
103	12	NO-55	C&R 3.8-60	
103	13	NO-41	C&R 3.8-51	
103	14	NO-43	C&R 3.8-53	
103	15	NO-55	C&R 3.8-60	
103	16	WS-4	C&R 3.11-11	
103	17	TR-83	C&R 3.7-152	
103	18	AQ-19	C&R 3.9-44	
103	19	AQ-19	C&R 3.9-44	
103	20	NO-61	C&R 3.8-70	
103	21	PD-24	C&R 3.2-22	
103	22	NO-63	C&R 3.8-71	
103	23	OTH-91	C&R 3.23-307	
103	24	OTH-91	C&R 3.23-307	
103	25	TR-126	C&R 3.7-220	
103	26	OTH-91	C&R 3.23-307	
103	27	TR-83	C&R 3.7-152	
103	28	RE-6	C&R 3.12-7	
103	29	RE-6	C&R 3.12-7	
103	30	OTH-91	C&R 3.23-307	
103	31	OTH-91	C&R 3.23-307	
103	32	OTH-91	C&R 3.23-307	
103	33	TR-63	C&R 3.7-110	
103	34	BI-10	C&R 3.15-8	
103	35	NO-1	C&R 3.8-1	
103	36	TR-63	C&R 3.7-110	
103	37	PH-22	C&R 3.5-76	
103	38	RE-6	C&R 3.12-7	
103	39	TR-63	C&R 3.7-110	
103	40	TR-63	C&R 3.7-110	

Appendix I: Cross Reference Matrix of Draft EIR Comments				
Letter No.	**Comment No.**	**Response Category / No.**	**C&R Page No.**	**Commenter/ Organization**
104	1	OTH-29	C&R 3.23-271	Stephanie Barton, et al., Hastings Civil Justice Clinic for the Good Neighbor Coalition
104	2	LU-5	C&R 3.3-30	
104	3	LU-3	C&R 3.3-7	
104	4	LU-23	C&R 3.3-135	
104	5	LU-3	C&R 3.3-7	
104	6	LU-23	C&R 3.3-135	
104	7	LU-25	C&R 3.3-138	
104	8	PH-12	C&R 3.5-47	
104	9	PH-12	C&R 3.5-47	
104	10	LU-20	C&R 3.3-89	
104	11	LU-21	C&R 3.3-95	
104	12	LU-21	C&R 3.3-95	
104	13	LU-21	C&R 3.3-95	
104	14	LU-21	C&R 3.3-95	
104	15	PH-11	C&R 3.5-43	
104	16	PH-12	C&R 3.5-47	
104	17	PH-8	C&R 3.5-27	
104	18	PH-4	C&R 3.5-13	
104	19	PH-3	C&R 3.5-7	
104	20	PH-4	C&R 3.5-13	
104	21	PH-3	C&R 3.5-7	
104	22	PH-3	C&R 3.5-7	
104	23	PH-10	C&R 3.5-39	
104	24	PH-10	C&R 3.5-39	
104	25	PH-9	C&R 3.5-31	
104	26	PH-9	C&R 3.5-31	
104	27	PH-12	C&R 3.5-47	
104	28	PH-2	C&R 3.5-3	
104	29	PH-9	C&R 3.5-31	
104	30	LU-3	C&R 3.3-7	
104	31	PH-7	C&R 3.5-22	
104	32	TR-124	C&R 3.7-207	

Appendix I: Cross Reference Matrix of Draft EIR Comments				
Letter No.	**Comment No.**	**Response Category / No.**	**C&R Page No.**	**Commenter/ Organization**
104	33	TR-126	C&R 3.7-220	Stephanie Barton, et al., Hastings Civil Justice Clinic for the Good Neighbor Coalition
104	34	TR-64	C&R 3.7-119	
104	35	TR-64	C&R 3.7-119	
104	36	TR-63	C&R 3.7-110	
104	37	TR-124	C&R 3.7-207	
104	38	TR-10	C&R 3.7-26	
104	39	TR-53	C&R 3.7-80	
104	40	TR-53	C&R 3.7-80	
104	41	TR-53	C&R 3.7-80	
104	42	TR-53	C&R 3.7-80	
104	43	TR-69	C&R 3.7-129	
104	44	TR-69	C&R 3.7-129	
104	45	PH-19	C&R 3.5-69	
104	46	OTH-13	C&R 3.23-249	
104	47	TR-124	C&R 3.7-207	
104	48	AQ-10	C&R 3.9-26	
104	49	TR-18	C&R 3.7-39	
104	50	AQ-23	C&R 3.9-64	
104	51	AQ-23	C&R 3.9-64	
104	52	AQ-20	C&R 3.9-48	
104	53	GH-1	C&R 3.10-3	
104	54	GH-1	C&R 3.10-3	
104	55	ALT-23	C&R 3.22-46	
104	56	PH-26	C&R 3.5-90	
104	57	PH-4	C&R 3.5-13	
104	58	PH-26	C&R 3.5-90	
104	59	PH-26	C&R 3.5-90	
104	60	HC-31	C&R 3.23-160	
104	61	HC-31	C&R 3.23-160	
104	62	HC-31	C&R 3.23-160	
104	63	HC-31	C&R 3.23-160	
104	64	LU-4	C&R 3.3-19	

Appendix I: Cross Reference Matrix of Draft EIR Comments				
Letter No.	**Comment No.**	**Response Category / No.**	**C&R Page No.**	**Commenter/ Organization**
104	65	LU-4	C&R 3.3-19	Stephanie Barton, et al., Hastings Civil Justice Clinic for the Good Neighbor Coalition
104	66	HC-55	C&R 3.23-205	
104	67	HC-56	C&R 3.23-206	
104	68	HC-7	C&R 3.23-74	
104	69	HC-7	C&R 3.23-74	
104	70	HC-7	C&R 3.23-74	
104	71	PD-7	C&R 3.2-10	
104	72	ALT-23	C&R 3.22-46	
104	73	ALT-16	C&R 3.22-32	
104	74	ALT-17	C&R 3.22-34	
104	75	INTRO-6	C&R 3.1-11	
104	76	ALT-24	C&R 3.22-50	
104	77	OTH-30	C&R 3.23-271	
104	78	PD-7	C&R 3.2-10	
104	79	HC-57	C&R 3.23-208	
104	80	INTRO-6	C&R 3.1-11	
105	1	RE-5	C&R 3.12-5	Chris Schulman
105	2	RE-2	C&R 3.12-2	
105	3	RE-3	C&R 3.12-3	
105	4	RE-1	C&R 3.12-1	
105	5	RE-6	C&R 3.12-7	
105	6	RE-4	C&R 3.12-4	
106	1	AQ-17	C&R 3.9-43	Paulett Taggart, Paulett Taggart Architects
106	2	ALT-1	C&R 3.22-11	
107	1	ALT-1	C&R 3.22-11	Nick Wilson, The Hamilton Association
107	2	HC-2	C&R 3.23-52	
107	3	WS-2	C&R 3.11-5	
107	4	TR-100	C&R 3.7-170	
107	5	NO-59	C&R 3.8-64	

Appendix I: Cross Reference Matrix of Draft EIR Comments				
Letter No.	**Comment No.**	**Response Category / No.**	**C&R Page No.**	**Commenter/ Organization**
108	1	OTH-12	C&R 3.23-248	Barbara Kautz, CHNA and Bernal Heights Neighborhood Center*
108	2	INTRO-6	C&R 3.1-11	
108	3	PD-7	C&R 3.2-10	
108	4	ALT-1	C&R 3.22-11	
108	5	HC-7	C&R 3.23-74	
108	6	LU-5	C&R 3.3-30	
108	7	TR-18	C&R 3.7-39	
108	8	INTRO-10	C&R 3.1-21	
108	9	INTRO-2	C&R 3.1-2	
108	10	INTRO-6	C&R 3.1-11	
108	11	PD-7	C&R 3.2-10	
108	12	ALT-1	C&R 3.22-11	
108	13	HC-30	C&R 3.23-154	
108	14	ALT-1	C&R 3.22-11	
108	15	ALT-1	C&R 3.22-11	
108	16	HC-2	C&R 3.23-52	
108	17	HC-25	C&R 3.23-131	
108	18	HC-17	C&R 3.23-111	
108	19	HC-17	C&R 3.23-111	
108	20	LU-5	C&R 3.3-30	
108	21	TR-10	C&R 3.7-26	
108	22	TR-25	C&R 3.7-47	
108	23	TR-9	C&R 3.7-11	
108	24	TR-9	C&R 3.7-11	
108	25	TR-14	C&R 3.7-33	
108	26	TR-37	C&R 3.7-62	
108	27	TR-45	C&R 3.7-69	
108	28	TR-55	C&R 3.7-89	
108	29	INTRO-10	C&R 3.1-21	
108	30	TR-63	C&R 3.7-110	
108	31	TR-63	C&R 3.7-110	
108	32	TR-98	C&R 3.7-165	

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Letter No.	**Comment No.**	**Response Category / No.**	**C&R Page No.**	**Commenter/ Organization**
108	33	TR-95	C&R 3.7-163	Barbara Kautz, CHNA and Bernal Heights Neighborhood Center*
108	34	PH-8	C&R 3.5-27	
108	35	PH-7	C&R 3.5-22	
108	36	PH-7	C&R 3.5-22	
108	37	PH-7	C&R 3.5-22	
108	38	PH-21	C&R 3.5-73	
108	39	TR-63	C&R 3.7-110	
108	40	HC-31	C&R 3.23-160	
108	41	PH-21	C&R 3.5-73	
108	42	LU-13	C&R 3.3-78	
108	43	AE-2	C&R 3.4-3	
108	44	LU-23	C&R 3.3-135	
108	45	LU-21	C&R 3.3-95	
108	46	LU-13	C&R 3.3-78	
108	47	LU-9	C&R 3.3-64	
108	48	LU-23	C&R 3.3-135	
108	49	LU-18	C&R 3.3-87	
108	50	NO-41	C&R 3.8-51	
108	51	NO-52	C&R 3.8-58	
108	52	CP-9	C&R 3.6-9	
108	53	PH-20	C&R 3.5-71	
108	54	INTRO-11	C&R 3.1-22	
108	55	NO-55	C&R 3.8-60	
108	56	NO-48	C&R 3.8-55	
108	57	NO-42	C&R 3.8-51	
108	58	INTRO-2	C&R 3.1-2	
108	59	NO-15	C&R 3.8-23	
108	60	NO-59	C&R 3.8-64	
108	61	PD-4	C&R 3.2-5	
108	62	NO-49	C&R 3.8-56	
108	63	NO-49	C&R 3.8-56	
108	64	AE-7	C&R 3.4-16	

Appendix I: Cross Reference Matrix of Draft EIR Comments				
Letter No.	**Comment No.**	**Response Category / No.**	**C&R Page No.**	**Commenter/ Organization**
108	65	INTRO-6	C&R 3.1-11	Barbara Kautz, CHNA and Bernal Heights Neighborhood Center*
109	1	AQ-20	C&R 3.9-48	Jean Roggenkamp, Bay Area Air Quality Management District
109	2	AQ-20	C&R 3.9-48	
109	3	AQ-8	C&R 3.9-17	
109	4	AQ-8	C&R 3.9-17	
109	5	GH-8	C&R 3.10-22	
110	1	HC-41	C&R 3.23-191	Gloria Smith, California Nurses Association*
110	2	PD-1	C&R 3.2-4	
110	3	HC-33	C&R 3.23-172	
110	4	HC-33	C&R 3.23-172	
110	5b	HC-17	C&R 3.23-111	
110	5a	HC-33	C&R 3.23-172	
110	6	HC-17	C&R 3.23-111	
110	7	HC-7	C&R 3.23-74	
110	8	HC-8	C&R 3.23-82	
110	9	HC-2	C&R 3.23-52	
110	10	HC-7	C&R 3.23-74	
110	11	HC-2	C&R 3.23-52	
110	12	HC-17	C&R 3.23-111	
110	13	HC-34	C&R 3.23-177	
110	14	HC-35	C&R 3.23-178	
110	15	HC-31	C&R 3.23-160	
110	16	HC-31	C&R 3.23-160	
110	17	HC-2	C&R 3.23-52	
110	18	HC-29	C&R 3.23-149	
110	19	TR-12	C&R 3.7-29	
110	20a	TR-100	C&R 3.7-170	
110	20b	TR-101	C&R 3.7-173	
110	21	PS-2	C&R 3.13-1	
110	22	HC-42	C&R 3.23-192	

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Letter No.	**Comment No.**	**Response Category / No.**	**C&R Page No.**	**Commenter/ Organization**
110	23	HC-17	C&R 3.23-111	Gloria Smith, California Nurses Association*
110	24	HC-43	C&R 3.23-193	
110	25	HC-2	C&R 3.23-52	
110	26	HC-44	C&R 3.23-194	
110	27	HC-45	C&R 3.23-195	
110	28	LU-5	C&R 3.3-30	
110	29	HC-46	C&R 3.23-196	
110	30	HC-47	C&R 3.23-197	
110	31	HC-47	C&R 3.23-197	
110	32	HC-48	C&R 3.23-199	
110	33	HC-48	C&R 3.23-199	
110	34	HC-17	C&R 3.23-111	
110	35	HC-48	C&R 3.23-199	
110	36	HC-49	C&R 3.23-200	
110	37	HC-50	C&R 3.23-200	
110	38	ALT-1	C&R 3.22-11	
111	1	LU-5	C&R 3.3-30	Linda Chapman*
111	2	LU-21	C&R 3.3-95	
111	3	LU-21	C&R 3.3-95	
111	4	LU-5	C&R 3.3-30	
111	5	LU-21	C&R 3.3-95	
111	6	LU-5	C&R 3.3-30	
111	7	PH-12	C&R 3.5-47	
111	8	PH-12	C&R 3.5-47	
111	9	PH-12	C&R 3.5-47	
111	10	PH-12	C&R 3.5-47	
111	11	PH-18	C&R 3.5-67	
111	12	PH-21	C&R 3.5-73	
111	13	PH-19	C&R 3.5-69	
111	14	TR-52	C&R 3.7-76	
111	15	TR-54	C&R 3.7-86	
111	16	TR-59	C&R 3.7-100	
111	17	TR-31	C&R 3.7-53	

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Letter No.	**Comment No.**	**Response Category / No.**	**C&R Page No.**	**Commenter/ Organization**
111	18	TR-70	C&R 3.7-135	Linda Chapman*
111	19	TR-54	C&R 3.7-86	
111	20	TR-123	C&R 3.7-203	
111	21	TR-70	C&R 3.7-135	
111	22	TR-81	C&R 3.7-150	
111	23	TR-69	C&R 3.7-129	
111	24	TR-70	C&R 3.7-135	
111	25	WS-3	C&R 3.11-10	
111	26	NO-54	C&R 3.8-60	
111	27	PH-22	C&R 3.5-76	
111	28	TR-50	C&R 3.7-73	
111	29	TR-100	C&R 3.7-170	
111	30	HC-25	C&R 3.23-131	
111	31	TR-127	C&R 3.7-225	
111	32	TR-127	C&R 3.7-225	
111	33	TR-127	C&R 3.7-225	
112	1	AQ-20	C&R 3.9-48	Jean Roggenkamp, Bay Area Air Quality Management District*
112	2	AQ-20	C&R 3.9-48	
112	3	AQ-8	C&R 3.9-17	
112	4	AQ-8	C&R 3.9-17	
112	5	GH-8	C&R 3.10-22	
113	1	OTH-89	C&R 3.23-304	Lower Polk Neighbors*
113	2	AQ-6	C&R 3.9-8	
113	3	AQ-6	C&R 3.9-8	
113	4	NO-1	C&R 3.8-1	
113	5	TR-119	C&R 3.7-198	
113	6	AQ-6	C&R 3.9-8	
113	7	AQ-6	C&R 3.9-8	
113	8	AQ-6	C&R 3.9-8	
113	9	TR-119	C&R 3.7-198	
113	10	OTH-86	C&R 3.23-301	
113	11	TR-120	C&R 3.7-199	

Appendix I: Cross Reference Matrix of Draft EIR Comments				
Letter No.	**Comment No.**	**Response Category / No.**	**C&R Page No.**	**Commenter/ Organization**
113	12	NO-55	C&R 3.8-60	Lower Polk Neighbors*
113	13	NO-41	C&R 3.8-51	
113	14	NO-43	C&R 3.8-53	
113	15	NO-55	C&R 3.8-60	
113	16	WS-4	C&R 3.11-11	
113	17	TR-83	C&R 3.7-152	
113	18	AQ-19	C&R 3.9-44	
113	19	AQ-19	C&R 3.9-44	
113	20	NO-61	C&R 3.8-70	
113	21	PD-24	C&R 3.2-22	
113	22	NO-63	C&R 3.8-71	
113	23	OTH-91	C&R 3.23-307	
113	24	OTH-91	C&R 3.23-307	
113	25	TR-126	C&R 3.7-220	
113	26	OTH-91	C&R 3.23-307	
113	27	TR-83	C&R 3.7-152	
113	28	RE-6	C&R 3.12-7	
113	29	RE-6	C&R 3.12-7	
113	30	OTH-91	C&R 3.23-307	
113	31	OTH-91	C&R 3.23-307	
113	32	OTH-91	C&R 3.23-307	
113	33	TR-63	C&R 3.7-110	
113	34	BI-10	C&R 3.15-8	
113	35	NO-1	C&R 3.8-1	
113	36	TR-63	C&R 3.7-110	
113	37	PH-22	C&R 3.5-76	
113	38	RE-6	C&R 3.12-7	
113	39	TR-63	C&R 3.7-110	
113	40	TR-63	C&R 3.7-110	
114	1	OTH-89	C&R 3.23-304	Ron Case, Case + Abst Architects LLP*
114	2	AQ-6	C&R 3.9-8	
114	3	WS-4	C&R 3.11-11	
114	4	AQ-6	C&R 3.9-8	

Appendix I: Cross Reference Matrix of Draft EIR Comments				
Letter No.	**Comment No.**	**Response Category / No.**	**C&R Page No.**	**Commenter/ Organization**
114	5	AQ-20	C&R 3.9-48	Ron Case, Case + Abst Architects LLP*
114	6	AQ-6	C&R 3.9-8	
114	7	NO-16	C&R 3.8-23	
114	8	NO-17	C&R 3.8-25	
114	9	TR-119	C&R 3.7-198	
114	10	AQ-6	C&R 3.9-8	
114	11	NO-30	C&R 3.8-41	
114	12	AQ-6	C&R 3.9-8	
114	13	AQ-7	C&R 3.9-10	
114	14	TR-118	C&R 3.7-197	
114	15	HY-1	C&R 3.17-1	
114	16	AQ-6	C&R 3.9-8	
114	17	TR-119	C&R 3.7-198	
114	18	OTH-86	C&R 3.23-301	
114	19	TR-120	C&R 3.7-199	
114	20	NO-55	C&R 3.8-60	
114	21	NO-56	C&R 3.8-61	
114	22	NO-57	C&R 3.8-61	
114	23	NO-57	C&R 3.8-61	
114	24	NO-50	C&R 3.8-57	
114	25	NO-41	C&R 3.8-51	
114	26	TR-96	C&R 3.7-164	
114	27	TR-123	C&R 3.7-203	
114	28	TR-123	C&R 3.7-203	
114	29	TR-85	C&R 3.7-153	
114	30	WS-4	C&R 3.11-11	
114	31	WS-4	C&R 3.11-11	
114	32	WS-4	C&R 3.11-11	
114	33	WS-4	C&R 3.11-11	
114	34	PH-22	C&R 3.5-76	
114	35	HZ-13	C&R 3.18-21	
114	36	HC-54	C&R 3.23-204	
114	37	RE-6	C&R 3.12-7	

Appendix I: Cross Reference Matrix of Draft EIR Comments				
Letter No.	**Comment No.**	**Response Category / No.**	**C&R Page No.**	**Commenter/ Organization**
114	38	RE-6	C&R 3.12-7	Ron Case, Case + Abst Architects LLP*
114	39	OTH-90	C&R 3.23-306	
115	1	HC-58	C&R 3.23-210	Iris Biblowitz
115	2	HC-29	C&R 3.23-149	
115	3	HC-2	C&R 3.23-52	
115	4	HC-7	C&R 3.23-74	
116	1	TR-93	C&R 3.7-162	Hisashi Sugaya, Planning Commission
116	2	LU-5	C&R 3.3-30	
116	3	AE-10	C&R 3.4-19	
116	4	AE-11	C&R 3.4-20	
116	5	AE-4	C&R 3.4-7	
116	6	AE-5	C&R 3.4-8	
116	7	AE-6	C&R 3.4-15	
116	8	PH-16	C&R 3.5-60	
116	9	LU-21	C&R 3.3-95	
116	10	CP-11	C&R 3.6-10	
116	11	CP-12	C&R 3.6-12	
116	12	CP-13	C&R 3.6-13	
116	13	CP-22	C&R 3.6-20	
116	14	CP-16	C&R 3.6-15	
116	15	HC-59	C&R 3.23-211	
117	1	TR-74	C&R 3.7-143	Frances Taylor
117	2	TR-61	C&R 3.7-102	
117	3	HC-29	C&R 3.23-149	
118	1	OTH-31	C&R 3.23-273	Kent Woo, NICOS Chinese Health Coalition
119	1	HZ-5	C&R 3.18-7	Matt Hagemann, California Nurses Association
119	2	HZ-3	C&R 3.18-2	
119	3	PD-1	C&R 3.2-4	
119	4	PD-1	C&R 3.2-4	
119	5	PD-1	C&R 3.2-4	

Appendix I: Cross Reference Matrix of Draft EIR Comments				
Letter No.	**Comment No.**	**Response Category / No.**	**C&R Page No.**	**Commenter/ Organization**
119	6	HZ-5	C&R 3.18-7	Matt Hagemann, California Nurses Association
119	7	HZ-5	C&R 3.18-7	
119	8	HZ-7	C&R 3.18-12	
119	9	HZ-10	C&R 3.18-18	
119	10	HZ-6	C&R 3.18-9	
119	11	HZ-4	C&R 3.18-5	
119	12	HZ-20	C&R 3.18-32	
119	13	HZ-21	C&R 3.18-34	
119	14	HZ-22	C&R 3.18-35	
119	15	HZ-23	C&R 3.18-36	
119	16	HZ-24	C&R 3.18-38	
119	17	HZ-20	C&R 3.18-32	
119	18	HZ-25	C&R 3.18-39	
119	19	HZ-27	C&R 3.18-41	
119	20	HZ-28	C&R 3.18-42	
119	21	HZ-29	C&R 3.18-43	
119	22	HZ-30	C&R 3.18-45	
119	23	HZ-31	C&R 3.18-47	
119	24	HZ-15	C&R 3.18-24	
119	25	HZ-16	C&R 3.18-26	
119	26	HZ-8	C&R 3.18-15	
119	27	HZ-11	C&R 3.18-19	
119	28	HZ-10	C&R 3.18-18	
120	1	UT-6	C&R 3.14-4	Julie Ortiz, SFPUC Water Conservation Section
120	2	UT-3	C&R 3.14-2	
121	1	ALT-1	C&R 3.22-11	Tom Brohard, California Nurses Association
121	2	TR-31	C&R 3.7-53	
121	3	TR-100	C&R 3.7-170	
121	4	ALT-1	C&R 3.22-11	

Appendix I: Cross Reference Matrix of Draft EIR Comments				
Letter No.	**Comment No.**	**Response Category / No.**	**C&R Page No.**	**Commenter/ Organization**
122	1	ALT-1	C&R 3.22-11	Gloria Smith—California Nurses Association
122	2	LU-23	C&R 3.3-135	
122	3	LU-5	C&R 3.3-30	
122	4	LU-3	C&R 3.3-7	
122	5	LU-23	C&R 3.3-135	
122	6	LU-34	C&R 3.3-157	
122	7	LU-23	C&R 3.3-135	
122	8	ALT-1	C&R 3.22-11	
122	9	ALT-1	C&R 3.22-11	
Planning Commission Transcript				
PC	1	OTH-31	C&R 3.23-273	Dick Shrum
PC	2	HC-21	C&R 3.23-127	Tanya Castanian
PC	3	HC-21	C&R 3.23-127	
PC	4	HC-21	C&R 3.23-127	
PC	5	OTH-92	C&R 3.23-307	Jack Scott, Neighbors of Cathedral Hill
PC	6	HC-2	C&R 3.22-52	
PC	7	TR-87	C&R 3.7-155	
PC	8	ALT-4	C&R 3.22-19	
PC	9	HC-7	C&R 3.23-74	Bernard Sherman, San Francisco Tomorrow
PC	10	PH-17	C&R 3.5-64	
PC	11	TR-106	C&R 3.7-185	
PC	12	HZ-17	C&R 3.18-28	
PC	13	ALT-1	C&R 3.22-11	Bertie Campbell, Cathedral Hill Neighbors Association
PC	14	HC-7	C&R 3.23-74	
PC	15	ALT-1	C&R 3.22-11	
PC	16	ALT-1	C&R 3.22-11	
PC	17	HC-7	C&R 3.23-74	Sui Kwong, TNDC
PC	18	TR-103	C&R 3.7-175	Marianna Ferris
PC	19	ALT-18	C&R 3.22-34	

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Letter No.	**Comment No.**	**Response Category / No.**	**C&R Page No.**	**Commenter/ Organization**
PC	20	TR-103	C&R 3.7-175	Marianna Ferris
PC	21	OTH-32	C&R 3.22-273	
PC	22	LU-8	C&R 3.3-62	Lois Scott
PC	23	HC-7	C&R 3.23-74	
PC	24	HC-7	C&R 3.23-74	
PC	25	TR-55	C&R 3.7-89	
PC	26	ALT-12	C&R 3.22-29	
PC	27	TR-64	C&R 3.7-119	Sister Elaine Jones
PC	28	AQ-20	C&R 3.9-48	
PC	29	TR-102	C&R 3.7-174	
PC	30	HC-12	C&R 3.23-91	
PC	31	HC-12	C&R 3.23-91	
PC	32	HC-31	C&R 3.23-160	Carol Brownson
PC	33	OTH-33	C&R 3.23-274	
PC	34	TR-55	C&R 3.7-89	Felicidad Afenir
PC	35	HC-60	C&R 3.23-216	
PC	36	HC-2	C&R 3.22-52	Anonymous
PC	37	OTH-34	C&R 3.23-274	Rosa Marquez
PC	38	NO-8	C&R 3.8-6	Helene Dellanini, Daniel Burnham Court Association
PC	39	NO-8	C&R 3.8-6	
PC	40	OTH-35	C&R 3.23-274	
PC	41	NO-8	C&R 3.8-6	
PC	42	OTH-35	C&R 3.23-274	
PC	43	HC-60	C&R 3.23-216	Jessica Weimer
PC	44	HC-17	C&R 3.23-111	
PC	45	HC-60	C&R 3.23-216	
PC	46	HC-7	C&R 3.23-74	
PC	47	OTH-93	C&R 3.23-308	Margarita Lopez Perez
PC	48	PH-26	C&R 3.5-90	
PC	49	HC-61	C&R 3.23-221	
PC	50	PH-28	C&R 3.5-97	Mary Sirakaryan

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Letter No.	**Comment No.**	**Response Category / No.**	**C&R Page No.**	**Commenter/ Organization**
PC	51	PH-22	C&R 3.5-76	Dina Hilliard, North of Tenderloin Community Benefit District
PC	52	HC-7	C&R 3.23-74	
PC	53	LU-20	C&R 3.3-89	
PC	54	LU-9	C&R 3.3-64	
PC	55	OTH-94	C&R 3.23-308	
PC	56	OTH-36	C&R 3.23-275	Marc Anthony, Good Neighbor Coalition
PC	57	PH-26	C&R 3.5-90	
PC	58	PH-12	C&R 3.5-47	Steve Woo, Good Neighbor Coalition
PC	59	LU-5	C&R 3.3-30	
PC	60	PH-12	C&R 3.5-47	
PC	61	LU-5	C&R 3.3-30	
PC	62	LU-21	C&R 3.3-95	
PC	63	TR-126	C&R 3.7-220	Jeff Buckley, Central City SRO Collaborative
PC	64	TR-125	C&R 3.7-214	
PC	65	HC-12	C&R 3.23-91	
PC	66	HC-31	C&R 3.23-160	
PC	67	HC-31	C&R 3.23-160	
PC	68	TR-126	C&R 3.7-220	
PC	69	HC-7	C&R 3.23-74	
PC	70	PH-26	C&R 3.5-90	Erin Chin, Good Neighbor Coalition
PC	71	TR-64	C&R 3.7-119	
PC	72	PH-26	C&R 3.5-90	
PC	73	PH-12	C&R 3.5-47	Betty Huey, Chinese Progressive Association
PC	74	HC-2	C&R 3.22-52	
PC	75	HC-16	C&R 3.23-101	
PC	76	OTH-37	C&R 3.23-275	James Tracy, Community Housing Partnership
PC	77	PH-26	C&R 3.5-90	

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Letter No.	**Comment No.**	**Response Category / No.**	**C&R Page No.**	**Commenter/ Organization**
PC	78	PH-12	C&R 3.5-47	James Tracy, Community Housing Partnership
PC	79	PH-12	C&R 3.5-47	
PC	80	HC-47	C&R 3.23-197	Lisa Cleis, Community Housing Partnership
PC	81	HC-31	C&R 3.23-160	
PC	82	HC-31	C&R 3.23-160	
PC	83	HC-60	C&R 3.23-216	
PC	84	HC-7	C&R 3.23-74	Clifton Smith
PC	85	NO-40	C&R 3.8-49	George Mayer, Unitarian Universalist Church
PC	86	ALT-7	C&R 3.22-23	
PC	87	NO-40	C&R 3.8-49	
PC	88	OTH-38	C&R 3.23-275	Raven Allen, San Francisco Lighthouse Church
PC	89	HC-62	C&R 3.23-221	
PC	90	OTH-39	C&R 3.23-276	
PC	91	OTH-39	C&R 3.23-276	
PC	92	OTH-40	C&R 3.23-278	Randy Shaw, Tenderloin Housing Clinic
PC	93	OTH-40	C&R 3.23-278	
PC	94	TR-125	C&R 3.7-214	
PC	95	TR-126	C&R 3.7-220	
PC	96	TR-126	C&R 3.7-220	
PC	97	HC-7	C&R 3.23-74	
PC	98	OTH-40	C&R 3.23-278	
PC	99	TR-100	C&R 3.7-170	Peggy Linrod
PC	100	TR-64	C&R 3.7-119	
PC	101	PH-26	C&R 3.5-90	
PC	102	OTH-67	C&R 3.23-290	Paul Lentz, Central City SRO Collaborative
PC	103	HC-7	C&R 3.23-74	
PC	104	PH-26	C&R 3.5-90	

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Letter No.	**Comment No.**	**Response Category / No.**	**C&R Page No.**	**Commenter/ Organization**
PC	105	OTH-40	C&R 3.23-278	Yolanda Jones, Yolanda's Construction Administration
PC	106	PH-26	C&R 3.5-90	
PC	107	OTH-40	C&R 3.23-278	
PC	108	OTH-67	C&R 3.23-290	Retilah Patel
PC	109	TR-125	C&R 3.7-214	
PC	110	OTH-40	C&R 3.23-278	
PC	111	TR-126	C&R 3.7-220	
PC	112	TR-126	C&R 3.7-220	Sam Patel
PC	113	TR-64	C&R 3.7-119	Margarita Mena
PC	114	HC-12	C&R 3.23-91	
PC	115	PH-14	C&R 3.5-53	
PC	116	HC-12	C&R 3.23-91	Maria
PC	117	TR-52	C&R 3.7-76	
PC	118	PH-26	C&R 3.5-90	
PC	119	HC-12	C&R 3.23-91	
PC	120	TR-124	C&R 3.7-207	Sandra Manning and Joe Brown
PC	121	HC-7	C&R 3.23-74	
PC	122	PH-26	C&R 3.5-90	
PC	123	TR-126	C&R 3.7-220	
PC	124	HC-7	C&R 3.23-74	
PC	125	PH-26	C&R 3.5-90	
PC	126	OTH-95	C&R 3.23-308	Lorenzo Listana, Tenderloin Filipino American Community Association
PC	127	PH-9	C&R 3.5-31	
PC	128	PH-26	C&R 3.5-90	
PC	129	OTH-40	C&R 3.23-278	Nella Manuel
PC	130	PH-14	C&R 3.5-53	
PC	131	PH-14	C&R 3.5-53	
PC	132	PH-18	C&R 3.5-67	
PC	133	TR-124	C&R 3.7-207	

Appendix I: Cross Reference Matrix of Draft EIR Comments				
Letter No.	**Comment No.**	**Response Category / No.**	**C&R Page No.**	**Commenter/ Organization**
PC	134	AQ-10	C&R 3.9-26	Nella Manuel
PC	135	PH-18	C&R 3.5-67	
PC	136	TR-124	C&R 3.7-207	Mike Williams
PC	137	TR-124	C&R 3.7-207	
PC	138	PH-14	C&R 3.5-53	
PC	139	HC-12	C&R 3.23-91	
PC	140	OTH-40	C&R 3.23-278	Denise Rowe
PC	141	PH-27	C&R 3.5-96	
PC	142	PH-27	C&R 3.5-96	
PC	143	HC-12	C&R 3.23-91	
PC	144	HC-60	C&R 3.23-216	
PC	145	OTH-40	C&R 3.23-278	Gaudioso Galicia
PC	146	PH-26	C&R 3.5-90	Linda Pantig
PC	147	OTH-41	C&R 3.23-278	
PC	148	OTH-42	C&R 3.23-278	Michael Theriault, San Francisco Building and Construction Trades Council
PC	149	HC-63	C&R 3.23-222	
PC	150	TR-72	C&R 3.7-140	Rose Hillson, Jordan Park Improvement Association
PC	151	LU-1	C&R 3.3-1	
PC	152	BI-12	C&R 3.15-10	
PC	153	AQ-10	C&R 3.9-26	Robert Barham
PC	154	HC-7	C&R 3.23-74	
PC	155	TR-64	C&R 3.7-119	Catalina Dean
PC	156	TR-64	C&R 3.7-119	
PC	157	OTH-43	C&R 3.23-279	
PC	158	CP-7	C&R 3.6-7	Hiroshi Fukudu, Konko Church
PC	159	TR-129	C&R 3.7-227	
PC	160	TR-76	C&R 3.7-146	
PC	161	TR-16	C&R 3.7-37	
PC	162	TR-83	C&R 3.7-152	

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Letter No.	**Comment No.**	**Response Category / No.**	**C&R Page No.**	**Commenter/ Organization**
PC	163	PH-20	C&R 3.5-71	Hiroshi Fukudu, Konko Church
PC	164	TR-52	C&R 3.7-76	
PC	165	TR-124	C&R 3.7-207	Magdalena Marcias
PC	166	PH-14	C&R 3.5-53	Jose Morales
PC	167	HC-29	C&R 3.23-149	
PC	168	PH-26	C&R 3.5-90	Patricia Ruiz
PC	169	OTH-44	C&R 3.23-279	
PC	170	PH-26	C&R 3.5-90	
PC	171	PH-26	C&R 3.5-90	Natalie Logan
PC	172	OTH-45	C&R 3.23-279	
PC	173	PH-26	C&R 3.5-90	
PC	174	HC-61	C&R 3.23-221	
PC	175	HC-64	C&R 3.23-221	Reiko Furuya
PC	176	HC-17	C&R 3.23-111	
PC	177	OTH-46	C&R 3.23-280	Paul Dziadij
PC	178	OTH-47	C&R 3.23-280	
PC	179	PH-26	C&R 3.5-90	
PC	180	OTH-48	C&R 3.23-280	
PC	181	HC-2	C&R 3.22-52	Taffy Dollard
PC	182	HC-7	C&R 3.23-74	
PC	183	HC-2	C&R 3.22-52	
PC	184	HC-2	C&R 3.22-52	
PC	185	OTH-49	C&R 3.23-281	Rigo Rodriquez
PC	186	OTH-49	C&R 3.23-281	
PC	187	HC-2	C&R 3.22-52	Maria Raigardo
PC	188	HC-2	C&R 3.22-52	
PC	189	PH-27	C&R 3.5-96	
PC	190	OTH-50	C&R 3.23-281	Florence Kong, Asian American Contractors Association
PC	191	PH-26	C&R 3.5-90	
PC	192	PH-26	C&R 3.5-90	
PC	193	GE-3	C&R 3.16-2	Chris Poland, Dekenkolb Engineers

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Letter No.	**Comment No.**	**Response Category / No.**	**C&R Page No.**	**Commenter/ Organization**
PC	194	OTH-51	C&R 3.23-281	Chris Poland, Dekenkolb Engineers
PC	195	OTH-52	C&R 3.23-282	Reverend Arnold Townsend, San Francisco NAACP
PC	196	PH-26	C&R 3.5-90	
PC	197	PH-26	C&R 3.5-90	
PC	198	PH-7	C&R 3.5-22	
PC	199	OTH-52	C&R 3.23-282	
PC	200	NO-6	C&R 3.8-4	
PC	201	OTH-52	C&R 3.23-282	
PC	202	HC-13	C&R 3.22-96	Benjamin Aune, Operation Access
PC	203	OTH-53	C&R 3.23-282	
PC	204	OTH-54	C&R 3.23-282	Mark Schroer
PC	205	RE-9	C&R 3.12-12	
PC	206	HC-17	C&R 3.23-111	Maria Ascension Servillion
PC	207	HC-14	C&R 3.23-97	Kevin McCormic
PC	208	OTH-55	C&R 3.23-283	David Meckel, California College of the Arts
PC	209	PD-6	C&R 3.2-6	
PC	210	PD-17	C&R 3.2-18	
PC	211	OTH-55	C&R 3.23-283	
PC	212	PH-26	C&R 3.5-90	Guillermo Rodriguez, Mayor's Office of Economic and Workforce Development
PC	213	PH-26	C&R 3.5-90	
PC	214	PH-26	C&R 3.5-90	
PC	215	PD-29	C&R 3.2-24	Richard Margary, Buena Vista Neighborhood Association
PC	216	OTH-56	C&R 3.23-283	
PC	217	GE-4	C&R 3.16-2	
PC	218	LU-16	C&R 3.3-84	

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Letter No.	**Comment No.**	**Response Category / No.**	**C&R Page No.**	**Commenter/ Organization**
PC	219	HC-61	C&R 3.23-221	Richard Margary, Buena Vista Neighborhood Association
PC	220	PH-28	C&R 3.5-97	Joe Kim
PC	221	OTH-57	C&R 3.23-284	Joel Koppel, San Francisco Electrical Construction Industry
PC	222	OTH-57	C&R 3.23-284	
PC	223	NO-67	C&R 3.8-73	
PC	224	TR-52	C&R 3.7-76	
PC	225	OTH-58	C&R 3.23-284	Ed Vitsitch
PC	226	NO-3	C&R 3.8-3	
PC	227	OTH-58	C&R 3.23-284	
PC	228	OTH-58	C&R 3.23-284	
PC	229	PH-28	C&R 3.5-97	Kamani Hamid
PC	230	OTH-59	C&R 3.23-285	
PC	231	PH-26	C&R 3.5-90	
PC	232	OTH-60	C&R 3.23-285	Ramon Hernandez, Local 261 Labor
PC	233	PH-26	C&R 3.5-90	
PC	234	OTH-60	C&R 3.23-285	
PC	235	OTH-61	C&R 3.23-286	Brian Webster
PC	236	PH-26	C&R 3.5-90	
PC	237	OTH-61	C&R 3.23-286	
PC	238	OTH-61	C&R 3.23-286	
PC	239	HC-15	C&R 3.23-99	Unidentified Speaker on behalf of Dr. Fung Lam
PC	240	PH-28	C&R 3.5-97	Lori Martins
PC	241	PH-16	C&R 3.5-60	
PC	242	OTH-62	C&R 3.23-286	
PC	243	OTH-62	C&R 3.23-286	
PC	244	HC-65	C&R 3.23-223	Dr. Ted Lee
PC	245	HC-65	C&R 3.23-222	
PC	246	HC-65	C&R 3.23-222	
PC	247	OTH-63	C&R 3.23-286	

Appendix I: Cross Reference Matrix of Draft EIR Comments				
Letter No.	**Comment No.**	**Response Category / No.**	**C&R Page No.**	**Commenter/ Organization**
PC	248	OTH-64	C&R 3.23-287	Lance Toma, Asian and Pacific Islander Wellness Center
PC	249	HC-66	C&R 3.23-224	
PC	250	HC-66	C&R 3.23-224	
PC	251	OTH-64	C&R 3.23-287	
PC	252	HC-29	C&R 3.23-149	Joseph Snooke, Bernal Heights Neighborhood Center
PC	253	ALT-1	C&R 3.22-11	
PC	254	HC-29	C&R 3.23-149	
PC	255	HC-47	C&R 3.23-197	Jane Martin, California Nurses Association
PC	256	ALT-5	C&R 3.22-21	
PC	257	HC-17	C&R 3.23-111	
PC	258	HC-33	C&R 3.23-172	
PC	259	HC-2	C&R 3.22-52	
PC	260	OTH-99	C&R 3.23-311	Paul Wermer, Pacific Heights Residents Association
PC	261	TR-10	C&R 3.7-26	
PC	262	TR-63	C&R 3.7-110	
PC	263	ALT-13	C&R 3.22-30	
PC	264	HC-67	C&R 3.23-224	Eileen Prendiville
PC	265	HC-25	C&R 3.23-131	
PC	266	HC-29	C&R 3.23-149	
PC	267	OTH-65	C&R 3.23-287	Barbara
PC	268	HC-12	C&R 3.23-91	
PC	269	TR-64	C&R 3.7-119	
PC	270	OTH-65	C&R 3.23-287	
PC	271	HC-29	C&R 3.23-149	Jane Sandoval
PC	272	HC-29	C&R 3.23-149	
PC	273	HC-2	C&R 3.22-52	
PC	274	OTH-66	C&R 3.23-290	
PC	275	HC-60	C&R 3.23-216	

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Letter No.	**Comment No.**	**Response Category / No.**	**C&R Page No.**	**Commenter/ Organization**
PC	276	PH-26	C&R 3.5-90	Tony Gazetta, Plumbers Union Local 38
PC	277	HC-17	C&R 3.23-111	Yanica Brooks
PC	278	OTH-67	C&R 3.23-290	Unidentified Speaker, Local 377 Ironworkers Business
PC	279	PH-26	C&R 3.5-90	
PC	280	LU-21	C&R 3.3-95	Linda Chapman
PC	281	LU-13	C&R 3.3-78	
PC	282	TR-52	C&R 3.7-76	
PC	283	TR-60	C&R 3.7-101	
PC	284	TR-52	C&R 3.7-76	
PC	285	TR-70	C&R 3.7-135	
PC	286	ALT-14	C&R 3.22-30	
PC	287	OTH-68	C&R 3.23-291	
PC	288	OTH-103	C&R 3.23-313	Bruce Hicks
PC	289	HC-25	C&R 3.23-131	Linda Carter
PC	290	HC-17	C&R 3.23-111	
PC	291	ALT-1	C&R 3.22-11	Emily Lee, Chinese Progressive Association
PC	292	LU-4	C&R 3.3-19	
PC	293	HC-2	C&R 3.22-52	
PC	294	HC-2	C&R 3.22-52	
PC	295	HC-2	C&R 3.22-52	Rachel Ibarra, Bernal Heights Neighborhood Center
PC	296	PH-26	C&R 3.5-90	
PC	297	OTH-69	C&R 3.23-291	
PC	298	AQ-29	C&R 3.9-73	Alan Wofsey, Emeric Goodman Associates
PC	299	PD-25	C&R 3.2-22	
PC	300	TR-108	C&R 3.7-189	
PC	301	NO-2	C&R 3.8-2	

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Letter No.	**Comment No.**	**Response Category / No.**	**C&R Page No.**	**Commenter/ Organization**
PC	302	HC-16	C&R 3.23-101	Kevin Kitchingham, Bernal Heights Neighborhood Center
PC	303	LU-21	C&R 3.3-95	
PC	304	HC-29	C&R 3.23-149	
PC	305	ALT-1	C&R 3.22-11	
PC	306	HC-16	C&R 3.23-101	
PC	307	LU-21	C&R 3.3-95	
PC	308	HC-29	C&R 3.23-149	
PC	309	HC-31	C&R 3.23-159	
PC	310	PH-27	C&R 3.5-96	Tina Shaff, Filipino Community Center
PC	311	NO-8	C&R 3.8-6	Diane Smith
PC	312	NO-23	C&R 3.8-32	
PC	313	HC-29	C&R 3.23-149	Fran Taylor
PC	314	HC-29	C&R 3.23-149	
PC	315	HC-2	C&R 3.22-52	
PC	316	PH-26	C&R 3.5-90	
PC	317	HC-41	C&R 3.23-191	Nato Green, California Nurses Association
PC	318	HC-16	C&R 3.23-101	
PC	319	HC-68	C&R 3.23-224	
PC	320	HC-69	C&R 3.23-226	Suzzane Girardo, First 5 Children and Families Commission
PC	321	HC-69	C&R 3.23-226	
PC	322	OTH-70	C&R 3.23-291	
PC	323	OTH-71	C&R 3.23-292	Mary Lanier
PC	324	HC-70	C&R 3.23-226	
PC	325	HC-70	C&R 3.23-226	
PC	326	HC-70	C&R 3.23-226	
PC	327	OTH-96	C&R 3.23-309	Paul Grech
PC	328	PH-26	C&R 3.5-90	
PC	329	TR-70	C&R 3.7-135	
PC	330	HC-71	C&R 3.23-227	Dione Miller

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Letter No.	**Comment No.**	**Response Category / No.**	**C&R Page No.**	**Commenter/ Organization**
PC	331	HC-24	C&R 3.23-129	Barbara Berwick
PC	332	HC-25	C&R 3.23-131	
PC	333	PH-17	C&R 3.5-64	
PC	334	HC-23	C&R 3.23-128	
PC	335	OTH-69	C&R 3.23-291	
PC	336	HC-2	C&R 3.22-52	Barbara Savitz
PC	337	HC-2	C&R 3.22-52	
PC	338	HC-2	C&R 3.22-52	
PC	339	HC-29	C&R 3.23-149	Mary Michellcci
PC	340	HC-29	C&R 3.23-149	
PC	341	HC-72	C&R 3.23-227	
PC	342	ALT-5	C&R 3.22-21	Jason Fried, Coalition for Health Planning San Francisco
PC	343	ALT-3	C&R 3.22-19	
PC	344	HC-73	C&R 3.23-229	
PC	345	OTH-72	C&R 3.23-292	Manny Flores, Carpenters Local 22
PC	346	OTH-73	C&R 3.23-292	Michael Lyon, Gray Panthers
PC	347	HC-74	C&R 3.23-231	Commissioner Antonini
PC	348	TR-69	C&R 3.7-129	
PC	349	HC-75	C&R 3.23-231	
PC	350	HC-7	C&R 3.23-74	
PC	351	OTH-104	C&R 3.23-314	
PC	352	HC-76	C&R 3.23-232	
PC	353	HC-77	C&R 3.23-233	
PC	354	OTH-74	C&R 3.23-293	
PC	355	LU-26	C&R 3.3-140	
PC	356	PH-26	C&R 3.5-90	
PC	357	TR-125	C&R 3.7-214	
PC	358	OTH-105	C&R 3.23-314	
PC	359	HC-77	C&R 3.23-233	
PC	360	HC-77	C&R 3.23-233	Commissioner Sugaya
PC	361	CP-10	C&R 3.6-10	

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Letter No.	**Comment No.**	**Response Category / No.**	**C&R Page No.**	**Commenter/ Organization**
PC	362	TR-125	C&R 3.7-214	Commissioner Sugaya
PC	363	HC-59	C&R 3.23-211	
PC	364	OTH-74	C&R 3.23-293	Commissioner Moore
PC	365	LU-5	C&R 3.3-30	
PC	366	HC-77	C&R 3.23-233	
PC	367	HC-16	C&R 3.23-101	
PC	368	TR-125	C&R 3.7-214	
PC	369	TR-63	C&R 3.7-110	
PC	370	PD-18	C&R 3.2-18	
PC	371	HZ-17	C&R 3.18-28	
PC	372	OTH-75	C&R 3.23-293	
PC	373	LU-21	C&R 3.3-95	Commissioner Olague
PC	374	TR-124	C&R 3.7-207	
PC	375	LU-4	C&R 3.3-19	
PC	376	PH-7	C&R 3.5-22	
PC	377	PH-12	C&R 3.5-47	
PC	378	LU-3	C&R 3.3-7	
PC	379	OTH-65	C&R 3.23-287	
PC	380	PH-27	C&R 3.5-96	
PC	381	LU-21	C&R 3.3-95	
PC	382	PD-33	C&R 3.2-28	Commissioner Miguel
PC	383	TR-125	C&R 3.7-214	
PC	384	HC-77	C&R 3.23-233	
PC	385	LU-21	C&R 3.3-95	
PC	386	HC-77	C&R 3.23-233	
PC	387	LU-5	C&R 3.3-30	Commissioner Sugaya
PC	388	INTRO-6	C&R 3.1-11	
PC	389	TR-127	C&R 3.7-225	Commissioner Antonini
PC	390	PH-11	C&R 3.5-43	
PC	391	LU-21	C&R 3.3-95	
PC	392	OTH-76	C&R 3.23-293	
PC	393	LU-21	C&R 3.3-95	
PC	394	OTH-76	C&R 3.23-293	

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Letter No.	**Comment No.**	**Response Category / No.**	**C&R Page No.**	**Commenter/ Organization**
PC	395	HC-31	C&R 3.23-160	Commissioner Olague
PC	396	PH-26	C&R 3.5-90	
PC	397	HC-78	C&R 3.23-236	
PC	398	PH-17	C&R 3.5-64	
PC	399	OTH-77	C&R 3.23-293	Commissioner Miguel

[1]Response Category Codes are as follows: INTRO: Introduction; PD: Project Description; LU: Land Use and Planning; AE: Aesthetics; PH: Population, Employment, and Housing; CP: Cultural and Paleontological Resources; TR: Transportation and Circulation; NO: Noise; AQ: Air Quality; GH: Greenhouse Gas Emissions; WS: Wind and Shadow; RE: Recreation; PS: Public Services; UT: Utilities; BI: Biological Resources; GE: Geology and Soils; HY: Hydrology and Water Quality; HZ: Hazards and Hazardous Materials; ME: Minerals and Energy Resources; AG: Agricultural and Forest Resources; GRO: Growth Inducement; ALT: Alternatives; HC: Healthcare; OTH: Miscellaneous Other.

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